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: **52**

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST **Marina** MI **A** NICKNAME LAST **Gavito** SUFFIX	**OFFICE USE ONLY** Date Received **1/16/2026** **8:16:03AM**
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ☐ Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **PO Box 12187** **San Antonio TX 78212**	
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 NICKNAME LAST **Garza** SUFFIX	Receipt # Amount $ Date Processed **1/16/2026** **8:16:03AM** Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE **PO Box 12187** **San Antonio TX 78212**	
8 CAMPAIGN TREASURER PHONE	AREA CODE **( )** PHONE NUMBER **-** EXTENSION	

9 REPORT TYPE

     January 15: Semi-Annual

10 PERIOD COVERED

Month Day Year   **7/1/2025**   THROUGH   Month Day Year   **12/31/2025**

11 ELECTION

ELECTION DATE   Month Day Year   **5/3/2025**

ELECTION TYPE

☐ Primary   ☐ Runoff   ☐ Other   Description

☒ General   ☐ Special

12 OFFICE

OFFICE HELD (if any)   **Council District 7**

13 OFFICE SOUGHT (if known)   **Not Applicable**

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

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

16 NOTICE FROM POLITICAL COMMITTEE(S)

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

COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

☐ Additional Pages

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

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)	$ 42650.00

EXPENDITURE TOTALS

3.	TOTAL UNITEMIZED POLITICAL EXPENDITURES.	$ 0
4.	**TOTAL POLITICAL EXPENDITURES**	$ 9521.62

CONTRIBUTION BALANCE

5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 66302.23

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**____, 20**26**____, 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

19 FILER NAME
Marina A Gavito

20 Filer ID   (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

		NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	**$ 42650.00**
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	**$ 0**
3.	X	SCHEDULE B: PLEDGED CONTRIBUTIONS	**$ 0**
4.	X	SCHEDULE E: LOANS	**$ 0**
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	**$ 9521.62**
6.	X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	**$ 0**
7.	X	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	**$ 0**
8.	X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	**$ 0**
9.	X	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	**$ 0**
10.	X	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	**$ 0**
11.	X	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	**$ 0**
12.	X	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 29**

2 FILER NAME **Marina A Gavito**	**3** Filer ID (Ethics Commission Filers)

4 Date **7/1/2025**	**5** Full name of contributor **Bracwell PAC** ☐ out-of-state PAC (ID#_____)	**7** Amount of contribution ($) **500.00**

6 Contributor address; City; State; Zip Code
711 Louisiana St #2300
Houston, TX 77002

8 Principal occupation / Job title (See instructions) **PAC**	**9** Employer (See instructions) **PAC**

Date **7/1/2025**	Full name of contributor **Valero PAC** ☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **500.00**

Contributor address; City; State; Zip Code
PO Box 696000
San Antonio, TX 78209

Principal occupation / Job title (See instructions) **PAC**	Employer (See instructions) **PAC**

Date **7/1/2025**	Full name of contributor **John McLaughlin** ☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **100.00**

Contributor address; City; State; Zip Code
PO Box 460894
San Antonio, TX 78246

Principal occupation / Job title (See instructions) **Self**	Employer (See instructions) **Self**

Date **8/6/2025**	Full name of contributor **John Ximenes** ☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **100.00**

Contributor address; City; State; Zip Code
232 Sun Drive
San Antonio, TX 78232

Principal occupation / Job title (See instructions) **Real Estate**	Employer (See instructions) **The Schrader Group**

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 29**

2 FILER NAME
Marina A Gavito

3 Filer ID (Ethics Commission Filers)

4 Date **8/18/2025**	**5** Full name of contributor **John Agather**	☐ out-of-state PAC (ID#_____)	**7** Amount of contribution ($) **500.00**
	6 Contributor address; City; State; Zip Code **300 West French Pl** **San Antonio, TX 78212**		

8 Principal occupation / Job title (See instructions)
Musican

9 Employer (See instructions)
Self Employed

Date **8/18/2025**	Full name of contributor **Ed Banos**	☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **500.00**
	Contributor address; City; State; Zip Code **10119 Pemhaven** **San Antonio, TX 78240**		

Principal occupation / Job title (See instructions)
President & CEO

Employer (See instructions)
University Health System

Date **9/6/2025**	Full name of contributor **James Branch**	☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **50.00**
	Contributor address; City; State; Zip Code **842 E Magnolia Ave** **San Antonio, TX 78212**		

Principal occupation / Job title (See instructions)
Aide

Employer (See instructions)
LGC

Date **9/7/2025**	Full name of contributor **Carmen Gamez**	☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **500.00**
	Contributor address; City; State; Zip Code **6 Henly Ln** **San Antonio, TX 78257**		

Principal occupation / Job title (See instructions)
Paralegal

Employer (See instructions)
Gamez Law Firm

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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 29**

2 FILER NAME
Marina A Gavito

3 Filer ID (Ethics Commission Filers)

4 Date **9/7/2025**	**5** Full name of contributor **Hope Andrade**	☐ out-of-state PAC (ID#_____)	**7** Amount of contribution ($) **250.00**

6 Contributor address;   City;   State;   Zip Code
123 Lexington Ave
San Antonio, TX 78205

8 Principal occupation / Job title (See instructions) **Entrepreneur**	**9** Employer (See instructions) **Self Employed**

Date **9/7/2025**	Full name of contributor **Mabel Aguilar**	☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **100.00**

Contributor address;   City;   State;   Zip Code
406 Gettysburg
San Antonio, TX 78228

Principal occupation / Job title (See instructions) **Marketing**	Employer (See instructions) **Self Employed**

Date **9/7/2025**	Full name of contributor **Leticia Van De Putte**	☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **500.00**

Contributor address;   City;   State;   Zip Code
222 Herweck Dr
San Antonio, TX 78213

Principal occupation / Job title (See instructions) **President & CEO**	Employer (See instructions) **AVDP**

Date **9/7/2025**	Full name of contributor **Richard Robledo**	☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **250.00**

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

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**

1 Total pages Schedule A1:
4 of 29

2 FILER NAME
Marina A Gavito

3 Filer ID (Ethics Commission Filers)

4 Date **9/7/2025**	**5** Full name of contributor **Michele Dalbis-Robledo**	☐ out-of-state PAC (ID#_____)	**7** Amount of contribution ($) **250.00**

6 Contributor address;   City;   State;   Zip Code
8315 Kingsway Street
San Antonio, TX 78254

8 Principal occupation / Job title (See instructions) **Retired**	**9** Employer (See instructions) **Retired**

Date **9/8/2025**	Full name of contributor **carina alderete**	☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **500.00**

Contributor address;   City;   State;   Zip Code
4709 Sara Dr
Austin, TX 78721

Principal occupation / Job title (See instructions) **Marketing Executive**	Employer (See instructions) **Accenture**

Date **9/8/2025**	Full name of contributor **Raul Lomeli-Azoubel**	☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **500.00**

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

Principal occupation / Job title (See instructions) **Chairman**	Employer (See instructions) **Welcome Tech, Inc.**

Date **9/8/2025**	Full name of contributor **Henry Van De Putte**	☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **500.00**

Contributor address;   City;   State;   Zip Code
803 W Oltorf St
Austin, TX 78704

Principal occupation / Job title (See instructions) **CEO**	Employer (See instructions) **Meals on Wheels Central Texas**

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.	**1** Total pages Schedule A1: **5 of 29**

2 FILER NAME
Marina A Gavito

3 Filer ID (Ethics Commission Filers)

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4 Date
9/9/2025

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

. . . .

