

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 1

<b>The JC/OH Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers) 00084894	<b>2</b> Total pages filed:  58								
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Marissa L.		<b>OFFICE USE ONLY</b> Date Received <b>ELECTRONICALLY FILED</b> 01/15/2026								
	NICKNAME LAST SUFFIX Giovenco										
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE PO Box 23644  San Antonio, TX 78223		Date Hand-delivered or Date Postmarked								
			Receipt # Amount								
			Date Processed								
			Date Imaged								
<b>5</b> CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Ms. Elisa M.										
	NICKNAME LAST SUFFIX Gonzales										
<b>6</b> CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 13315 El Charro St.  San Antonio, TX 78233										
<b>7</b> CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (210) 867-2013										
<b>8</b> REPORT TYPE	<table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded modified reporting limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH-FR)</td> </tr> </table>			<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded modified reporting limit	<input type="checkbox"/> Final Report (Attach C/OH-FR)
<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)								
<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded modified reporting limit	<input type="checkbox"/> Final Report (Attach C/OH-FR)								
<b>9</b> PERIOD COVERED	Month Day Year      Month Day Year 07/01/2025      THROUGH      12/31/2025										
<b>10</b> ELECTION	ELECTION DATE Month Day Year 03/03/2026		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special								
<b>11</b> OFFICE	OFFICE HELD (if any)		<b>12</b> OFFICE SOUGHT (if known) District Judge District 226								

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# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH  
COVER SHEET PG 2

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<b>13 C / OH NAME</b> Giovenco, Marissa L.	<b>14 Filer ID</b> (Ethics Commission Filers) 00084894
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<b>15 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.	
	<b>COMMITTEE TYPE</b>	<b>COMMITTEE NAME</b>
	<input type="checkbox"/> GENERAL	<b>COMMITTEE ADDRESS</b>
	<input type="checkbox"/> SPECIFIC	
	<b>COMMITTEE CAMPAIGN TREASURER NAME</b>	
	<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>	

<b>16 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 27,375.65
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$ 24,756.05
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 7,448.74
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 7,470.00

**17 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.

Marissa L. Giovenco

\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, 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 - JC/OH****FORM JC/OH  
COVER SHEET PG 3**

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<b>18 FILER NAME</b> Giovenco, Marissa L.		<b>19 Filer ID</b> (Ethics Commission Filers) 00084894
<b>20 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$ 19,029.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 8,346.65
3.	<input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$
4.	<input type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 13,762.30
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 3,000.00
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 7,469.58
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 731.59
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 1,695.00

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 1/27 Rpt: 4/58
<b>2</b> FILER NAME Giovenco, Marissa L.		<b>3</b> Filer ID (Ethics Commission Filers) 00084894
<b>4</b> Date 11/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aguilar , Omar (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78252	<b>7</b> Amount of Contribution (\$)  <div style="text-align: right;">\$15.00</div>
<b>8</b> Contributor's Principal Occupation Underwriter		<b>9</b> Contributor's Job Title underwriter
<b>10</b> Contributor's employer/law firm Epm		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 10/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aranda, Roxanne <hr/> Contributor address; City; State; Zip Code  boerne, TX 78006	Amount of Contribution (\$)  <div style="text-align: right;">\$100.00</div>
Contributor's Principal Occupation Digital Product Manager		Contributor's Job Title Digital Product Manager
Contributor's employer/law firm USAA		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 11/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barrera Jr, Roy <hr/> Contributor address; City; State; Zip Code  san antonio, TX 78205	Amount of Contribution (\$)  <div style="text-align: right;">\$1,000.00</div>
Contributor's Principal Occupation attorney		Contributor's Job Title attorney
Contributor's employer/law firm self		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 2/27 Rpt: 5/58
<b>2</b> FILER NAME Giovenco, Marissa L.		<b>3</b> Filer ID (Ethics Commission Filers) 00084894
<b>4</b> Date 10/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bennett, Caitlin <hr/> <b>6</b> Contributor address; City; State; Zip Code  san antonio, TX 78247	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Contributor's Principal Occupation attorney		<b>9</b> Contributor's Job Title attorney
<b>10</b> Contributor's employer/law firm Jean Brown Law		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Black, Kenneth <hr/> Contributor address; City; State; Zip Code  san antonio, TX 78240	Amount of Contribution (\$)  \$20.00
Contributor's Principal Occupation Utility technician		Contributor's Job Title utility technician
Contributor's employer/law firm Grey Forest Utilities		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 08/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bogart, Sade <hr/> Contributor address; City; State; Zip Code  Cibilo, TX 78108	Amount of Contribution (\$)  \$100.00
Contributor's Principal Occupation attorney		Contributor's Job Title attorney
Contributor's employer/law firm US attorneys office		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 3/27 Rpt: 6/58
<b>2</b> FILER NAME Giovenco, Marissa L.		<b>3</b> Filer ID (Ethics Commission Filers) 00084894
<b>4</b> Date 09/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bogart, Sade <hr/> <b>6</b> Contributor address; City; State; Zip Code  Cibilo, TX 78108	<b>7</b> Amount of Contribution (\$)  <div style="text-align: right;">\$100.00</div>
<b>8</b> Contributor's Principal Occupation attorney		<b>9</b> Contributor's Job Title attorney
<b>10</b> Contributor's employer/law firm US attorneys office		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		

  

Date 10/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bogart, Sade <hr/> Contributor address; City; State; Zip Code  Cibilo, TX 78108	Amount of Contribution (\$)  <div style="text-align: right;">\$100.00</div>
Contributor's Principal Occupation attorney		Contributor's Job Title attorney
Contributor's employer/law firm US attorneys		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

  

