CORRECTION/AMENDMENT AFFIDAVIT FORM JCOR-C/OH FOR CANDIDATE/OFFICEHOLDER Filer ID (Ethics Commission Filers) 2 Total pages filed: **OFFICE USE ONLY** 00084894 16 Date Received CANDIDATE / MS / MRS / MR **FIRST** MI **ELECTRONICALLY FILED OFFICEHOLDER** Marissa L. 07/13/2025 NAME NICKNAME LAST **SUFFIX** Giovenco Date Hand-delivered or Date Postmarked **ORIGINAL** Runoff January 15 Other (specify) REPORT TYPE X July 15 Receipt # Exceeded modified reporting limit Amount 15th day after campaign treasurer 30th day before election appointment (officeholder only) Date Processed 8th day before election Final Report (Attach C/OH-FR) ORIGINAL PERIOD Month Month Day Day Year Year Date Imaged **COVERED THROUGH** 01/01/2025 06/30/2025 **EXPLANATION OF CORRECTION** I Sumbitted and forgot to add the monthly cell phone bill **AFFIDAVIT** I swear, or affirm, under penalty of perjury, that this corrected report is true and correct. Check the box next to any and all applicable statements: Semiannual reports: I swear, or affirm that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report. Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith. Marissa L. Giovenco Signature of Candidate or Officeholder AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said ____, this the ___ _____, 20_____, to certify which, witness my hand and seal of office.

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

Printed name of officer administering oath

Signature of officer administering oath

Title of officer administering oath

FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00084894 16 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** Marissa L. NAME Date Received **ELECTRONICALLY FILED** 07/13/2025 NICKNAME LAST **SUFFIX** Giovenco CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** 924 Camaron St. MAILING Amount Receipt # **ADDRESS** Change of Address San Antonio, TX 78212 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Ms. Elisa M. NAME NICKNAME LAST **SUFFIX** Gonzales STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE **CAMPAIGN** APT / SUITE #; CITY; STATE; **TREASURER** 13315 El Charro St. **ADDRESS** (Residence or Business) San Antonio, TX 78233 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (210) 867-2013 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) Х reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 01/01/2025 06/30/2025 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year χ Primary Runoff Other 03/03/2026 General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE

GO TO PAGE 2

None Bexar

Criminal District Court Judge District 226th

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

3 of 16

13 C / OH NAME	Giovenco, Marissa L		14 Filer ID 00084894	(Ethics Commission Filers)						
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditurent. These expenditures may have been made without the difficeholders are required to report this information.	he candidate's or office	eholder's knowledge or						
Additional Pages	COMMITTEE TYPE COMMITTEE NAME									
	GENERAL	GENERAL COMMITTEE ADDRESS								
	SPECIFIC	O MINIT PLE ABBITLESS								
		COMMITTEE CAMPAIGN TREASURER NAME								
		COMMITTEE CAMPAIGN TREASURER ADDRES	S							
16 CONTRIBUTION TOTALS		I IZED POLITICAL CONTRIBUTIONS(OTHER THAN ES OF LOANS, OR CONTRIBUTIONS MADE ELEC		\$ 0.00						
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	\$ 7,300.00							
EXPENDITURE TOTALS	3. TOTAL UNITEM	o)	\$ 0.00							
	4. TOTAL POLIT	ICAL EXPENDITURES		\$ 10,934.85						
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LA	AST DAY OF THE	\$ 631.04						
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS OUTING PERIOD	OF THE LAST DAY	\$ 0.00						
17 AFFIDAVIT		I swear, or affirm, under penalty true and correct and includes all under Title 15, Election Code.								
		Mari	ssa L. Giovenco							
			Candidate or Officehol	der						
AFFIX NO	TARY STAMP / SEAL AB	OVE								
Sworn to and subs	cribed before me, by the s	aid	, this the	day						
of	, 20, to c	ertify which, witness my hand and seal of office.								
Signature of office	cer administering oath	Printed name of officer administering oath	Title of office	r administering oath						