6 Contributor address;   City;   State;   Zip Code
5103 Slayden Dr
San Antonio, TX 78228

7 Amount of contribution ($)
500.00

8 Principal occupation / Job title (See instructions)
Founder/Coach

9 Employer (See instructions)
Piñata Possible

Date
9/9/2025

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

. . . .

Contributor address;   City;   State;   Zip Code
114 East Gramercy Pl
San Antonio, TX 78212

Amount of contribution ($)
250.00

Principal occupation / Job title (See instructions)
Real Estate

Employer (See instructions)
Port San Antonio

Date
9/9/2025

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

. . . .

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

Amount of contribution ($)
500.00

Principal occupation / Job title (See instructions)
Exec. VP Government Affairs

Employer (See instructions)
Port San Antonio

Date
9/9/2025

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

. . . .

Contributor address;   City;   State;   Zip Code
415 Mary Louise Dr
San Antonio, TX 78201

Amount of contribution ($)
500.00

Principal occupation / Job title (See instructions)
Executive Director

Employer (See instructions)
Futuro San Antonio

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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)

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4 Date **9/9/2025**	**5** Full name of contributor **Christina Bocanegra** ☐ out-of-state PAC (ID#_____)	**7** Amount of contribution ($) **500.00**

6 Contributor address;   City;   State;   Zip Code
6411 Laurelhill Dr
San Antonio, TX 78229

8 Principal occupation / Job title (See instructions)
Director, Innovation Programs

9 Employer (See instructions)
Community Family Medicine, P.A.

Date **9/9/2025**	Full name of contributor **Eddie Aldrete** ☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **250.00**

Contributor address;   City;   State;   Zip Code
335 Country Wood Dr
San Antonio, TX 78216

Principal occupation / Job title (See instructions)
Consultant

Employer (See instructions)
Aldrete Strategic Partners, LLC

Date **9/9/2025**	Full name of contributor **Cristina Aldrete** ☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **250.00**

Contributor address;   City;   State;   Zip Code
335 Country Wood Dr
San Antonio, TX 78216

Principal occupation / Job title (See instructions)
Consultant

Employer (See instructions)
Aldrete Strategic Partners, LLC

Date **9/9/2025**	Full name of contributor **Marcie Trevino Ripper** ☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **250.00**

Contributor address;   City;   State;   Zip Code
200 Briarcliff
San Antonio, TX 78213

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
Ripper Law PLLC

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

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

3 Filer ID (Ethics Commission Filers)

4 Date **9/9/2025**	**5** Full name of contributor **Mark Wohlfarth**	☐ out-of-state PAC (ID#_____)	**7** Amount of contribution ($) **500.00**

6 Contributor address; City; State; Zip Code
238 W Travis St #200
San Antonio, TX 78205

8 Principal occupation / Job title (See instructions) **Founder & Owner**	**9** Employer (See instructions) **Sabinal Group**

Date **9/9/2025**	Full name of contributor **IBC State PAC**	☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **500.00**

Contributor address; City; State; Zip Code
130 East Travis
San Antonio, TX 78205

Principal occupation / Job title (See instructions) **PAC**	Employer (See instructions) **PAC**

Date **9/9/2025**	Full name of contributor **Brandon Seale**	☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **500.00**

Contributor address; City; State; Zip Code
202 Ridgehaven Pl
San Antonio, TX 78209

Principal occupation / Job title (See instructions) **Energy Executive**	Employer (See instructions) **Self Employed**

Date **9/9/2025**	Full name of contributor **Paul Basaldua**	☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **500.00**

Contributor address; City; State; Zip Code
24 Inwood Manor
San Antonio, TX 78248

Principal occupation / Job title (See instructions) **VersaTerra Development**	Employer (See instructions) **VersaTerra Development**

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

1 Total pages Schedule A1: **8 of 29**	

2 FILER NAME
Marina A Gavito

3 Filer ID (Ethics Commission Filers)

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4 Date
9/9/2025

5 Full name of contributor
MLissa Chumbley

☐ out-of-state PAC (ID#_____)

7 Amount of contribution ($)
350.00

6 Contributor address;   City;   State;   Zip Code
6718 Forest Haven
San Antonio, TX 78240

8 Principal occupation / Job title (See instructions)
Retired High Networth Ins Broker

9 Employer (See instructions)
USAA-Retired

Date
9/9/2025

Full name of contributor
Brittany Petch Wohlfarth

☐ out-of-state PAC (ID#_____)

Amount of contribution ($)
500.00

Contributor address;   City;   State;   Zip Code
237 W Travis St #200
San Antonio, TX 78205

Principal occupation / Job title (See instructions)
Self

Employer (See instructions)
Homemaker

Date
9/9/2025

Full name of contributor
David Christian

☐ out-of-state PAC (ID#_____)

Amount of contribution ($)
250.00

Contributor address;   City;   State;   Zip Code
1800 Mccullough
San Antonio, TX 78212

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
Self Employed

Date
9/9/2025

Full name of contributor
Ashley Landers

☐ out-of-state PAC (ID#_____)

Amount of contribution ($)
500.00

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

Principal occupation / Job title (See instructions)
Marketing

Employer (See instructions)
Texas Creative

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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 29**

2 FILER NAME **Marina A Gavito**	**3** Filer ID (Ethics Commission Filers)

4 Date **9/10/2025**	**5** Full name of contributor ☐ out-of-state PAC (ID#_____) **Charles Amato**	**7** Amount of contribution ($) **500.00**
	6 Contributor address; City; State; Zip Code **9311 San Pedro Ave #600** **San Antonio, TX 78216**	

8 Principal occupation / Job title (See instructions) **Chairman**	**9** Employer (See instructions) **SWBC**

Date **9/10/2025**	Full name of contributor ☐ out-of-state PAC (ID#_____) **Frank Herrera**	Amount of contribution ($) **500.00**
	Contributor address; City; State; Zip Code **105 Blackhawk Trail** **San Antonio, TX 78232**	

Principal occupation / Job title (See instructions) **Attorney**	Employer (See instructions) **The Herrera Law Firm**

Date **9/10/2025**	Full name of contributor ☐ out-of-state PAC (ID#_____) **Cecilia Herrera**	Amount of contribution ($) **500.00**
	Contributor address; City; State; Zip Code **105 Blackhawk Trail** **San Antonio, TX 78232**	

Principal occupation / Job title (See instructions) **Retired Consul General**	Employer (See instructions) **U S Department of State**

Date **9/10/2025**	Full name of contributor ☐ out-of-state PAC (ID#_____) **Norma Rodriguez**	Amount of contribution ($) **100.00**
	Contributor address; City; State; Zip Code **2101 w Summit ave** **San Antonio, TX 78201**	

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: **10 of 29**	

2 FILER NAME
Marina A Gavito

3 Filer ID (Ethics Commission Filers)

4 Date **9/10/2025**	**5** Full name of contributor **Gary Joeris** ☐ out-of-state PAC (ID#_____)	**7** Amount of contribution ($) **500.00**
	6 Contributor address; City; State; Zip Code **PO Box 790086** **San Antonio, TX 78279**	