Date 11/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bogart, Sade <hr/> Contributor address; City; State; Zip Code  Cibilo, TX 78108	Amount of Contribution (\$)  <div style="text-align: right;">\$100.00</div>
Contributor's Principal Occupation attorney		Contributor's Job Title attorney
Contributor's employer/law firm US attorneys		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 4/27 Rpt: 7/58
<b>2</b> FILER NAME Giovenco, Marissa L.		<b>3</b> Filer ID (Ethics Commission Filers) 00084894
<b>4</b> Date 12/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bogart, Sade <hr/> <b>6</b> Contributor address; City; State; Zip Code  cibilo, TX 78108	<b>7</b> Amount of Contribution (\$)  <div style="text-align: right;">\$100.00</div>
<b>8</b> Contributor's Principal Occupation attorney		<b>9</b> Contributor's Job Title attorney
<b>10</b> Contributor's employer/law firm US attorneys		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 10/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brien, Megan <hr/> Contributor address; City; State; Zip Code  san antonio, TX 78261	Amount of Contribution (\$)  <div style="text-align: right;">\$25.00</div>
Contributor's Principal Occupation paralegal		Contributor's Job Title paralegal
Contributor's employer/law firm Tinsman & Sciano		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 11/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brooks, William <hr/> Contributor address; City; State; Zip Code  san antonio, TX 78205	Amount of Contribution (\$)  <div style="text-align: right;">\$250.00</div>
Contributor's Principal Occupation attorney		Contributor's Job Title attorney
Contributor's employer/law firm self		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 5/27 Rpt: 8/58
<b>2</b> FILER NAME Giovenco, Marissa L.		<b>3</b> Filer ID (Ethics Commission Filers) 00084894
<b>4</b> Date 12/03/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cabanas Law Firm <hr/> <b>6</b> Contributor address; City; State; Zip Code  san antonio, TX 78212	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<b>8</b> Contributor's Principal Occupation		<b>9</b> Contributor's Job Title
<b>10</b> Contributor's employer/law firm		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 12/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castillo, Adam <hr/> Contributor address; City; State; Zip Code  san antonio, TX 78238	Amount of Contribution (\$)  \$50.00
Contributor's Principal Occupation retired		Contributor's Job Title retired
Contributor's employer/law firm na		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 12/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castillo, Adam <hr/> Contributor address; City; State; Zip Code  san antonio, TX 78238	Amount of Contribution (\$)  \$75.00
Contributor's Principal Occupation retired		Contributor's Job Title retired
Contributor's employer/law firm na		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 6/27 Rpt: 9/58
<b>2</b> FILER NAME Giovenco, Marissa L.		<b>3</b> Filer ID (Ethics Commission Filers) 00084894
<b>4</b> Date 12/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castillo, Adam <hr/> <b>6</b> Contributor address; City; State; Zip Code  san antonio, TX 78238	<b>7</b> Amount of Contribution (\$)  <div style="text-align: right;">\$50.00</div>
<b>8</b> Contributor's Principal Occupation retired		<b>9</b> Contributor's Job Title retired
<b>10</b> Contributor's employer/law firm na		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 12/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castro, Leticia <hr/> Contributor address; City; State; Zip Code  san antonio, TX 78204	Amount of Contribution (\$)  <div style="text-align: right;">\$100.00</div>
Contributor's Principal Occupation Paralegal		Contributor's Job Title Paralegal
Contributor's employer/law firm Garza and Associates		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christian, David <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78212	Amount of Contribution (\$)  <div style="text-align: right;">\$1,000.00</div>
Contributor's Principal Occupation attorney		Contributor's Job Title attorney
Contributor's employer/law firm Christian & Nisbet		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A(J)1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 7/27 Rpt: 10/58
<b>2</b> FILER NAME Giovenco, Marissa L.		<b>3</b> Filer ID (Ethics Commission Filers) 00084894
<b>4</b> Date 11/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cisneros, Johnny <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78207	<b>7</b> Amount of Contribution (\$)  \$250.00
<b>8</b> Contributor's Principal Occupation attorney		<b>9</b> Contributor's Job Title attorney
<b>10</b> Contributor's employer/law firm self		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 10/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniels, Nancy <hr/> Contributor address; City; State; Zip Code  san antonio, TX 78217	Amount of Contribution (\$)  \$10.00
Contributor's Principal Occupation unemployed		Contributor's Job Title unemployed
Contributor's employer/law firm na		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 12/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Durbin, Laura <hr/> Contributor address; City; State; Zip Code  san antonio, TX 78212	Amount of Contribution (\$)  \$50.00
Contributor's Principal Occupation attorney		Contributor's Job Title attorney
Contributor's employer/law firm US attorneys		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 8/27 Rpt: 11/58
<b>2</b> FILER NAME Giovenco, Marissa L.		<b>3</b> Filer ID (Ethics Commission Filers) 00084894
<b>4</b> Date 12/10/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Esparza, Fernando <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78232	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Contributor's Principal Occupation Doctor		<b>9</b> Contributor's Job Title doctor
<b>10</b> Contributor's employer/law firm Fernando J. Esparza, PSY		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Espinoza and Brock <hr/> Contributor address; City; State; Zip Code  san antonio, TX 78216	Amount of Contribution (\$)  \$1,000.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 11/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flores, Gerald <hr/> Contributor address; City; State; Zip Code  san antonio, TX 78213	Amount of Contribution (\$)  \$300.00
Contributor's Principal Occupation retired		Contributor's Job Title retired
Contributor's employer/law firm na		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 9/27 Rpt: 12/58
<b>2</b> FILER NAME Giovenco, Marissa L.		<b>3</b> Filer ID (Ethics Commission Filers) 00084894
<b>4</b> Date 10/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fowlks, Justin <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78258	<b>7</b> Amount of Contribution (\$)  \$500.00
<b>8</b> Contributor's Principal Occupation attorney		<b>9</b> Contributor's Job Title attorney
<b>10</b> Contributor's employer/law firm self		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Freeman, Justin <hr/> Contributor address; City; State; Zip Code  Eugene, OR 97403	Amount of Contribution (\$)  \$100.00
Contributor's Principal Occupation Consultant		Contributor's Job Title Consultant
Contributor's employer/law firm Juniper Rim Partners		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 08/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, John <hr/> Contributor address; City; State; Zip Code  san antonio, TX 78232	Amount of Contribution (\$)  \$300.00
Contributor's Principal Occupation attorney		Contributor's Job Title attorney
Contributor's employer/law firm self		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 10/27 Rpt: 13/58
2 FILER NAME Giovenco, Marissa L.		3 Filer ID (Ethics Commission Filers) 00084894
4 Date 07/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza, Mae 6 Contributor address; City; State; Zip Code san antonio, TX 78229	7 Amount of Contribution (\$) \$1,500.00
8 Contributor's Principal Occupation attorney		9 Contributor's Job Title attorney
10 Contributor's employer/law firm Garza & Associates		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 12/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza, Michelle Contributor address; City; State; Zip Code san antonio, TX 78247	Amount of Contribution (\$) \$100.00
Contributor's Principal Occupation retired		Contributor's Job Title retired
Contributor's employer/law firm na		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gold, Charles Contributor address; City; State; Zip Code San Antonio, TX 78230	Amount of Contribution (\$) \$159.00
Contributor's Principal Occupation attorney		Contributor's Job Title attorney
Contributor's employer/law firm self		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 11/27 Rpt: 14/58
<b>2</b> FILER NAME Giovenco, Marissa L.		<b>3</b> Filer ID (Ethics Commission Filers) 00084894
<b>4</b> Date 10/02/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gosset, Eric <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78216	<b>7</b> Amount of Contribution (\$)  <div style="text-align: right;">\$50.00</div>
<b>8</b> Contributor's Principal Occupation paralegal		<b>9</b> Contributor's Job Title paralegal
<b>10</b> Contributor's employer/law firm walter law		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 10/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, Christine <hr/> Contributor address; City; State; Zip Code  Castle Hills, TX 78213	Amount of Contribution (\$)  <div style="text-align: right;">\$100.00</div>
Contributor's Principal Occupation attorney		Contributor's Job Title attorney
Contributor's employer/law firm self		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, Juan Carlos <hr/> Contributor address; City; State; Zip Code  san antonio, TX 78216	Amount of Contribution (\$)  <div style="text-align: right;">\$250.00</div>
Contributor's Principal Occupation attorney		Contributor's Job Title attorney
Contributor's employer/law firm self		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 12/27 Rpt: 15/58
<b>2</b> FILER NAME Giovenco, Marissa L.		<b>3</b> Filer ID (Ethics Commission Filers) 00084894
<b>4</b> Date 10/02/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunter, Lane, Jampala <hr/> <b>6</b> Contributor address; City; State; Zip Code  san antonio, TX 78205	<b>7</b> Amount of Contribution (\$)  \$500.00
<b>8</b> Contributor's Principal Occupation		<b>9</b> Contributor's Job Title
<b>10</b> Contributor's employer/law firm		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 12/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ishan, Sareen <hr/> Contributor address; City; State; Zip Code  san antonio, TX 78247	Amount of Contribution (\$)  \$200.00
Contributor's Principal Occupation attorney		Contributor's Job Title attorney
Contributor's employer/law firm self		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 11/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jimenez, Eduardo <hr/> Contributor address; City; State; Zip Code  san antonio, TX 78209	Amount of Contribution (\$)  \$100.00
Contributor's Principal Occupation attorney		Contributor's Job Title attorney
Contributor's employer/law firm self		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A(J)1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 13/27 Rpt: 16/58
<b>2</b> FILER NAME Giovenco, Marissa L.		<b>3</b> Filer ID (Ethics Commission Filers) 00084894
<b>4</b> Date 11/26/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jimenez, Eduardo <hr/> <b>6</b> Contributor address; City; State; Zip Code  san antonio, TX 78209	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Contributor's Principal Occupation attorney		<b>9</b> Contributor's Job Title attorney
<b>10</b> Contributor's employer/law firm self		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 07/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kagan, Jerry <hr/> Contributor address; City; State; Zip Code  san antonio, TX 78201	Amount of Contribution (\$)  \$150.00
Contributor's Principal Occupation attorney		Contributor's Job Title attorney
Contributor's employer/law firm self		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 09/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kennick, michael <hr/> Contributor address; City; State; Zip Code  Helotes, TX 78023	Amount of Contribution (\$)  \$50.00
Contributor's Principal Occupation Electronics Engineer		Contributor's Job Title Electronics Engineer
Contributor's employer/law firm USAF		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A(J)1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 14/27 Rpt: 17/58
<b>2</b> FILER NAME Giovenco, Marissa L.		<b>3</b> Filer ID (Ethics Commission Filers) 00084894
<b>4</b> Date 07/10/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LaHood, Adam <hr/> <b>6</b> Contributor address; City; State; Zip Code  san antonio, TX 78212	<b>7</b> Amount of Contribution (\$)  \$500.00
<b>8</b> Contributor's Principal Occupation attorney		<b>9</b> Contributor's Job Title attorney
<b>10</b> Contributor's employer/law firm self		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lessert, Todd <hr/> Contributor address; City; State; Zip Code  san antonio, TX 78209	Amount of Contribution (\$)  \$100.00
Contributor's Principal Occupation attorney		Contributor's Job Title attorney
Contributor's employer/law firm Todd Lessert law		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 12/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luna, Eduardo <hr/> Contributor address; City; State; Zip Code  Universal city , TX 78148	Amount of Contribution (\$)  \$50.00
Contributor's Principal Occupation retired		Contributor's Job Title retired
Contributor's employer/law firm na		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 15/27 Rpt: 18/58
<b>2</b> FILER NAME Giovenco, Marissa L.		<b>3</b> Filer ID (Ethics Commission Filers) 00084894
<b>4</b> Date 09/10/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maloney, Tim <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78205	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<b>8</b> Contributor's Principal Occupation attorney		<b>9</b> Contributor's Job Title attorney
<b>10</b> Contributor's employer/law firm maloney and campolo		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 10/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Manna, Kathleen <hr/> Contributor address; City; State; Zip Code  san antonio, TX 78240	Amount of Contribution (\$)  \$100.00
Contributor's Principal Occupation unemployed		Contributor's Job Title unemployed
Contributor's employer/law firm na		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mejares, Michael <hr/> Contributor address; City; State; Zip Code  san antonio, TX 78251	Amount of Contribution (\$)  \$30.00