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

				JVLK SHLLI	4 of 16
	ER NAN	ME Marissa L.	19 Filer ID 00084894	(Ethics Commission	Filers)
l	HEDULI ME OF	SUBTOTAL AN	MOUNT		
1.	X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	7,300.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	
4.		SCHEDULE E(J): LOANS (JUDICIAL)		\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	6,668.56
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	Х	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	4,266.29
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	1	Total pages Schedule A(J)1: Sch: 1/3 Rpt: 5/16		
2	FILER NAME Giovenco, M	larissa L.			3	Filer ID (Ethics Commission Filers) 00084894
4	Date 06/12/2025	5 Full name of contributor Aguilar , Omar (Mr.)6 Contributor address; City; \$	7	Amount of Contribution (\$) \$50.00		
		San Antonio, TX 78252				
8		Principal Occupation		9 Contributor's Job Title		
	Underwriter			Underwriter		
10	Contributor's e EPM	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
12	If contributor is	s a child, law firm of parent(s) (if	any)	1		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	06/26/2025	Arce, Chris (Mr.) Contributor address; City; \$			\$500.00	
		San Antonio, TX 78216		T		
		Principal Occupation		Contributor's Job Title		
	Attorney	employer/law firm		Attorney Law firm of contributor's sp		on (if any)
		ice of Chris Arce, P.C.		Law IIIII of Contributor's Sp	Jou:	se (ii ariy)
		s a child, law firm of parent(s) (if	any)	<u>l</u>		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	06/02/2025	Gignac, Shirley (Mrs.) Contributor address; City; \$	State; Zip Code			\$100.00
		Plymouth, MI 48170				
	Contributor's I	Principal Occupation		Contributor's Job Title	_	
	retired			retired		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
	n/a					
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL C	CONTRIBUTIO	DNS		SCHEDULE A(J)1
	The Instru	ction Guide explains how	1	Total pages Schedule A(J)1: Sch: 2/3 Rpt: 6/16		
2	FILER NAME Giovenco, M	larissa L.			3	Filer ID (Ethics Commission Filers) 00084894
4	Date 06/06/2025	5 Full name of contributor Guerra, Francisco (Mr.)6 Contributor address; City; St	7	Amount of Contribution (\$) \$5,000.00		
		San Antonio, TX 78212				
8		Principal Occupation		9 Contributor's Job Title		
	Attorney			Attorney		
10	Contributor's e Guerra, LLP	employer/law firm		11 Law firm of contributor's sp	ous	se (if any)
12	! If contributor is	s a child, law firm of parent(s) (if a	ny)	I		
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Г	Amount of Contribution (\$)
	05/29/2025	lanni, Katherine (Mrs.) Contributor address; City; St		•	\$50.00	
		Stamford, CT 06903				
	Contributor's F	Principal Occupation		Contributor's Job Title		
	health			Health Coach		
	Contributor's e	employer/law firm		Law firm of contributor's sp	ous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if a	ny)	L		
F	Date	Full name of contributor	out-of-state PAC (ID#:_)	Π	Amount of Contribution (\$)
	05/29/2025	River City-Bexar Enterpris	es, LLC			\$400.00
		Contributor address; City; St San Antonio, TX 78207	ate; Zip Code		•	
	Contributor's F	I Principal Occupation		Contributor's Job Title	<u> </u>	
	Contributor's e	employer/law firm		Law firm of contributor's sp	ous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if a	ny)			