8 Principal occupation / Job title (See instructions)
Chief Executive Officer

9 Employer (See instructions)
Joeris General Contractors

Date **9/10/2025**	Full name of contributor **Preston Woolfolk** ☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **500.00**
	Contributor address; City; State; Zip Code **27519 Ranch Creek** **Boerne, TX 78006**	

Principal occupation / Job title (See instructions)
CEO

Employer (See instructions)
Documation

Date **9/11/2025**	Full name of contributor **Michael Rodriguez** ☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **250.00**
	Contributor address; City; State; Zip Code **18414 Crosstimber** **San Antonio, TX 78258**	

Principal occupation / Job title (See instructions)
Banker

Employer (See instructions)
Happy State Bank

Date **9/11/2025**	Full name of contributor **Chris Cantu** ☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **500.00**
	Contributor address; City; State; Zip Code **123 Creath Pl** **San Antonio, TX 78221**	

Principal occupation / Job title (See instructions)
Consultant

Employer (See instructions)
CC Political Group

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**

2 FILER NAME **Marina A Gavito**	**1** Total pages Schedule A1: **11 of 29**
	3 Filer ID (Ethics Commission Filers)

4 Date **9/12/2025**	**5** Full name of contributor **April Ancira** ☐ out-of-state PAC (ID#_____)	**7** Amount of contribution ($) **250.00**
	6 Contributor address; City; State; Zip Code **31305 Keeneland Dr** **Boerne, TX 78015**	

8 Principal occupation / Job title (See instructions) **VP**	**9** Employer (See instructions) **Ancira**

Date **9/13/2025**	Full name of contributor **Ramiro Zapata** ☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **250.00**
	Contributor address; City; State; Zip Code **139 E Lynwood** **San Antonio, TX 78212**	

Principal occupation / Job title (See instructions) **Architect**	Employer (See instructions) **Self Employed**

Date **9/13/2025**	Full name of contributor **Christine Hollan** ☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **100.00**
	Contributor address; City; State; Zip Code **25542 River Ranch** **San Antonio, TX 78255**	

Principal occupation / Job title (See instructions) **President**	Employer (See instructions) **Golden Age Senior Placement**

Date **9/15/2025**	Full name of contributor **George Salinas** ☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **500.00**
	Contributor address; City; State; Zip Code **214 Blackjack Oak** **Shavano Park, TX 78230**	

Principal occupation / Job title (See instructions) **Attorney**	Employer (See instructions) **George Salinas Injury Lawyers**

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:
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2 FILER NAME	**3** Filer ID (Ethics Commission Filers)
Marina A Gavito	

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#_____)	**7** Amount of contribution ($)
9/15/2025	**Marc Rodriguez**	**500.00**

6 Contributor address;   City;   State;   Zip Code
1122 Colorado Street #2399
Austin, TX 78701

8 Principal occupation / Job title (See instructions)	**9** Employer (See instructions)
Lobbyist	**Self Employed**

Date	Full name of contributor ☐ out-of-state PAC (ID#_____)	Amount of contribution ($)
9/16/2025	**Russell Yeager**	**250.00**

Contributor address;   City;   State;   Zip Code
8110 Pintado Lane
San Antonio, TX 78015

Principal occupation / Job title (See instructions)	Employer (See instructions)
Engineer	**WGI Engineering**

Date	Full name of contributor ☐ out-of-state PAC (ID#_____)	Amount of contribution ($)
9/17/2025	**Irene Alvarez**	**25.00**

Contributor address;   City;   State;   Zip Code
PO Box 293
Helotes, TX 78023

Principal occupation / Job title (See instructions)	Employer (See instructions)
Community School Coordinator	**NISD**

Date	Full name of contributor ☐ out-of-state PAC (ID#_____)	Amount of contribution ($)
9/17/2025	**Pat Frost**	**500.00**

Contributor address;   City;   State;   Zip Code
520 Geneseo Road
San Antonio, TX 78209

Principal occupation / Job title (See instructions)	Employer (See instructions)
Retired	**Retired**

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.	**1** Total pages Schedule A1: **13 of 29**

2 FILER NAME
Marina A Gavito

3 Filer ID (Ethics Commission Filers)

4 Date **9/17/2025**	**5** Full name of contributor ☐ out-of-state PAC (ID#_____) **James Nichols**	**7** Amount of contribution ($) **250.00**
	6 Contributor address; City; State; Zip Code **10225 Braun Rd** **San Antonio, TX 78254**	

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

9 Employer (See instructions)
Agave Land & Development, LLC

Date **9/18/2025**	Full name of contributor ☐ out-of-state PAC (ID#_____) **Linebarger Goggan Blair & Sampson LLP**	Amount of contribution ($) **500.00**
	Contributor address; City; State; Zip Code **PO Box 17428** **Austin , TX 78760**	

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

Employer (See instructions)
N/A

Date **9/18/2025**	Full name of contributor ☐ out-of-state PAC (ID#_____) **Sarah McLornan**	Amount of contribution ($) **350.00**
	Contributor address; City; State; Zip Code **115 Paloma Dr** **San Antonio, TX 78212**	

Principal occupation / Job title (See instructions)
Board of Directors

Employer (See instructions)
Center for Healthcare Services Foundation

Date **9/18/2025**	Full name of contributor ☐ out-of-state PAC (ID#_____) **Justin Hill**	Amount of contribution ($) **250.00**
	Contributor address; City; State; Zip Code **445 Recoleta** **San Antonio, TX 78216**	

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
Hill Law Firm

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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 **9/19/2025**	**5** Full name of contributor **Imelda Sanchez** ☐ out-of-state PAC (ID#_____)	**7** Amount of contribution ($) **350.00**
	6 Contributor address; City; State; Zip Code **223 Early Trail** **San Antonio, TX 78228**	

8 Principal occupation / Job title (See instructions)
Restaurant Business Owner

9 Employer (See instructions)
Henrys Puffy Tacos

Date **9/19/2025**	Full name of contributor **Brenda Lanzel** ☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **500.00**
	Contributor address; City; State; Zip Code **10119 Pemhaven** **San Antonio, TX 78240**	

Principal occupation / Job title (See instructions)
CFO

Employer (See instructions)
K&L Gates

Date **9/19/2025**	Full name of contributor **Elly Smith** ☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **250.00**
	Contributor address; City; State; Zip Code **3382 W Woodlawn Ave** **San Antonio, TX 78228**	

Principal occupation / Job title (See instructions)
Engineer

Employer (See instructions)
MITRE

Date **9/19/2025**	Full name of contributor **Sandra Salinas** ☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **500.00**
	Contributor address; City; State; Zip Code **214 Blackjack Oak** **Shavano Park, TX 78230**	

Principal occupation / Job title (See instructions)
Human Resources

Employer (See instructions)
Law Offices of George Salinas

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

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1 Total pages Schedule A1: **15 of 29**	

2 FILER NAME
Marina A Gavito

3 Filer ID (Ethics Commission Filers)

4 Date **9/19/2025**	**5** Full name of contributor ☐ out-of-state PAC (ID#_____) **linda maldonado**	**7** Amount of contribution ($) **25.00**
	6 Contributor address; City; State; Zip Code **8503 Honiley** **San Antonio, TX 78254**	

8 Principal occupation / Job title (See instructions)
Retired

9 Employer (See instructions)
Retired

Date **9/19/2025**	Full name of contributor ☐ out-of-state PAC (ID#_____) **Aaron Elizondo**	Amount of contribution ($) **50.00**
	Contributor address; City; State; Zip Code **1951 W Mistletoe** **San Antonio, TX 78201**	