Contributor's Principal Occupation unemployed		Contributor's Job Title unemployed
Contributor's employer/law firm na		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 16/27 Rpt: 19/58
<b>2</b> FILER NAME Giovenco, Marissa L.		<b>3</b> Filer ID (Ethics Commission Filers) 00084894
<b>4</b> Date 10/24/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michell, Jonathan <hr/> <b>6</b> Contributor address; City; State; Zip Code  san antonio, TX 78240	<b>7</b> Amount of Contribution (\$)  \$250.00
<b>8</b> Contributor's Principal Occupation attorney		<b>9</b> Contributor's Job Title attorney
<b>10</b> Contributor's employer/law firm self		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 07/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morales, Marissa <hr/> Contributor address; City; State; Zip Code  Boerne, TX 78006	Amount of Contribution (\$)  \$100.00
Contributor's Principal Occupation attorney		Contributor's Job Title attorney
Contributor's employer/law firm self		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morrison, Megan <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78261	Amount of Contribution (\$)  \$250.00
Contributor's Principal Occupation dentist		Contributor's Job Title dentist
Contributor's employer/law firm market ridge dental		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A(J)1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 17/27 Rpt: 20/58
<b>2</b> FILER NAME Giovenco, Marissa L.		<b>3</b> Filer ID (Ethics Commission Filers) 00084894
<b>4</b> Date 10/25/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Muniz, Esmeralda <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78223	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Contributor's Principal Occupation district clerk		<b>9</b> Contributor's Job Title district clerk
<b>10</b> Contributor's employer/law firm bexar county district clerks office		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 10/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Myers, Lori <hr/> Contributor address; City; State; Zip Code  Roanoke, TX 76262	Amount of Contribution (\$)  \$100.00
Contributor's Principal Occupation unemployed		Contributor's Job Title unemployed
Contributor's employer/law firm na		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pena, Yvonne <hr/> Contributor address; City; State; Zip Code  san antonio, TX 78228	Amount of Contribution (\$)  \$10.00
Contributor's Principal Occupation unemployed		Contributor's Job Title unemployed
Contributor's employer/law firm n/a		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 18/27 Rpt: 21/58
<b>2</b> FILER NAME Giovenco, Marissa L.		<b>3</b> Filer ID (Ethics Commission Filers) 00084894
<b>4</b> Date 10/02/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perez, Roger <hr/> <b>6</b> Contributor address; City; State; Zip Code  san antonio, TX 78205	<b>7</b> Amount of Contribution (\$)  \$250.00
<b>8</b> Contributor's Principal Occupation attorney		<b>9</b> Contributor's Job Title attorney
<b>10</b> Contributor's employer/law firm self		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 07/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pietrazek, Mary <hr/> Contributor address; City; State; Zip Code  san antonio, TX 78212	Amount of Contribution (\$)  \$175.00
Contributor's Principal Occupation attorney		Contributor's Job Title attorney
Contributor's employer/law firm Pietrazek Law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 12/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Porter, Trey <hr/> Contributor address; City; State; Zip Code  san antonio, TX 78212	Amount of Contribution (\$)  \$250.00
Contributor's Principal Occupation attorney		Contributor's Job Title attorney
Contributor's employer/law firm self		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A(J)1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 19/27 Rpt: 22/58
<b>2</b> FILER NAME Giovenco, Marissa L.		<b>3</b> Filer ID (Ethics Commission Filers) 00084894
<b>4</b> Date 12/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Prince, Mary <hr/> <b>6</b> Contributor address; City; State; Zip Code  san antonio, TX 78254	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Contributor's Principal Occupation unemployed		<b>9</b> Contributor's Job Title unemployed
<b>10</b> Contributor's employer/law firm na		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 10/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reyna, Adelfa <hr/> Contributor address; City; State; Zip Code  san antonio, TX 78213	Amount of Contribution (\$)  \$50.00
Contributor's Principal Occupation retired		Contributor's Job Title retired
Contributor's employer/law firm na		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Russell, Zoe <hr/> Contributor address; City; State; Zip Code  san antonio, TX 78210	Amount of Contribution (\$)  \$100.00
Contributor's Principal Occupation attorney		Contributor's Job Title attorney
Contributor's employer/law firm Law Office of Zoe Russell, PLLC		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A(J)1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 20/27 Rpt: 23/58
<b>2</b> FILER NAME Giovenco, Marissa L.		<b>3</b> Filer ID (Ethics Commission Filers) 00084894
<b>4</b> Date 08/04/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saiz, Lawrence <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78258	<b>7</b> Amount of Contribution (\$)  \$250.00
<b>8</b> Contributor's Principal Occupation Investigator		<b>9</b> Contributor's Job Title investigator
<b>10</b> Contributor's employer/law firm Bexar county district attorneys office		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 10/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sandoval, Gina <hr/> Contributor address; City; State; Zip Code  san antonio, TX 78249	Amount of Contribution (\$)  \$25.00
Contributor's Principal Occupation Scrum naster		Contributor's Job Title scrum naster
Contributor's employer/law firm USAA		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 12/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sandoval, Gina <hr/> Contributor address; City; State; Zip Code  san antonio, TX 78249	Amount of Contribution (\$)  \$50.00
Contributor's Principal Occupation scrum naster		Contributor's Job Title scrum naster
Contributor's employer/law firm USAA		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A(J)1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 21/27 Rpt: 24/58
<b>2</b> FILER NAME Giovenco, Marissa L.		<b>3</b> Filer ID (Ethics Commission Filers) 00084894
<b>4</b> Date 12/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Santos, Mateo <hr/> <b>6</b> Contributor address; City; State; Zip Code  castroville , TX 78009	<b>7</b> Amount of Contribution (\$)  <div style="text-align: right;">\$25.00</div>
<b>8</b> Contributor's Principal Occupation court administrator		<b>9</b> Contributor's Job Title court administrator
<b>10</b> Contributor's employer/law firm Kendall County		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 10/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwindt, Sheena <hr/> Contributor address; City; State; Zip Code  Dickenson, ND 58601	Amount of Contribution (\$)  <div style="text-align: right;">\$100.00</div>
Contributor's Principal Occupation HR		Contributor's Job Title HR
Contributor's employer/law firm SRMS		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sciano, Daniel <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78216	Amount of Contribution (\$)  <div style="text-align: right;">\$1,000.00</div>
Contributor's Principal Occupation attorney		Contributor's Job Title attorney
Contributor's employer/law firm Tinsman & Sciano		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 22/27 Rpt: 25/58
<b>2</b> FILER NAME Giovenco, Marissa L.		<b>3</b> Filer ID (Ethics Commission Filers) 00084894
<b>4</b> Date 08/12/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Second Chance Bail bonds <hr/> <b>6</b> Contributor address; City; State; Zip Code  san antonio, TX 78207	<b>7</b> Amount of Contribution (\$)  \$500.00
<b>8</b> Contributor's Principal Occupation		<b>9</b> Contributor's Job Title
<b>10</b> Contributor's employer/law firm		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 10/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shank, Maggie <hr/> Contributor address; City; State; Zip Code  san antonio, TX 78247	Amount of Contribution (\$)  \$50.00
Contributor's Principal Occupation paralegal		Contributor's Job Title paralegal
Contributor's employer/law firm Brck law		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spiller, Lora <hr/> Contributor address; City; State; Zip Code  san antonio, TX 78255	Amount of Contribution (\$)  \$50.00
Contributor's Principal Occupation Doctor		Contributor's Job Title Doctor
Contributor's employer/law firm University of Texas		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 23/27 Rpt: 26/58
<b>2</b> FILER NAME Giovenco, Marissa L.		<b>3</b> Filer ID (Ethics Commission Filers) 00084894
<b>4</b> Date 12/03/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spinks, Martha <hr/> <b>6</b> Contributor address; City; State; Zip Code  san antonio , TX 78216	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Contributor's Principal Occupation retired		<b>9</b> Contributor's Job Title retired
<b>10</b> Contributor's employer/law firm na		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 10/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stanush, Lisa (Mrs.) <hr/> Contributor address; City; State; Zip Code  Universal City, TX 78109	Amount of Contribution (\$)  \$250.00
Contributor's Principal Occupation office manager		Contributor's Job Title office manager
Contributor's employer/law firm caliber collision		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 12/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stanush, Lisa (Mrs.) <hr/> Contributor address; City; State; Zip Code  Universal City, TX 78109	Amount of Contribution (\$)  \$2,000.00
Contributor's Principal Occupation office manager		Contributor's Job Title office manager
Contributor's employer/law firm caliber collision		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A(J)1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 24/27 Rpt: 27/58
<b>2</b> FILER NAME Giovenco, Marissa L.		<b>3</b> Filer ID (Ethics Commission Filers) 00084894
<b>4</b> Date 10/24/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stenberg, Joe <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78212	<b>7</b> Amount of Contribution (\$)  <div style="text-align: right; font-weight: bold;">\$25.00</div>
<b>8</b> Contributor's Principal Occupation attorney		<b>9</b> Contributor's Job Title attorney
<b>10</b> Contributor's employer/law firm self		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 07/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tally, James <hr/> Contributor address; City; State; Zip Code  san antonio, TX 78209	Amount of Contribution (\$)  <div style="text-align: right; font-weight: bold;">\$100.00</div>
Contributor's Principal Occupation retired		Contributor's Job Title retired
Contributor's employer/law firm na		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valdovinos, Daisy <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78250	Amount of Contribution (\$)  <div style="text-align: right; font-weight: bold;">\$50.00</div>
Contributor's Principal Occupation customer service		Contributor's Job Title customer service
Contributor's employer/law firm USAA		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 25/27 Rpt: 28/58
<b>2</b> FILER NAME Giovenco, Marissa L.		<b>3</b> Filer ID (Ethics Commission Filers) 00084894
<b>4</b> Date 10/28/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vaught, Traci <hr/> <b>6</b> Contributor address; City; State; Zip Code  Lake Havasu City, AZ 86403	<b>7</b> Amount of Contribution (\$)  <div style="text-align: right;">\$100.00</div>
<b>8</b> Contributor's Principal Occupation financial advisor		<b>9</b> Contributor's Job Title financial advisor
<b>10</b> Contributor's employer/law firm edward jones		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villalobos, Robert <hr/> Contributor address; City; State; Zip Code  converse , TX 78109	Amount of Contribution (\$)  <div style="text-align: right;">\$100.00</div>
Contributor's Principal Occupation retired		Contributor's Job Title retired
Contributor's employer/law firm na		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wachendorf, John <hr/> Contributor address; City; State; Zip Code  Boyd, TX 76023	Amount of Contribution (\$)  <div style="text-align: right;">\$50.00</div>
Contributor's Principal Occupation MD finance		Contributor's Job Title MD finance
Contributor's employer/law firm Futu clearing inc		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 26/27 Rpt: 29/58
<b>2</b> FILER NAME Giovenco, Marissa L.		<b>3</b> Filer ID (Ethics Commission Filers) 00084894
<b>4</b> Date 07/10/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watkins, JG <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78215	<b>7</b> Amount of Contribution (\$)  \$300.00
<b>8</b> Contributor's Principal Occupation attorney		<b>9</b> Contributor's Job Title attorney
<b>10</b> Contributor's employer/law firm self		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 12/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wemmert, Judith <hr/> Contributor address; City; State; Zip Code  Bulverde, TX 78163	Amount of Contribution (\$)  \$250.00
Contributor's Principal Occupation attorney		Contributor's Job Title attorney
Contributor's employer/law firm self		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woodard, David <hr/> Contributor address; City; State; Zip Code  Schertz, TX 78154	Amount of Contribution (\$)  \$100.00
Contributor's Principal Occupation attorney		Contributor's Job Title attorney
Contributor's employer/law firm self		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 27/27 Rpt: 30/58
2 FILER NAME Giovenco, Marissa L.		3 Filer ID (Ethics Commission Filers) 00084894
4 Date 10/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ybarra, Sergio	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code  San antonio, TX 78230	
8 Contributor's Principal Occupation attorney		9 Contributor's Job Title attorney
10 Contributor's employer/law firm Dunham and jones		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 12/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ybarra, Timothy	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  san antonio, TX 78233	
Contributor's Principal Occupation retired		Contributor's Job Title retired
Contributor's employer/law firm na		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