MONET	TARY POLITICAL CONT	RIBUTIONS	SCHEDULE A(J)1
The Instru	action Guide explains how to com	1 Total pages Schedule A(J)1: Sch: 3/3 Rpt: 7/16	
2 FILER NAME Giovenco, N		3 Filer ID (Ethics Commission Filers) 00084894	
4 Date 05/29/2025		-state PAC (ID#:) ode	7 Amount of Contribution (\$) \$200.00
	san antonio, TX 78207		
8 Contributor's	Principal Occupation	9 Contributor's Job Title	
10 Contributor's	employer/law firm	11 Law firm of contributor's s	spouse (if any)
12 If contributor	is a child, law firm of parent(s) (if any)		
Date 05/29/2025	Full name of contributor out-of- Stanush, Lisa (Mrs.) Contributor address; City; State; Zip C	-state PAC (ID#:) ode	Amount of Contribution (\$) \$1,000.00
	Universal City, TX 78109		
	Principal Occupation	Contributor's Job Title	
Ontributor's	ger employer/law firm	Office Manager Law firm of contributor's s	enouse (if any)
Caliber Coll		Eaw IIIII of contributor 3 3	produce (ii diriy)
If contributor	is a child, law firm of parent(s) (if any)	'	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/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)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 1/5 Rpt: 8/16	2 FILER NAME Giovenco, Marissa L. 3 Filer ID (Ethics Commission Filers) 00084894
4	Date 06/07/2025	5 Payee name Amazon
6	Amount (\$) \$530.87	7 Payee address; City; State; Zip Code 410 Terry ave N
		Seattle, WA 98109
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense tote bags
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 06/14/2025	Payee name Amazon
	Amount (\$) \$358.28	Payee address; City; State; Zip Code 410 Terry Ave N
		Seattle, WA 98109
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Pens
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 06/24/2025	Payee name Amazon
	Amount (\$) \$53.86	Payee address; City; State; Zip Code 410 Terry Ave N
		Seattle, WA 98109
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense donation of beads for pride parade
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/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)

	Credit Card Payment		The Instruction Guide explains how to cor	mple	ete this form.	
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Con	nmission Filers)
	Sch: 2/5 Rpt: 9/16		Giovenco, Marissa L.		00084894	
4	Date	5	Payee name		·	
	06/27/2025		Amazon			
6	Amount (\$)	7	Payee address; City; State; Zip Coo	de		
	\$30.30		410 Terry Ave N			
			Seattle, WA 98109			
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description	
	OF EXPENDITURE		Contributions/Donations Made By		Check if travel outside of Texas. Complete Schedule	Т.
			Candidate/Officeholder/Political Committee		Check if Austin, TX, officeholder living expense Candy to hand out at parade	
					Carray to Flaria out at parade	
9	Complete ONLY if direct		L Candidate/Officeholder name Office sou	aht	Office held	
	expenditure to benefit C/OI			5		
_	Date	Т	Payee name			
	06/10/2025		Amazon			
	Amount (\$)	┢	Payee address; City; State; Zip Coo	de		
	\$25.00		410 Terry Ave N			
	,		,,			
			Seattle, WA 98109			
	PURPOSE	(a)		(h)	Description	
	OF	(")	Office Overhead/Rental Expense	(5)	Check if travel outside of Texas. Complete Schedule	т.
	EXPENDITURE		Zimos Gvorrioud/Normai Zaponico		Check if Austin, TX, officeholder living expense	
					clipboards and paper	
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholder name Office sou	ght	Office held	
	Date		Payee name			
	06/23/2025		JVC Media, LLC			
	Amount (\$)		Payee address; City; State; Zip Coo	de		
	\$3,842.88		7113 San Pedro Ave			
			suite 391			
			San Antonio, TX 78216			
	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description	
	EXPENDITURE		Advertising Expense		Check if travel outside of Texas. Complete Schedule Check if Austin, TX, officeholder living expense	т.
					Yard signs and banner	
					3	
	Complete ONLY if direct		L Candidate/Officeholder name Office sou	ght	Office held	
	expenditure to benefit C/OI			-		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/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)