Principal occupation / Job title (See instructions)
Director Opportunity Housing

Employer (See instructions)
City of San Antonio

Date **9/19/2025**	Full name of contributor ☐ out-of-state PAC (ID#_____) **Peter Sakai**	Amount of contribution ($) **500.00**
	Contributor address; City; State; Zip Code **PO Box 15139** **San Antonio, TX 78212**	

Principal occupation / Job title (See instructions)
Judge

Employer (See instructions)
Bexar County

Date **9/19/2025**	Full name of contributor ☐ out-of-state PAC (ID#_____) **Christopher Mammen**	Amount of contribution ($) **100.00**
	Contributor address; City; State; Zip Code **1510 Spanish Oaks** **San Antonio, TX 78213**	

Principal occupation / Job title (See instructions)
Executive Director

Employer (See instructions)
The Dee Howard Foundation

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

1 Total pages Schedule A1:
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2 FILER NAME **Marina A Gavito**	**3** Filer ID (Ethics Commission Filers)

4 Date **9/19/2025**	**5** Full name of contributor **Christian Archer** ☐ out-of-state PAC (ID#_____)	**7** Amount of contribution ($) **500.00**
	6 Contributor address; City; State; Zip Code **312 Pearl Parkway #4909** **San Antonio, TX 78212**	

8 Principal occupation / Job title (See instructions) **Consultant**	**9** Employer (See instructions) **Self Employed**

Date **9/19/2025**	Full name of contributor **Gregory Mitchell** ☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **500.00**
	Contributor address; City; State; Zip Code **530 Charles Rd** **San Antonio, TX 78209**	

Principal occupation / Job title (See instructions) **Management**	Employer (See instructions) **Silver Eagle Beverages, LLC**

Date **9/19/2025**	Full name of contributor **Philip Beekley** ☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **100.00**
	Contributor address; City; State; Zip Code **8910 Oakwood Court** **San Antonio, TX 78240**	

Principal occupation / Job title (See instructions) **USAF Retired Combat Veteran**	Employer (See instructions) **Self Employed**

Date **9/19/2025**	Full name of contributor **Lianna Ibarra Elizondo** ☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **50.00**
	Contributor address; City; State; Zip Code **1951 W Mistletoe** **San Antonio, TX 78201**	

Principal occupation / Job title (See instructions) **Director**	Employer (See instructions) **Paznicki and Camarillo Engineering**

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.	**1** Total pages Schedule A1: **17 of 29**

2 FILER NAME
Marina A Gavito

3 Filer ID (Ethics Commission Filers)

---

4 Date
9/19/2025

5 Full name of contributor
Sandra Martinez

☐ out-of-state PAC (ID#_____)

7 Amount of contribution ($)
500.00

6 Contributor address;　　City;　　State;　　Zip Code
312 Pearl Parkway #4909
San Antonio, TX 78212

8 Principal occupation / Job title (See instructions)
Consultant

9 Employer (See instructions)
Perfected Claims

Date
9/20/2025

Full name of contributor
Monica Garcia

☐ out-of-state PAC (ID#_____)

Amount of contribution ($)
250.00

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

Principal occupation / Job title (See instructions)
Partnerships

Employer (See instructions)
Self Employed

Date
9/20/2025

Full name of contributor
John Ximenes

☐ out-of-state PAC (ID#_____)

Amount of contribution ($)
250.00

Contributor address;　　City;　　State;　　Zip Code
111 E. Laurel St
San Antonio, TX 78212

Principal occupation / Job title (See instructions)
Business Owner

Employer (See instructions)
L5 Services, LLC

Date
9/21/2025

Full name of contributor
Margaret Mireles

☐ out-of-state PAC (ID#_____)

Amount of contribution ($)
250.00

Contributor address;　　City;　　State;　　Zip Code
329 Mary Louise Dr
San Antonio, TX 78201

Principal occupation / Job title (See instructions)
Retired Teacher

Employer (See instructions)
Retired

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

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2 FILER NAME **Marina A Gavito**	**3** Filer ID (Ethics Commission Filers)

4 Date **9/22/2025**	**5** Full name of contributor ☐ out-of-state PAC (ID#_____) **Bernadine Dailey**	**7** Amount of contribution ($) **50.00**
	6 Contributor address; City; State; Zip Code **1218 Nolanreet** **San Antonio, TX 78202**	

8 Principal occupation / Job title (See instructions) **Consultant-RN**	**9** Employer (See instructions) **Golden Age Senior Placement**

Date **9/22/2025**	Full name of contributor ☐ out-of-state PAC (ID#_____) **Gerald Lee**	Amount of contribution ($) **100.00**
	Contributor address; City; State; Zip Code **18907 Calle Cierra** **San Antonio, TX 78258**	

Principal occupation / Job title (See instructions) **Consultant**	Employer (See instructions) **GAP**

Date **9/22/2025**	Full name of contributor ☐ out-of-state PAC (ID#_____) **Kim Biffle**	Amount of contribution ($) **100.00**
	Contributor address; City; State; Zip Code **1112 East Quincy** **San Antonio, TX 78212**	

Principal occupation / Job title (See instructions) **Owner**	Employer (See instructions) **Biffle Events**

Date **9/22/2025**	Full name of contributor ☐ out-of-state PAC (ID#_____) **Sylvia Reyna**	Amount of contribution ($) **250.00**
	Contributor address; City; State; Zip Code **6021 Mike Nesmith** **San Antonio, TX 78238**	

Principal occupation / Job title (See instructions) **Educator**	Employer (See instructions) **University of Texas at Austin**

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

1 Total pages Schedule A1:
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2 FILER NAME **Marina A Gavito**	**3** Filer ID (Ethics Commission Filers)

4 Date **9/22/2025**	**5** Full name of contributor ☐ out-of-state PAC (ID#_____) **Brown & McDonald PLLC**	**7** Amount of contribution ($) **500.00**
	6 Contributor address; City; State; Zip Code **100 NE Loope 410 #1385** **San Antonio, TX 78216**	

8 Principal occupation / Job title (See instructions) **President & CEO**	**9** Employer (See instructions) **The NRP Group**

Date **9/23/2025**	Full name of contributor ☐ out-of-state PAC (ID#_____) **Elvira Ximenes**	Amount of contribution ($) **250.00**
	Contributor address; City; State; Zip Code **3 Horns Cross** **San Antonio, TX 78257**	

Principal occupation / Job title (See instructions) **Retired**	Employer (See instructions) **Retired**

Date **9/23/2025**	Full name of contributor ☐ out-of-state PAC (ID#_____) **Patrick Christensen**	Amount of contribution ($) **500.00**
	Contributor address; City; State; Zip Code **238 W MIstletoe Ave** **San Antonio, TX 78212**	

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

Date **9/23/2025**	Full name of contributor ☐ out-of-state PAC (ID#_____) **Patrick Christensen**	Amount of contribution ($) **500.00**
	Contributor address; City; State; Zip Code **328 W Mistletoe** **San Antonio, TX 78212**	

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

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

2 FILER NAME
Marina A Gavito

3 Filer ID (Ethics Commission Filers)

4 Date **9/23/2025**	**5** Full name of contributor **Nicole Navarro Velesiotis** ☐ out-of-state PAC (ID#_____)	**7** Amount of contribution ($) **250.00**