<b>The Instruction Guide explains how to complete this form.</b>				<b>1</b> Total pages Schedule A2: Sch: 1/6 Rpt: 31/58	
<b>2</b> FILER NAME Giovenco, Marissa L.				<b>3</b> Filer ID (Ethics Commission Filers) 00084894	
<b>4</b> TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS				<b>\$</b>	
<b>5</b> Date 11/22/2025	<b>6</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brandi's divine cleaning		<b>8</b> Amount of contribution (\$) \$100.00		<b>9</b> In-kind contribution description \$100 gift card
<b>7</b> Contributor address; City; State; Zip Code  san antonio, TX 78244		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
<b>10</b> Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)			<b>11</b> Employer (FOR NON-JUDICIAL) (See instructions)		
<b>12</b> Contributor's principal occupation (FOR JUDICIAL)			<b>13</b> Contributor's job title (FOR JUDICIAL) (See instructions)		
<b>14</b> Contributor's employer/law firm (FOR JUDICIAL)			<b>15</b> Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
<b>16</b> If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date 11/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bryant, Duane		Amount of contribution (\$) \$85.00		In-kind contribution description 2 rodeo tickets
Contributor address; City; State; Zip Code  san antonio, TX 78253		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)			Employer (FOR NON-JUDICIAL) (See instructions)		
Contributor's principal occupation (FOR JUDICIAL) flight engineer			Contributor's job title (FOR JUDICIAL) (See instructions) flight engineer		
Contributor's employer/law firm (FOR JUDICIAL) USAF			Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date 07/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cabanas, Alfonso		Amount of contribution (\$) \$1,233.40		In-kind contribution description
Contributor address; City; State; Zip Code  san antonio, TX 78212		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)			Employer (FOR NON-JUDICIAL) (See instructions)		
Contributor's principal occupation (FOR JUDICIAL) attorney			Contributor's job title (FOR JUDICIAL) (See instructions) attorney		
Contributor's employer/law firm (FOR JUDICIAL) Cabanas law firm			Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 2/6 Rpt: 32/58	
2 FILER NAME Giovenco, Marissa L.		3 Filer ID (Ethics Commission Filers) 00084894	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 11/22/2025	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castillo, Adam 7 Contributor address; City; State; Zip Code  san antonio, TX 78238	8 Amount of contribution (\$) \$85.00	9 In-kind contribution description Rival 16 qt roaster
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL) retired		13 Contributor's job title (FOR JUDICIAL) (See instructions) retired	
14 Contributor's employer/law firm (FOR JUDICIAL) na		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 11/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evolve Texas medical group Contributor address; City; State; Zip Code  san antonio, TX 78258	Amount of contribution (\$) \$100.00	In-kind contribution description one month B12 shots
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)			
Date 11/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evolve Texas medical group Contributor address; City; State; Zip Code  san antonio, TX 78258	Amount of contribution (\$) \$50.00	In-kind contribution description one cocoon session
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)			



# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

<b>The Instruction Guide explains how to complete this form.</b>				<b>1</b> Total pages Schedule A2: Sch: 3/6 Rpt: 33/58	
<b>2</b> FILER NAME Giovenco, Marissa L.				<b>3</b> Filer ID (Ethics Commission Filers) 00084894	
<b>4</b> TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS				<b>\$</b>	
<b>5</b> Date 12/03/2025	<b>6</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flores, Gerald <hr/> <b>7</b> Contributor address; City; State; Zip Code  san antonio, TX 78213	<b>8</b> Amount of contribution (\$) \$3,076.26	<b>9</b> In-kind contribution description catering and cake	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
<b>10</b> Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)			<b>11</b> Employer (FOR NON-JUDICIAL) (See instructions)		
<b>12</b> Contributor's principal occupation (FOR JUDICIAL) retired			<b>13</b> Contributor's job title (FOR JUDICIAL) (See instructions) retired		
<b>14</b> Contributor's employer/law firm (FOR JUDICIAL) na			<b>15</b> Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
<b>16</b> If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date 11/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flores, Gerald <hr/> Contributor address; City; State; Zip Code  san antonio, TX 78213	Amount of contribution (\$) \$300.00	In-kind contribution description painting	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)			Employer (FOR NON-JUDICIAL) (See instructions)		
Contributor's principal occupation (FOR JUDICIAL) retired			Contributor's job title (FOR JUDICIAL) (See instructions) retired		
Contributor's employer/law firm (FOR JUDICIAL) na			Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date 11/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Geri <hr/> Contributor address; City; State; Zip Code  san antonio, TX 78210	Amount of contribution (\$) \$600.00	In-kind contribution description Painting	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)			Employer (FOR NON-JUDICIAL) (See instructions)		
Contributor's principal occupation (FOR JUDICIAL) artist			Contributor's job title (FOR JUDICIAL) (See instructions) artist		
Contributor's employer/law firm (FOR JUDICIAL) self			Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

<b>The Instruction Guide explains how to complete this form.</b>				<b>1</b> Total pages Schedule A2: Sch: 4/6 Rpt: 34/58	
<b>2</b> FILER NAME Giovenco, Marissa L.				<b>3</b> Filer ID (Ethics Commission Filers) 00084894	
<b>4</b> TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS				<b>\$</b>	
<b>5</b> Date 07/10/2025	<b>6</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza, Mae <hr style="border-top: 1px dotted black;"/> <b>7</b> Contributor address; City; State; Zip Code  San Antonio, TX 78229		<b>8</b> Amount of contribution (\$) \$1,233.40	<b>9</b> In-kind contribution description  <div style="border-left: 1px dashed black; padding-left: 5px; min-height: 100px;"></div>	
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.					
<b>10</b> Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)			<b>11</b> Employer (FOR NON-JUDICIAL) (See instructions)		
<b>12</b> Contributor's principal occupation (FOR JUDICIAL) attorney			<b>13</b> Contributor's job title (FOR JUDICIAL) (See instructions) attorney		
<b>14</b> Contributor's employer/law firm (FOR JUDICIAL) Garza & Associates			<b>15</b> Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
<b>16</b> If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date 11/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Giovenco, Marissa <hr style="border-top: 1px dotted black;"/> Contributor address; City; State; Zip Code  San Antonio, TX 78207		Amount of contribution (\$) \$250.00	In-kind contribution description Coach handbag	
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.					
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)			Employer (FOR NON-JUDICIAL) (See instructions)		
Contributor's principal occupation (FOR JUDICIAL) attorney			Contributor's job title (FOR JUDICIAL) (See instructions) attorney		
Contributor's employer/law firm (FOR JUDICIAL) self			Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date 11/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Iggys fine snack <hr style="border-top: 1px dotted black;"/> Contributor address; City; State; Zip Code  universal city, TX 78148		Amount of contribution (\$) \$60.00	In-kind contribution description Salsa basket	
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.					
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)			Employer (FOR NON-JUDICIAL) (See instructions)		
Contributor's principal occupation (FOR JUDICIAL)			Contributor's job title (FOR JUDICIAL) (See instructions)		
Contributor's employer/law firm (FOR JUDICIAL)			Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