	Credit Card Payment		The Instruction Guide explains how to c	ompl	lete this form.
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 3/5 Rpt: 10/16		Giovenco, Marissa L.		00084894
4	Date	5	Payee name		1
	06/17/2025		Mailchimp		
6	Amount (\$)	7	Payee address; City; State; Zip C	ode	
	\$21.32		405 N Angier Ave NE		
			Atlanta, GA 30308		
8	PURPOSE	(a	Category (See Categories listed at the top of this schedule)	(b)) Description
	OF EXPENDITURE		Solicitation/Fundraising Expense		Check if travel outside of Texas. Complete Schedule T.
	LAFLINDHORL				Check if Austin, TX, officeholder living expense
					email invites
_	Operation ONLY if dispose		Oct.		Office held
9	Complete ONLY if direct expenditure to benefit C/Ol		Candidate/Officeholder name Office so	ugnt	t Office held
		_			
	Date		Payee name		
	06/05/2025	L	Prestige Printing, LLC		
	Amount (\$)		Payee address; City; State; Zip C	ode	
	\$129.90		8 Burwood Ln		
			San Antonio, TX 78216		
	PURPOSE	(a	Category (See Categories listed at the top of this schedule)	(b)) Description
	OF EXPENDITURE		Advertising Expense		Check if travel outside of Texas. Complete Schedule T.
					Check if Austin, TX, officeholder living expense push cards
					push dards
	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name Office so	<u>l</u> uaht	t Office held
	expenditure to benefit C/O			9	
	Date	Т	Payee name		
	06/26/2025		Prestige Printing, LLC		
	Amount (\$)	┝	Payee address; City; State; Zip C	odo	
	\$536.92		8 Burwood Ln	oue	
	Ψ530.92		o Bulwood Eli		
			Con Antonio TV 7021C		
		L	San Antonio, TX 78216	1	
	PURPOSE OF	(a	Category (See Categories listed at the top of this schedule)	(b)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Advertising Expense		Check if dustin, TX, officeholder living expense
					flyers
	Complete ONLY if direct		Candidate/Officeholder name Office so	ught	t Office held
	expenditure to benefit C/O	Н			
_					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Expense Event Expense Loan Repayment/Reimbu

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/5 Rpt: 11/16	Giovenco, Marissa L. 00084894
4	Date	5 Payee name
	06/23/2025	Ramon and Associates
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$630.00	3939 Portsmouth
		San Antonio, TX 78223
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Tshirts
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	06/13/2025	Sewing by Laura
	Amount (\$)	Payee address; City; State; Zip Code
	\$85.00	11230 Liberty Field
		San Antonio, TX 78254
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Campaign Sash
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	06/22/2025	Wix
	Amount (\$)	Payee address; City; State; Zip Code
	\$29.22	100 Gansevoort
	,	
		New York, NY 10014
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		website
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment			mmittee	Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guide			ense ges/Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	trict category not listed above)
┰	Total pages Schedule F1:	2	FII FR NAM	 IF	-		-	3	Filer ID	(Ethics Commission Filers)
-	Sch: 5/5 Rpt: 12/16	_		Marissa L.					00084894	(
4	Date	5	Payee name	e				•		
	06/07/2025		Wristband							
6	Amount (\$)	7	Payee addr	ess; City;	State;	Zip Cod	e			
	\$395.01		1005 Main	St Unit 8130						
			Pawtucket	, TX 02860						
8	PURPOSE	(a)	Category (See Categories listed at the to	p of this sche	edule) (b) Description			
	OF EXPENDITURE		Advertising				_		ide of Texas. Com	
	EXI ENDITORE								, officeholder living	expense
							bracelets w	ith Ic	go	
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Of	fficeholder name	O	Office sough	ht		Office he	eld