6 Contributor address;   City;   State;   Zip Code
634 E Mandalay Dr
San Antonio, TX 78212

8 Principal occupation / Job title (See instructions) **Business Owner**	**9** Employer (See instructions) **Santana Consulting Group**

Date **9/23/2025**	Full name of contributor **David Heard** ☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **500.00**

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

Principal occupation / Job title (See instructions) **CMO**	Employer (See instructions) **SecureLogix**

Date **9/23/2025**	Full name of contributor **Adelina Silva** ☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **100.00**

Contributor address;   City;   State;   Zip Code
1827 Winding View
San Antonio, TX 78260

Principal occupation / Job title (See instructions) **Retired**	Employer (See instructions) **Retired**

Date **9/23/2025**	Full name of contributor **David Adelman** ☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **500.00**

Contributor address;   City;   State;   Zip Code
1221 Broadway St. #104
San Antonio, TX 78215

Principal occupation / Job title (See instructions) **Founder & Principal**	Employer (See instructions) **AREA Real Estate**

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

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2 FILER NAME	**3** Filer ID (Ethics Commission Filers)
Marina A Gavito	

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#_____)	**7** Amount of contribution ($)
9/23/2025	**Pegy Brimhall**	**250.00**
	6 Contributor address; City; State; Zip Code	
	515 Leigh Street	
	San Antonio, TX 78210	

8 Principal occupation / Job title (See instructions)	**9** Employer (See instructions)
Affordable Housing Developer	**Able City Communities**

Date	Full name of contributor ☐ out-of-state PAC (ID#_____)	Amount of contribution ($)
9/23/2025	**Daniel kellum**	**500.00**
	Contributor address; City; State; Zip Code	
	330 e summit ave	
	San Antonio, TX 78212	

Principal occupation / Job title (See instructions)	Employer (See instructions)
Physician	**Kellum Physician Partners**

Date	Full name of contributor ☐ out-of-state PAC (ID#_____)	Amount of contribution ($)
9/23/2025	**Laurence Macon**	**500.00**
	Contributor address; City; State; Zip Code	
	PO Box 120250	
	San Antonio, TX 78212	

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

Date	Full name of contributor ☐ out-of-state PAC (ID#_____)	Amount of contribution ($)
9/23/2025	**Patrick Shearer**	**500.00**
	Contributor address; City; State; Zip Code	
	PO Box 23129	
	San Antonio, TX 78223	

Principal occupation / Job title (See instructions)	Employer (See instructions)
Founder	**On Tap Investments**

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.	**1** Total pages Schedule A1: **22 of 29**

2 FILER NAME
Marina A Gavito

3 Filer ID (Ethics Commission Filers)

---

4 Date
9/23/2025

5 Full name of contributor
Elisa Bernal

☐ out-of-state PAC (ID#_____)

7 Amount of contribution ($)
100.00

6 Contributor address;   City;   State;   Zip Code
3010 Whisper Fern
San Antonio, TX 78230

8 Principal occupation / Job title (See instructions)
Retired

9 Employer (See instructions)
Retired

Date
9/23/2025

Full name of contributor
Claudette Guerrero

☐ out-of-state PAC (ID#_____)

Amount of contribution ($)
500.00

Contributor address;   City;   State;   Zip Code
150 E. Lynwood Ave
San Antonio, TX 78212

Principal occupation / Job title (See instructions)
Executive

Employer (See instructions)
Kairoi

Date
9/23/2025

Full name of contributor
Rose Kellum

☐ out-of-state PAC (ID#_____)

Amount of contribution ($)
500.00

Contributor address;   City;   State;   Zip Code
330 E Summit Ave
San Antonio, TX 78213

Principal occupation / Job title (See instructions)
Homemaker

Employer (See instructions)
Homemaker

Date
9/23/2025

Full name of contributor
Catherine Meyer

☐ out-of-state PAC (ID#_____)

Amount of contribution ($)
500.00

Contributor address;   City;   State;   Zip Code
230 Dwyer Ave #802
San Antonio, TX 78204

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

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2 FILER NAME
Marina A Gavito

3 Filer ID (Ethics Commission Filers)

4 Date **9/23/2025**	**5** Full name of contributor **Gilberto Ocanas**	☐ out-of-state PAC (ID#_____)	**7** Amount of contribution ($) **100.00**

6 Contributor address; City; State; Zip Code
7 Champions Run
San Antonio, TX 78258

8 Principal occupation / Job title (See instructions)
Public Affairs

9 Employer (See instructions)
Ocanas Group

Date **9/23/2025**	Full name of contributor **James Mcknight**	☐ out-of-state PAC (ID#_____)	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)
Attorney

Employer (See instructions)
Ortiz McKnight PLLC

Date **9/23/2025**	Full name of contributor **Daniel Ortiz**	☐ out-of-state PAC (ID#_____)	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)
Shareholder

Employer (See instructions)
Ortiz McKnight PLLC

Date **9/24/2025**	Full name of contributor **Eric Michael Garza**	☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **100.00**

Contributor address; City; State; Zip Code
8743 Jack Bean St
San Antonio, TX 78240

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
Mayer LLP

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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 **9/24/2025**	**5** Full name of contributor ☐ out-of-state PAC (ID#_____) **Gordon Hartmann**	**7** Amount of contribution ($) **500.00**

6 Contributor address;   City;   State;   Zip Code
5210 Thousand Oaks Dr #1318
San Antonio, TX 78233

8 Principal occupation / Job title (See instructions)
Philanthropist/Founder

9 Employer (See instructions)
Gordon Hartman Family Foundation

Date **9/24/2025**	Full name of contributor ☐ out-of-state PAC (ID#_____) **Elva Abundis-Esparza**	Amount of contribution ($) **50.00**

Contributor address;   City;   State;   Zip Code
6127 Opal Falls
San Antonio, TX 78222

Principal occupation / Job title (See instructions)
Justice Court Manager

Employer (See instructions)
Bexar County

Date **9/24/2025**	Full name of contributor ☐ out-of-state PAC (ID#_____) **Elizabeth Costello**	Amount of contribution ($) **100.00**

Contributor address;   City;   State;   Zip Code
2011 Mccullough Ave
San Antonio, TX 78212

Principal occupation / Job title (See instructions)
Retired International Affairs Dept. Director

Employer (See instructions)
City of San Antonio

Date **9/24/2025**	Full name of contributor ☐ out-of-state PAC (ID#_____) **Families for Education and Opportunity PAC**	Amount of contribution ($) **500.00**

Contributor address;   City;   State;   Zip Code
415 Mary Louise Drive
San Antonio, TX 78201

Principal occupation / Job title (See instructions)
PAC

Employer (See instructions)
PAC

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

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1 Total pages Schedule A1: **25 of 29**

2 FILER NAME
Marina A Gavito

3 Filer ID (Ethics Commission Filers)

4 Date **9/25/2025**	**5** Full name of contributor **Michael Hogan** ☐ out-of-state PAC (ID#_____)	**7** Amount of contribution ($) **500.00**

6 Contributor address; City; State; Zip Code
1535 Yosemite Oaks Cir
SAN ANTONIO, TX 78213

8 Principal occupation / Job title (See instructions)
President & CEO

9 Employer (See instructions)
Homespring

Date **9/25/2025**	Full name of contributor **johnny hernandez** ☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **500.00**

Contributor address; City; State; Zip Code
411 e cevallos
San Antonio, TX 78204

Principal occupation / Job title (See instructions)
Chef

Employer (See instructions)
Self Employed

Date **9/28/2025**	Full name of contributor **John Dickson** ☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **500.00**

Contributor address; City; State; Zip Code
134 Park Hill Dr
San Antonio, TX 78212

Principal occupation / Job title (See instructions)
AI Security

Employer (See instructions)
Bytewhisper Security, Inc.