<b>The Instruction Guide explains how to complete this form.</b>				<b>1</b> Total pages Schedule A2: Sch: 5/6 Rpt: 35/58	
<b>2</b> FILER NAME Giovenco, Marissa L.				<b>3</b> Filer ID (Ethics Commission Filers) 00084894	
<b>4</b> TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS				<b>\$</b>	
<b>5</b> Date 11/22/2025	<b>6</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pietrazek Law		<b>8</b> Amount of contribution (\$) \$100.00		<b>9</b> In-kind contribution description whiskey gift basket
<b>7</b> Contributor address; City; State; Zip Code  san antonio, TX 78212			<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		
<b>10</b> Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)			<b>11</b> Employer (FOR NON-JUDICIAL) (See instructions)		
<b>12</b> Contributor's principal occupation (FOR JUDICIAL)			<b>13</b> Contributor's job title (FOR JUDICIAL) (See instructions)		
<b>14</b> Contributor's employer/law firm (FOR JUDICIAL)			<b>15</b> Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
<b>16</b> If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date 11/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Poderosa Jewelry and Co.		Amount of contribution (\$) \$60.00		In-kind contribution description Gift bag with jewelry
Contributor address; City; State; Zip Code  san antonio, TX 78207			<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)			Employer (FOR NON-JUDICIAL) (See instructions)		
Contributor's principal occupation (FOR JUDICIAL)			Contributor's job title (FOR JUDICIAL) (See instructions)		
Contributor's employer/law firm (FOR JUDICIAL)			Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date 10/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pratt, Clarissa		Amount of contribution (\$) \$321.80		In-kind contribution description
Contributor address; City; State; Zip Code  selma, TX 78154			<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)			Employer (FOR NON-JUDICIAL) (See instructions)		
Contributor's principal occupation (FOR JUDICIAL) attorney			Contributor's job title (FOR JUDICIAL) (See instructions) attorney		
Contributor's employer/law firm (FOR JUDICIAL) modern family law			Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

<b>The Instruction Guide explains how to complete this form.</b>				<b>1</b> Total pages Schedule A2: Sch: 6/6 Rpt: 36/58	
<b>2</b> FILER NAME Giovenco, Marissa L.				<b>3</b> Filer ID (Ethics Commission Filers) 00084894	
<b>4</b> TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS				<b>\$</b>	
<b>5</b> Date 10/02/2025	<b>6</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ritchie, Derek		<b>8</b> Amount of contribution (\$) \$326.79		<b>9</b> In-kind contribution description
	<b>7</b> Contributor address; City; State; Zip Code  san antonio, TX 78205		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		
<b>10</b> Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)			<b>11</b> Employer (FOR NON-JUDICIAL) (See instructions)		
<b>12</b> Contributor's principal occupation (FOR JUDICIAL) attorney			<b>13</b> Contributor's job title (FOR JUDICIAL) (See instructions) attorney		
<b>14</b> Contributor's employer/law firm (FOR JUDICIAL) self			<b>15</b> Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
<b>16</b> If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					

  

Date 11/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tenerio Morales, Yolanda		Amount of contribution (\$) \$250.00		In-kind contribution description
	Contributor address; City; State; Zip Code  san antonio, TX 78245		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)			Employer (FOR NON-JUDICIAL) (See instructions)		
Contributor's principal occupation (FOR JUDICIAL) retired			Contributor's job title (FOR JUDICIAL) (See instructions) retired		
Contributor's employer/law firm (FOR JUDICIAL) na			Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					

  