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District
Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment			s/Wages/Contract Labor		OTHER (enter a category not listed above)		
	Credit Card Payment		The Instruction Guide explains how to	complete this form.				
1	Total pages Schedule G:	2	FILER NAME		3	Filer ID (Ethics Commission Filers)		
	Sch: 1/3 Rpt: 13/16		Giovenco, Marissa L.			00084894		
4	Date	5	Payee name					
	05/12/2025		Alpha Graphics					
6	Amount (\$)	7	Payee address; City; State; Zip	Code				
	\$70.36		219 N Alamo ste 101					
	Reimbursement from							
	political contributions intended		San Antonio, TX 78205					
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b) Description	П	Check if travel outside of Texas. Complete Schedule T.		
Ü	OF	("	Advertising Expense	(b) Description	=	Check if Austin, TX, officeholder living expense		
	EXPENDITURE		Advertising Expense	push cards				
				ľ				
9	Complete ONLY if direct	Cai	ndidate/Officeholder name	Office sought		Office held		
	expenditure to benefit C/OH			_				
	C/OH							
	Date		Payee name					
	05/28/2025		Hernandez, Erasmo					
	Amount (\$)		Payee address; City; State; Zip	Code				
	\$160.00	9907 Autumn Arbor						
	Reimbursement from							
	political contributions intended		Converse, TX 78109					
	PURPOSE	H	Category (See Categories listed at the top of this schedule)	Description	П	Check if travel outside of Texas. Complete Schedule T.		
OF EXPENDITURE			Advertising Expense		Check if Austin, TX, officeholder living expense			
	LAFLINDITORL			campaign phot	0S			
		Cai	ndidate/Officeholder name	Office sought		Office held		
	expenditure to benefit C/OH							
	D-1-	_						
	Date		Payee name					
	05/10/2025	L	Ramon and Associates					
	Amount (\$)		Payee address; City; State; Zip	Code				
	\$3,000.00		3939 Portsmouth					
	Reimbursement from political contributions							
	intended		San Antonio, TX 78223					
	PURPOSE OF		Category (See Categories listed at the top of this schedule)	Description	=	Check if travel outside of Texas. Complete Schedule T.		
	EXPENDITURE		Consulting Expense		_	Check if Austin, TX, officeholder living expense		
				Campaign mar	age	r		
	Complete ONLY Staller		adidata (Office la alaguna pros	O#:		Office held		
	Complete ONLY if direct expenditure to benefit	Cai	ndidate/Officeholder name	Office sought		Office held		
	C/OH							

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politice Credit Card Payment		Gift/Awards/Memo Legal Services The Instructio	rials Expense			Travel Out of District OTHER (enter a categor	y not listed above)
1	Total pages Schedule G:	2 FILER	NAME				3 Filer ID (Ethics (Commission Filers)
	Sch: 2/3 Rpt: 14/16	Giove	enco, Marissa L.				00084894	
4	Date	5 Payee	name					
	05/15/2025	Ramo	on and Associates					
6	Amount (\$)	7 Payee	address; City;	State;	Zip Co	ode		
	\$500.00	3939	Portsmouth					
	Reimbursement from political contributions intended	San A	Antonio, TX 78223					
8	PURPOSE OF	(a) Categ	Ory (See Categories listed	at the top of this sche	edule)	(b) Description		xas. Complete Schedule T.
	EXPENDITURE	Adve	rtising Expense			L	Check if Austin, TX, officeho	older living expense
						website builder		
		<u> </u>						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate	/Officeholder name			Office sought	Office h	neld
	Date	Payee	name					
	06/27/2025	Ramo	on and Associates					
	Amount (\$)	Payee	address; City;	State;	Zip Co	ode		
	\$205.00	3939	Portsmouth					
	Reimbursement from political contributions							
	intended		Antonio , TX 78223				_	
	PURPOSE OF		Ory (See Categories listed	at the top of this sche	edule)	Description	Check if travel outside of Te Check if Austin, TX, officeho	xas. Complete Schedule T.
	EXPENDITURE	Adve	rtising Expense			L tshirts	Check ii / tasan, 174, onicent	nder living expense
						Comito		
	Complete ONLY if direct expenditure to benefit C/OH	<u>I</u> Candidate	/Officeholder name			Office sought	Office h	neld
	Date	Pavee	name					
	05/09/2025	T-Mo						
	Amount (\$)	Payee	address; City;	State;	Zip Co	ode		
	\$114.64	· ·	Broadway ste 105					
	Reimbursement from political contributions intended	san a	ntonio, TX 78209					
	PURPOSE	Categ	Ory (See Categories listed	at the top of this sche	edule)	Description	Check if travel outside of Te	xas. Complete Schedule T.
	OF EXPENDITURE	comn	nunications				Check if Austin, TX, officeho	older living expense
						Campaign cell pl	hone	
	Complete ONLY if direct expenditure to benefit C/OH	- Candidate	/Officeholder name			Office sought	Office h	neld