Date **9/30/2025**	Full name of contributor **USAA Employee PAC** ☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **500.00**

Contributor address; City; State; Zip Code
9800 Fredericksburg Rd
San Antonio, TX 78288

Principal occupation / Job title (See instructions)
PAC

Employer (See instructions)
PAC

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

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2 FILER NAME
Marina A Gavito

3 Filer ID (Ethics Commission Filers)

4 Date **10/1/2025**	**5** Full name of contributor **Ross Properties LLC** ☐ out-of-state PAC (ID#_____)	**7** Amount of contribution ($) **500.00**
	6 Contributor address; City; State; Zip Code **PO Box 28490** **San Antonio, TX 78228**	

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

9 Employer (See instructions)
N/A

Date **10/2/2025**	Full name of contributor **Thad Rutherford** ☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **500.00**
	Contributor address; City; State; Zip Code **8404 Burkwood Cove** **Austin, TX 78735**	

Principal occupation / Job title (See instructions)
Real Estate

Employer (See instructions)
Southstar

Date **10/15/2025**	Full name of contributor **Martha Martinez-Flores** ☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **200.00**
	Contributor address; City; State; Zip Code **319 W Kings Hwy** **San Antonio, TX 78212**	

Principal occupation / Job title (See instructions)
Creative Director

Employer (See instructions)
MM Creative LLC

Date **11/3/2025**	Full name of contributor **Nicole Czelusta** ☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **200.00**
	Contributor address; City; State; Zip Code **649 Riverside Dr** **New Braunfels, TX 78130**	

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

Employer (See instructions)
Homemaker

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.	**1** Total pages Schedule A1: **27 of 29**

2 FILER NAME **Marina A Gavito**	**3** Filer ID (Ethics Commission Filers)

4 Date **11/20/2025**	**5** Full name of contributor **Murali Subramaniam** ☐ out-of-state PAC (ID#_____)	**7** Amount of contribution ($) **500.00**
	6 Contributor address; City; State; Zip Code **11 San Isidro** **San Antonio, TX 78261**	

8 Principal occupation / Job title (See instructions) **Engineer**	**9** Employer (See instructions) **InTEC**

Date **11/25/2025**	Full name of contributor **John Heller** ☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **500.00**
	Contributor address; City; State; Zip Code **2165 East Maya Palm Dr** **Boca Raton, FL 33432**	

Principal occupation / Job title (See instructions) **Heller Strategy Group**	Employer (See instructions) **Investor**

Date **11/25/2025**	Full name of contributor **Jason Arechiga** ☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **500.00**
	Contributor address; City; State; Zip Code **22603 Impala Bnd** **San Antonio, TX 78259**	

Principal occupation / Job title (See instructions) **Senior Vice President**	Employer (See instructions) **The NRP Group**

Date **11/25/2025**	Full name of contributor **Debra Ann Guerrero** ☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **500.00**
	Contributor address; City; State; Zip Code **3915 Skylark Ave** **San Antonio, TX 78210**	

Principal occupation / Job title (See instructions) **AHTCC Vice President**	Employer (See instructions) **The NRP Group**

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:
28 of 29

2 FILER NAME
Marina A Gavito

3 Filer ID (Ethics Commission Filers)

4 Date **12/2/2025**	**5** Full name of contributor **William Ellis** □ out-of-state PAC (ID#_____)	**7** Amount of contribution ($) **500.00**

6 Contributor address;   City;   State;   Zip Code
9011 Jodhpur
Fair Oaks Ranch, TX 78015

8 Principal occupation / Job title (See instructions) **President**	**9** Employer (See instructions) **Sirell Properties**

Date **12/2/2025**	Full name of contributor **Denise Ellis** □ out-of-state PAC (ID#_____)	Amount of contribution ($) **500.00**

Contributor address;   City;   State;   Zip Code
9011 Jodhpur
Fair Oaks Ranch, TX 78016

Principal occupation / Job title (See instructions) **Controller**	Employer (See instructions) **Sirell Properties**

Date **12/2/2025**	Full name of contributor **Rolando Briones** □ out-of-state PAC (ID#_____)	Amount of contribution ($) **500.00**

Contributor address;   City;   State;   Zip Code
11742 Elms Court
San Antonio, TX 78230

Principal occupation / Job title (See instructions) **Engineer**	Employer (See instructions) **Self**

Date **12/2/2025**	Full name of contributor **Chris Conger** □ out-of-state PAC (ID#_____)	Amount of contribution ($) **500.00**

Contributor address;   City;   State;   Zip Code
3710 Broadway
San Antonio, TX 78210

Principal occupation / Job title (See instructions) **Chef, Entrepreneur**	Employer (See instructions) **Self**

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: **29 of 29**	

2 FILER NAME
Marina A Gavito

3 Filer ID (Ethics Commission Filers)

4 Date **12/2/2025**	**5** Full name of contributor **Carino Cortez Haass** ☐ out-of-state PAC (ID#_____)	**7** Amount of contribution ($) **500.00**
	6 Contributor address; City; State; Zip Code **204 E Melrose** **San Antonio, TX 78212**	

8 Principal occupation / Job title (See instructions)
Chef, Entrepreneur

9 Employer (See instructions)
Self

Date **12/2/2025**	Full name of contributor **Alex Nava** ☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **500.00**
	Contributor address; City; State; Zip Code **522 Possum Oak** **San Antonio, TX 78230**	

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
Self

Date **12/2/2025**	Full name of contributor **Herninia Briones** ☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **500.00**
	Contributor address; City; State; Zip Code **11742 Elms Court** **San Antonio, TX 78230**	

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

Date **12/2/2025**	Full name of contributor **Chip Haass** ☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **500.00**
	Contributor address; City; State; Zip Code **204 E Melrose** **San Antonio, TX 78212**	

Principal occupation / Job title (See instructions)
Haass Group LLC

Employer (See instructions)
Business Consultant

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 ☐ out-of-state PAC (ID#_____)	**8** Amount of Contribution $
		9 In-kind contribution description
	7 Contributor address; City; State; Zip Code	☐ 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 ☐ out-of-state PAC (ID#_____)	Amount of Contribution $
		In-kind contribution description
	Contributor address; City; State; Zip Code	☐ 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 ☐ out-of-state PAC (ID#_____)	**8** Amount of Pledge $
		9 In-kind contribution description
	7 Pledgor address; City; State; Zip Code	
		☐ 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 ☐ out-of-state PAC (ID#_____)	Amount of Pledge $
		In-kind contribution description
	Pledgor address; City; State; Zip Code	
		☐ Check if travel outside of Texas, complete Schedule T

Principal occupation / Job title (See instructions) | Employer (See instructions)

Date	Full name of pledgor ☐ out-of-state PAC (ID#_____)	Amount of Pledge $
		In-kind contribution description
	Pledgor address; City; State; Zip Code	
		☐ Check if travel outside of Texas, complete Schedule T

Principal occupation / Job title (See instructions) | Employer (See instructions)

Date	Full name of pledgor ☐ out-of-state PAC (ID#_____)	Amount of Pledge $
		In-kind contribution description
	Pledgor address; City; State; Zip Code	
		☐ 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 ☐ not applicable	**17** Name of guarantor **18** Guarantor address; City; State; Zip Code	**19** Amount Guaranteed ($)

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 ☐ not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed ($)

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**

1 Total pages Schedule F1: **1 of 8**	**2** FILER NAME **Marina A Gavito**	**3** Filer ID (Ethics Commission Filers)

4 Date **7/1/2025**	**5** Payee name **3d Signs**

6 Amount ($) **248.76**	**7** Payee address; City; State; Zip Code **7986 1st St** **Somerset, TX 78069**

8

PURPOSE OF EXPENDITURE

(a) Category (See categories listed at the top of this schedule)
Other: Campaign Materials

(b) Description
Campaign Materials

(c) ☐ Check if travel outside of Texas, complete schedule T   ☐ 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 **Council District 7**

Date **7/28/2025**	Payee name **Mailchimp**

Amount ($) **117.26**	Payee address; City; State; Zip Code **405 N Angier Ave NE** **Atlanta, GA 30308**

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule)
Other: Campaign Outreach

Description
Campaign Outreach

☐ Check if travel outside of Texas, complete schedule T   ☐ 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 **Council District 7**

Date **8/4/2025**	Payee name **Numero**

Amount ($) **540.00**	Payee address; City; State; Zip Code **695 Town Center Dr. #580** **Costa Mesa, CA 92626**

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule)
Fees

Description
Fees

☐ Check if travel outside of Texas, complete schedule T   ☐ 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 **Council District 7**

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 **8/19/2025**	**5** Payee name **Flagship Campaigns**

6 Amount ($) **625.00**	**7** Payee address; City; State; Zip Code **7926 Broadway St. #707 San Antonio, TX 78209**

8 PURPOSE OF EXPENDITURE

(a) Category (See categories listed at the top of this schedule) **Other: Contracting**

(b) Description **Contracting**

(c) ☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name **Marina A. Gavito**
Office sought **Council District 7**
Office held **Council District 7**

Date **8/27/2025**	Payee name **Mailchimp**

Amount ($) **117.26**	Payee address; City; State; Zip Code **405 N Angier Ave NE Atlanta, GA 30308**

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule) **Other: Campaign Outreach**

Description **Campaign Outreach**

☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name **Marina A. Gavito**
Office sought **Council District 7**
Office held **Council District 7**

Date **9/2/2025**	Payee name **Numero**

Amount ($) **488.00**	Payee address; City; State; Zip Code **695 Town Center Dr. #580 Costa Mesa, CA 92626**

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule) **Fees**

Description **Fees**

☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name **Marina A. Gavito**
Office sought **Council District 7**
Office held **Council District 7**

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE **F1**

1 Total pages Schedule F1: **3 of 8**	**2** FILER NAME **Marina A Gavito**	**3** Filer ID (Ethics Commission Filers)

4 Date **9/8/2025**	**5** Payee name **Flagship Campaigns**

6 Amount ($) **625.00**	**7** Payee address; City; State; Zip Code **7926 Broadway St. #707** **San Antonio, TX 78209**

8 PURPOSE OF EXPENDITURE

(a) Category   (See categories listed at the top of this schedule) **Other: Contracting**

(b) Description **Contracting**

(c) ☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name **Marina A. Gavito**	Office sought **Council District 7**	Office held **Council District 7**

Date **9/17/2025**	Payee name **Flagship Campaigns**

Amount ($) **625.00**	Payee address; City; State; Zip Code **7926 Broadway St. #707** **San Antonio, TX 78209**

PURPOSE OF EXPENDITURE

Category   (See categories listed at the top of this schedule) **Other: Contracting**

Description **Contracting**

☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name **Marina A. Gavito**	Office sought **Council District 7**	Office held **Council District 7**

Date **9/25/2025**	Payee name **The Rose Boutique**

Amount ($) **92.01**	Payee address; City; State; Zip Code **955 Cincinnati Ave** **San Antonio, TX 78201**

PURPOSE OF EXPENDITURE

Category   (See categories listed at the top of this schedule) **Other: Campaign Materials**

Description **Campaign Materials**

☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name **Marina A. Gavito**	Office sought **Council District 7**	Office held **Council District 7**

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POLITICAL EXPENDITURES MADE
FROM POLITICAL CONTRIBUTIONS

SCHEDULE **F1**

1 Total pages Schedule F1: **4 of 8**	**2** FILER NAME **Marina A Gavito**	**3** Filer ID (Ethics Commission Filers)

4 Date **9/29/2025**	**5** Payee name **Mailchimp**

6 Amount ($) **117.26**	**7** Payee address; City; State; Zip Code **405 N Angier Ave NE** **Atlanta, GA 30308**

8 PURPOSE OF EXPENDITURE

(a) Category (See categories listed at the top of this schedule)
Other: Campaign Outreach

(b) Description
Campaign Outreach

(c) ☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name **Marina A. Gavito**	Office sought **Council District 7**	Office held **Council District 7**

Date **10/1/2025**	Payee name **Numero**

Amount ($) **540.00**	Payee address; City; State; Zip Code **695 Town Center Dr. #580** **Costa Mesa, CA 92626**

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule)
Fees

Description
Fees

☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name **Marina A. Gavito**	Office sought **Council District 7**	Office held **Council District 7**

Date **10/3/2025**	Payee name **Flagship Campaigns**

Amount ($) **625.00**	Payee address; City; State; Zip Code **7926 Broadway St. #707** **San Antonio, TX 78209**

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule)
Other: Contracting

Description
Contracting

☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name **Marina A. Gavito**	Office sought **Council District 7**	Office held **Council District 7**

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

1 Total pages Schedule F1: **5 of 8**	**2** FILER NAME **Marina A Gavito**	**3** Filer ID (Ethics Commission Filers)

4 Date **10/3/2025**	**5** Payee name **Prestige Printing**

6 Amount ($) **27.06**	**7** Payee address; City; State; Zip Code **8 Burnwood Lane** **San Antonio, TX 78216**

8 **PURPOSE OF EXPENDITURE**	**(a)** Category (See categories listed at the top of this schedule) **Other: Campaign Materials**	**(b)** Description **Campaign Materials**

(c) ☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name **Marina A. Gavito**	Office sought **Council District 7**	Office held **Council District 7**

Date **10/17/2025**	Payee name **Flagship Campaigns**

Amount ($) **625.00**	Payee address; City; State; Zip Code **7926 Broadway St. #707** **San Antonio, TX 78209**

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) **Other: Contracting**	Description **Contracting**

☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name **Marina A. Gavito**	Office sought **Council District 7**	Office held **Council District 7**

Date **10/27/2025**	Payee name **Mailchimp**

Amount ($) **117.26**	Payee address; City; State; Zip Code **405 N Angier Ave NE** **Atlanta, GA 30308**

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) **Other: Campaign Outreach**	Description **Campaign Outreach**

☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name **Marina A. Gavito**	Office sought **Council District 7**	Office held **Council District 7**

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE
FROM POLITICAL CONTRIBUTIONS