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Mange/Control Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District
Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	al Committee	-	vices truction Guide exp		Vages/Contract Labor omplete this form.		OTHER (en	nter a category not lis	ted above)
1	Total pages Schedule G:	2 FILE	R NAME				3	Filer ID	(Ethics Comm	ission Filers)
	Sch: 3/3 Rpt: 15/16	Giov	venco, Marissa	L.				0008489	94	•
4	Date	5 Paye	ee name							
	06/23/2025	T-M	obile							
6	Amount (\$)	7 Paye	ee address;	City; S	State; Zip Co	ode				
	\$90.33	3000	6 Broadway st	e 105						
	Reimbursement from									
	political contributions intended	san	antonio, TX 78	3209						
8	PURPOSE	(a) Cate	egory (See Categor	ries listed at the top of th	nis schedule)	(b) Description	=		outside of Texas. Co	
	OF EXPENDITURE	com	nmunication			l l	Ch	eck if Austin	ı, TX, officeholder livi	ng expense
						cell phone bill				
9	Complete ONLY if direct	Candidat	te/Officeholder n	ame		Office sought			Office held	
-	expenditure to benefit									
	C/OH									
	Date	Paye	ee name							
	05/10/2025	go E	Daddy							
	Amount (\$)	Paye	ee address;	City; S	State; Zip Co	ode				
	\$105.96	215	5 E GoDaddy \	Nay						
	Reimbursement from									
	political contributions intended	Tem	npe, AZ 85284							
	PURPOSE	Cate	egory (See Categor	ries listed at the top of th	nis schedule)	Description	Ch	eck if travel	outside of Texas. Co	omplete Schedule T.
	OF EXPENDITURE	Adv	ertising Expens	se		[Ch	eck if Austin	ı, TX, officeholder livi	ng expense
						website domain	and	email		
		Candidat	te/Officeholder n	ame		Office sought			Office held	
	expenditure to benefit C/OH									
	Date	Dove								
	05/31/2025	1 '	ee name							
		ramos, Samantha								
	Amount (\$)	1		City; S	State; Zip Co	ode				
	\$20.00	112	11 Star Vista							
	Reimbursement from political contributions									
	intended	san	antonio, TX 78	3221						
	PURPOSE OF			ries listed at the top of th	nis schedule)	Description	_		outside of Texas. Co	•
	EXPENDITURE	Adv	ertising Expens	se		ا ^ا		IECK II AUSUII	ı, TX, officeholder livi	ng expense
						name badges				
	Complete ONLY if direct	Candidat	te/Officeholder n	ame		Office sought			Office held	
	expenditure to benefit	Janulual	ic, omeendidel H	ame		Onice sought			Omoc Held	
	C/OH									

	The Instruction Guide explains how to complete this form.	1 Total pages Schedule M: Sch: 1/1 Rpt: 16/16
2	FILER NAME	3 Filer ID (Ethics Commission Filers)
	Giovenco, Marissa L.	00084894
	Description of Asset	
	Campaign Yard Signs	