SCHEDULE **F1**

1 Total pages Schedule F1: **6 of 8**	**2** FILER NAME **Marina A Gavito**	**3** Filer ID (Ethics Commission Filers)

4 Date **11/3/2025**	**5** Payee name **Numero**

6 Amount ($) **540.00**	**7** Payee address; City; State; Zip Code **695 Town Center Dr. #580** **Costa Mesa, CA 92626**

8 PURPOSE OF EXPENDITURE

(a) Category (See categories listed at the top of this schedule) **Fees**

(b) Description **Fees**

(c) ☐ Check if travel outside of Texas, complete schedule T   ☐ 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 **Council District 7**

Date **11/3/2025**	Payee name **Flagship Campaigns**

Amount ($) **625.00**	Payee address; City; State; Zip Code **7926 Broadway St. #707** **San Antonio, TX 78209**

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule) **Other: Contracting**

Description **Contracting**

☐ Check if travel outside of Texas, complete schedule T   ☐ 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 **Council District 7**

Date **11/18/2025**	Payee name **Flagship Campaigns**

Amount ($) **625.00**	Payee address; City; State; Zip Code **7926 Broadway St. #707** **San Antonio, TX 78209**

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule) **Other: Contracting**

Description **Contracting**

☐ Check if travel outside of Texas, complete schedule T   ☐ 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 **Council District 7**

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POLITICAL EXPENDITURES MADE
FROM POLITICAL CONTRIBUTIONS

SCHEDULE **F1**

1 Total pages Schedule F1: **7 of 8**	**2** FILER NAME **Marina A Gavito**	**3** Filer ID (Ethics Commission Filers)

4 Date **11/25/2025**	**5** Payee name **HEB Central Market**	

6 Amount ($) **50.00**	**7** Payee address; City; State; Zip Code **4821 Broadway** **San Antonio, TX 78209**	

8 PURPOSE OF EXPENDITURE

(a) Category (See categories listed at the top of this schedule)
Other: Campaign Materials

(b) Description
Campaign Materials

(c) ☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name **Marina A. Gavito**	Office sought **Council District 7**	Office held **Council District 7**

Date **11/28/2025**	Payee name **Flagship Campaigns**	

Amount ($) **625.00**	Payee address; City; State; Zip Code **7926 Broadway St. #707** **San Antonio, TX 78209**	

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule)
Other: Contracting

Description
Contracting

☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name **Marina A. Gavito**	Office sought **Council District 7**	Office held **Council District 7**

Date **12/1/2025**	Payee name **Numero**	

Amount ($) **540.00**	Payee address; City; State; Zip Code **695 Town Center Dr. #580** **Costa Mesa, CA 92626**	

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule)
Fees

Description
Fees

☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name **Marina A. Gavito**	Office sought **Council District 7**	Office held **Council District 7**

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE **F1**

1 Total pages Schedule F1: **8 of 8**	**2** FILER NAME **Marina A Gavito**	**3** Filer ID (Ethics Commission Filers)

4 Date **12/17/2025**	**5** Payee name **Flagship Campaigns**

6 Amount ($) **809.95**	**7** Payee address; City; State; Zip Code **7926 Broadway St. #707** **San Antonio, TX 78209**

8 PURPOSE OF EXPENDITURE	**(a)** Category (See categories listed at the top of this schedule) **Other: Contracting**	**(b)** Description **Contracting**

(c) ☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name **Marina A. Gavito**	Office sought **Council District 7**	Office held **Council District 7**

Date **12/17/2025**	Payee name **The Rose Boutique**

Amount ($) **59.54**	Payee address; City; State; Zip Code **955 Cincinnati Ave** **San Antonio, TX 78201**

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) **Other: Campaign Materials**	Description **Campaign Materials**

☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name **Marina A. Gavito**	Office sought **Council District 7**	Office held **Council District 7**

Date **12/29/2025**	Payee name **Mailchimp**

Amount ($) **117.26**	Payee address; City; State; Zip Code **405 N Angier Ave NE** **Atlanta, GA 30308**

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) **Other: Campaign Outreach**	Description **Campaign Outreach**

☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name **Marina A. Gavito**	Office sought **Council District 7**	Office held **Council District 7**

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE **F2**

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   ☐ Political   ☐ Non-Political

10 PURPOSE OF EXPENDITURE

(a) Category (See categories listed at the top of this schedule)   **(b)** Description

(c) ☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

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   ☐ Political   ☐ Non-Political

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule)   Description

☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

Complete <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**

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
☐ Political   ☐ Non-Political

10 PURPOSE OF EXPENDITURE

(a) Category (See categories listed at the top of this schedule)   **(b)** Description

(c) ☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

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
☐ Political   ☐ Non-Political

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule)   Description

☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS

SCHEDULE **G**

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 ($) ☐ 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) ☐ Check if travel outside of Texas, complete schedule T ☐ Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH   Candidate / Officeholder name   Office sought   Office held

---

Date	Payee name	

Amount ($) ☐ 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
	☐ Check if travel outside of Texas, complete schedule T ☐ Check if Austin, TX, officeholder living expense	

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

---

Date	Payee name	

Amount ($) ☐ 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
	☐ Check if travel outside of Texas, complete schedule T ☐ Check if Austin, TX, officeholder living expense	

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

---

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE H

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) ☐ Check if travel outside of Texas, complete schedule T   ☐ 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

☐ Check if travel outside of Texas, complete schedule T   ☐ 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

☐ Check if travel outside of Texas, complete schedule T   ☐ 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

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.)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE K

The Instruction Guide explains how to complete this form.	**1** Total pages Schedule K: **1 of 1**

2 FILER NAME **Marina A Gavito**	**3** Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom amount is received

8 Amount ($)

. . . .

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

7 Purpose for which amount is received

☐ Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount ($)

. . . .

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

Purpose for which amount is received

☐ Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount ($)

. . . .

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

Purpose for which amount is received

☐ Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount ($)

. . . .

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

Purpose for which amount is received

☐ Check if political contribution returned to filer

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE T

The Instruction Guide explains how to complete this form.	**1** Total pages Schedule T: **1 of 1**

2 FILER NAME
Marina A Gavito

3 Filer ID (Ethics Commission Filers)

4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

5 Contribution / Expenditure reported on:

☐ Schedule A2 ☐ Schedule B ☐ Schedule B(J) ☐ Schedule C2 ☐ Schedule D ☐ Schedule F1

☐ Schedule F2 ☐ Schedule F4 ☐ Schedule G ☐ Schedule H ☐ Schedule COH-UC ☐ Schedule B-SS

6 Dates of travel

7 Name of person(s) traveling

8 Departure city or name of departure location

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:

☐ Schedule A2 ☐ Schedule B ☐ Schedule B(J) ☐ Schedule C2 ☐ Schedule D ☐ Schedule F1

☐ Schedule F2 ☐ Schedule F4 ☐ Schedule G ☐ Schedule H ☐ Schedule COH-UC ☐ Schedule B-SS

Dates of travel

Name of 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:

☐ Schedule A2 ☐ Schedule B ☐ Schedule B(J) ☐ Schedule C2 ☐ Schedule D ☐ Schedule F1

☐ Schedule F2 ☐ Schedule F4 ☐ Schedule G ☐ Schedule H ☐ Schedule COH-UC ☐ Schedule B-SS

Dates of travel

Name of 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	Filer ID (Ethics Commission Filers)
Marina A Gavito	

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 of other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

_____
Signature of Officeholder