Date 11/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) the Golab Center		Amount of contribution (\$) \$115.00		In-kind contribution description
	Contributor address; City; State; Zip Code  san antonio, TX 78232		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)			Employer (FOR NON-JUDICIAL) (See instructions)		
Contributor's principal occupation (FOR JUDICIAL)			Contributor's job title (FOR JUDICIAL) (See instructions)		
Contributor's employer/law firm (FOR JUDICIAL)			Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/11 Rpt: 37/58	<b>2</b> FILER NAME Giovenco, Marissa L.	<b>3</b> Filer ID (Ethics Commission Filers) 00084894
<b>4</b> Date 07/15/2025	<b>5</b> Payee name Amazon	
<b>6</b> Amount (\$) \$192.68	<b>7</b> Payee address; City; State; Zip Code 410 Terry Ave N  Seattle, WA 98109	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense backpacks for back to school drive
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/23/2025	Payee name Amazon	
Amount (\$) \$540.14	Payee address; City; State; Zip Code 410 Terry Ave N  Seattle, WA 98109	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense bags
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/10/2025	Payee name Bexar County Democratic Party Primary	
Amount (\$) \$2,500.00	Payee address; City; State; Zip Code 1844 Fredericksburg Rd  san antonio, TX 78201	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Filing Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 2/11 Rpt: 38/58	<b>2</b> FILER NAME Giovenco, Marissa L.	<b>3</b> Filer ID (Ethics Commission Filers) 00084894
<b>4</b> Date 12/08/2025	<b>5</b> Payee name Bexar County Democratic Party Primary	
<b>6</b> Amount (\$) \$42.50	<b>7</b> Payee address; City; State; Zip Code 1844 Fredericksburg Rd  san antonio, TX 78201	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense petitions
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/07/2025	Candidate/Officeholder name Bexar County Tejano Democrats SD19	
Amount (\$) \$50.00	Payee address; City; State; Zip Code 574 Kendalia Ave  san antonio, TX 78221	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense donation for christmas party
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/17/2025	Candidate/Officeholder name Bexar County Tejano Democrats SD19	
Amount (\$) \$50.00	Payee address; City; State; Zip Code 574 Kendalia Ave  san antonio , TX 78221	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Petition signing party
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 3/11 Rpt: 39/58	<b>2</b> FILER NAME Giovenco, Marissa L.	<b>3</b> Filer ID (Ethics Commission Filers) 00084894
<b>4</b> Date 10/08/2025	<b>5</b> Payee name JVC Media, LLC	
<b>6</b> Amount (\$) \$156.96	<b>7</b> Payee address; City; State; Zip Code 7113 San Pedro Ave suite 391 San Antonio, TX 78216	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense sign
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/10/2025	Payee name Jaramillo, Leonard	
Amount (\$) \$3,000.00	Payee address; City; State; Zip Code 330 w. baetz blvd  san antonio , TX 78221	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense sign placement
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/17/2025	Payee name Mailchimp	
Amount (\$) \$21.32	Payee address; City; State; Zip Code 405 N Angier Ave.  NE Atlanta, GA 30308	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense emailing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## 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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 4/11 Rpt: 40/58	<b>2</b> FILER NAME Giovenco, Marissa L.	<b>3</b> Filer ID (Ethics Commission Filers) 00084894
<b>4</b> Date 12/17/2025	<b>5</b> Payee name Mailchimp	
<b>6</b> Amount (\$) \$21.32	<b>7</b> Payee address; City; State; Zip Code 405 N Angier Ave.  NE Atlanta, GA 30308	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense emailing
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/17/2025	Candidate/Officeholder name Office sought Office held	
Payee name Mailchimp		
Amount (\$) \$21.32	Payee address; City; State; Zip Code 405 N Angier Ave.  NE Atlanta, TX 30308	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense email service
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/17/2025	Candidate/Officeholder name Office sought Office held	
Payee name Mailchimp		
Amount (\$) \$21.32	Payee address; City; State; Zip Code 405 N Angier Ave.  NE atlanta, GA 30308	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense email
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## 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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 5/11 Rpt: 41/58	<b>2</b> FILER NAME Giovenco, Marissa L.	<b>3</b> Filer ID (Ethics Commission Filers) 00084894
<b>4</b> Date 09/17/2025	<b>5</b> Payee name Mailchimp	
<b>6</b> Amount (\$) \$21.32	<b>7</b> Payee address; City; State; Zip Code 405 N Angier Ave.  NE atlanta, GA 30308	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense email
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/17/2025	Payee name Mailchimp	
Amount (\$) \$21.32	Payee address; City; State; Zip Code 405 N Angier Ave.  NE atlanta, GA 30308	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense email service
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/02/2025	Payee name Prestige Printing, LLC	
Amount (\$) \$259.80	Payee address; City; State; Zip Code 8 Burwood Ln  San Antonio, TX 78216	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense push cards
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 6/11 Rpt: 42/58	<b>2</b> FILER NAME Giovenco, Marissa L.	<b>3</b> Filer ID (Ethics Commission Filers) 00084894
<b>4</b> Date 12/01/2025	<b>5</b> Payee name Ramon and Associates	
<b>6</b> Amount (\$) \$3,000.00	<b>7</b> Payee address; City; State; Zip Code 3939 Portsmouth  San Antonio , TX 78223	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense consulting
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/31/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$3,000.00	Payee name Ramon and Associates  Payee address; City; State; Zip Code 3939 Portsmouth  San Antonio , TX 78223	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense consulting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/12/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$75.00	Payee name Ramon and Associates  Payee address; City; State; Zip Code 3939 Portsmouth  San Antonio , TX 78223	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense labor union table
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 7/11 Rpt: 43/58	<b>2</b> FILER NAME Giovenco, Marissa L.	<b>3</b> Filer ID (Ethics Commission Filers) 00084894
<b>4</b> Date 07/23/2025	<b>5</b> Payee name T-Mobile	
<b>6</b> Amount (\$) \$90.33	<b>7</b> Payee address; City; State; Zip Code 3006 Broadway ste 105  san antonio, TX 78209	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) communication	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense cell phone bill
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/23/2025	Candidate/Officeholder name Office sought Office held	
Payee name T-Mobile		
Amount (\$) \$90.33	Payee address; City; State; Zip Code 3006 Broadway ste 105  san antonio, TX 78209	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) communication	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense cell phone bill
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/23/2025	Candidate/Officeholder name Office sought Office held	
Payee name T-Mobile		
Amount (\$) \$90.33	Payee address; City; State; Zip Code 3006 Broadway ste 105  san antonio, TX 78209	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) communication	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense cell phone bill
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 8/11 Rpt: 44/58	<b>2</b> FILER NAME Giovenco, Marissa L.	<b>3</b> Filer ID (Ethics Commission Filers) 00084894
<b>4</b> Date 10/23/2025	<b>5</b> Payee name T-Mobile	
<b>6</b> Amount (\$) \$90.33	<b>7</b> Payee address; City; State; Zip Code 3006 Broadway ste 105  san antonio, TX 78209	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) communication	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense cell phone
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/23/2025	Candidate/Officeholder name Office sought Office held	
Payee name T-Mobile		
Amount (\$) \$90.33	Payee address; City; State; Zip Code 3006 Broadway ste 105  san antonio, TX 78209	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) communication	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense cell phone bill
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/23/2025	Candidate/Officeholder name Office sought Office held	
Payee name T-Mobile		
Amount (\$) \$90.33	Payee address; City; State; Zip Code 3006 Broadway ste 105  san antonio, TX 78209	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) communication	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense cell phone bill
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 9/11 Rpt: 45/58	<b>2</b> FILER NAME Giovenco, Marissa L.	<b>3</b> Filer ID (Ethics Commission Filers) 00084894
<b>4</b> Date 10/30/2025	<b>5</b> Payee name Tejano Democrats SD19	
<b>6</b> Amount (\$) \$50.00	<b>7</b> Payee address; City; State; Zip Code 574 Kendalia Ave  san antonio, TX 78221	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Christmas Party sponsor
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/22/2025	Candidate/Officeholder name Office sought Office held	
Payee name Wix		
Amount (\$) \$29.22	Payee address; City; State; Zip Code 100 Gansevoort  New York, NY 10014	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense website
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/22/2025	Candidate/Officeholder name Office sought Office held	
Payee name Wix		
Amount (\$) \$29.22	Payee address; City; State; Zip Code 100 Gansevoort  New York, NY 10014	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense website
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 10/11 Rpt: 46/58	<b>2</b> FILER NAME Giovenco, Marissa L.	<b>3</b> Filer ID (Ethics Commission Filers) 00084894
<b>4</b> Date 07/22/2025	<b>5</b> Payee name Wix	
<b>6</b> Amount (\$) \$29.22	<b>7</b> Payee address; City; State; Zip Code 100 Gansevoort  New York, NY 10014	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense website
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/22/2025	Candidate/Officeholder name Office sought Office held	
Payee name Wix		
Amount (\$) \$29.22	Payee address; City; State; Zip Code 100 Gansevoort  New York, NY 10014	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense website
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/22/2025	Candidate/Officeholder name Office sought Office held	
Payee name Wix		
Amount (\$) \$29.22	Payee address; City; State; Zip Code 100 Gansevoort  New York, NY 10014	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense website
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/22/2025	Candidate/Officeholder name Office sought Office held	
Payee name Wix		
Amount (\$) \$29.22	Payee address; City; State; Zip Code 100 Gansevoort  New York, NY 10014	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense website
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 11/11 Rpt: 47/58	<b>2</b> FILER NAME Giovenco, Marissa L.	<b>3</b> Filer ID (Ethics Commission Filers) 00084894
<b>4</b> Date 10/22/2025	<b>5</b> Payee name Wix	
<b>6</b> Amount (\$) \$29.22	<b>7</b> Payee address; City; State; Zip Code 100 Gansevoort  New York, NY 10014	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense website
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# UNPAID INCURRED OBLIGATIONS

## SCHEDULE F2

### EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F2: Sch: 1/1 Rpt: 48/58	<b>2</b> FILER NAME Giovenco, Marissa L.	<b>3</b> Filer ID (Ethics Commission Filers) 00084894
<b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		<b>\$</b>
<b>5</b> Date 12/10/2025	<b>6</b> Payee name Jaramillo, Leonard	
<b>7</b> Amount (\$) \$3,000.00	<b>8</b> Payee address; City; State; Zip Code 330 W. Baetz blvd  san antonio, TX 78221	
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sign placement
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held



# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 1/5 Rpt: 49/58		<b>2</b> FILER NAME Giovenco, Marissa L.		<b>3</b> Filer ID (Ethics Commission Filers) 00084894	
<b>4</b> CREDIT CARD ISSUER		Name of financial institution Paypal		<b>5</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$	
<b>6</b> PAYMENT		(a) Amount Charged \$652.21	(b) Date of Charge 12/09/2025	(c) Date(s) Credit Card Issuer Paid	
<b>7</b> PAYEE		(a) Payee name Boston Media		(b) Payee address; City, State, Zip Code 8407 Bandera Road STE 103-#507 san antonio, TX 78250	
<b>8</b> PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description tshirts	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
<b>PAYMENT</b>		(a) Amount Charged \$128.70	(b) Date of Charge 11/21/2025	(c) Date(s) Credit Card Issuer Paid	
<b>PAYEE</b>		(a) Payee name USPS		(b) Payee address; City, State, Zip Code 4950 E. Houston San antonio, TX 78220	
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description mailer	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
<b>PAYMENT</b>		(a) Amount Charged \$5,364.74	(b) Date of Charge 12/04/2025	(c) Date(s) Credit Card Issuer Paid	
<b>PAYEE</b>		(a) Payee name JVC Media, LLC		(b) Payee address; City, State, Zip Code 7113 San Pedro Ave suite 391 San Antonio, TX 78216	
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Signs	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

## EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 2/5 Rpt: 50/58	<b>2</b> FILER NAME Giovenco, Marissa L.		<b>3</b> Filer ID (Ethics Commission Filers) 00084894
<b>4</b> CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
<b>6</b> PAYMENT	(a) Amount Charged \$75.00	(b) Date of Charge 12/13/2025	(c) Date(s) Credit Card Issuer Paid
<b>7</b> PAYEE	(a) Payee name Bexar County Young Democrats		(b) Payee address; City, State, Zip Code 1844 Fredericksburg Rd san antonio, TX 78201
<b>8</b> PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description sponsor christmas party
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
<b>PAYMENT</b>	(a) Amount Charged \$50.00	(b) Date of Charge 10/21/2025	(c) Date(s) Credit Card Issuer Paid
<b>PAYEE</b>	(a) Payee name State Tejano Democrats		(b) Payee address; City, State, Zip Code 574 Kendalia Ave san antonio, TX 78221
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description donation/ticket
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
<b>PAYMENT</b>	(a) Amount Charged \$250.00	(b) Date of Charge 10/21/2025	(c) Date(s) Credit Card Issuer Paid
<b>PAYEE</b>	(a) Payee name Bexar County Young Democrats		(b) Payee address; City, State, Zip Code 1844 Fredericksburg Rd san antonio, TX 78201
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description Sponsor Trunk or treat
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

## EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 3/5 Rpt: 51/58	<b>2</b> FILER NAME Giovenco, Marissa L.		<b>3</b> Filer ID (Ethics Commission Filers) 00084894
<b>4</b> CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
<b>6</b> PAYMENT	(a) Amount Charged \$173.20	(b) Date of Charge 11/21/2025	(c) Date(s) Credit Card Issuer Paid
<b>7</b> PAYEE	(a) Payee name Boston Media		(b) Payee address; City, State, Zip Code 8407 Bandera Road STE 103-#507 san antonio, TX 78250
<b>8</b> PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description literature
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
<b>PAYMENT</b>	(a) Amount Charged \$138.56	(b) Date of Charge 12/06/2025	(c) Date(s) Credit Card Issuer Paid
<b>PAYEE</b>	(a) Payee name Five Below		(b) Payee address; City, State, Zip Code 4522 Fredericksburg Rd Suite B-90A balcones heights, TX 78201
<b>PURPOSE OF EXPENDITURE</b> <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description Toys
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
<b>PAYMENT</b>	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer Paid
<b>PAYEE</b>	(a) Payee name		(b) Payee address; City, State, Zip Code
<b>PURPOSE OF EXPENDITURE</b> <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)		(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 4/5 Rpt: 52/58		2 FILER NAME Giovenco, Marissa L.		3 Filer ID (Ethics Commission Filers) 00084894	
4 CREDIT CARD ISSUER		Name of financial institution Barclays		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$	
6 PAYMENT		(a) Amount Charged \$68.86	(b) Date of Charge 12/10/2025	(c) Date(s) Credit Card Issuer Paid	
7 PAYEE		(a) Payee name Five Below		(b) Payee address; City, State, Zip Code 4522 Fredericksburg Rd balcones heights, TX 78238	
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense		(b) Description Toys for tots	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer Paid	
PAYEE		(a) Payee name		(b) Payee address; City, State, Zip Code	
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule)		(b) Description	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer Paid	
PAYEE		(a) Payee name		(b) Payee address; City, State, Zip Code	
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule)		(b) Description	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

## EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 5/5 Rpt: 53/58	<b>2</b> FILER NAME Giovenco, Marissa L.		<b>3</b> Filer ID (Ethics Commission Filers) 00084894
<b>4</b> CREDIT CARD ISSUER	Name of financial institution at home		<b>5</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
<b>6</b> PAYMENT	(a) Amount Charged \$568.31	(b) Date of Charge 11/13/2025	(c) Date(s) Credit Card Issuer Paid
<b>7</b> PAYEE	(a) Payee name Boston Media	(b) Payee address; City, State, Zip Code 8407 Bandera Road STE 103-#507 san antonio, TX 78250	
<b>8</b> PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description literature
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

## SCHEDULE G

### 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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: Sch: 1/3 Rpt: 54/58		<b>2</b> FILER NAME Giovenco, Marissa L.		<b>3</b> Filer ID (Ethics Commission Filers) 00084894	
<b>4</b> Date 07/07/2025		<b>5</b> Payee name Amazon			
<b>6</b> Amount (\$) \$7.03  <input type="checkbox"/> Reimbursement from political contributions intended		<b>7</b> Payee address; City; State; Zip Code 410 Terry Ave N  Seattle, WA 98109			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense		<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense rope	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 08/04/2025		Payee name Amazon			
Amount (\$) \$560.77  <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 410 Terry Ave N  Seattle, WA 98109			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense pens	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 09/10/2025		Payee name Amazon			
Amount (\$) \$17.31  <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 410 Terry Ave N  Seattle, WA 98109			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense sticker paper	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

## SCHEDULE G

### 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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: Sch: 2/3 Rpt: 55/58	<b>2</b> FILER NAME Giovenco, Marissa L.	<b>3</b> Filer ID (Ethics Commission Filers) 00084894
<b>4</b> Date 10/19/2025	<b>5</b> Payee name Amazon	
<b>6</b> Amount (\$) \$20.56  <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 410 Terry Ave N  Seattle, WA 98109	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense thank you cards
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/21/2025	Payee name Amazon	
Amount (\$) \$68.14  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 410 Terry Ave N  Seattle, WA 98109	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense trunk or treat supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/21/2025	Payee name Amazon	
Amount (\$) \$37.22  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 410 Terry Ave N  Seattle, WA 98109	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense trunk or treat supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

## SCHEDULE G

### 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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: Sch: 3/3 Rpt: 56/58	<b>2</b> FILER NAME Giovenco, Marissa L.	<b>3</b> Filer ID (Ethics Commission Filers) 00084894
<b>4</b> Date 10/28/2025	<b>5</b> Payee name Amazon	
<b>6</b> Amount (\$) \$20.56  <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 410 Terry Ave N  Seattle, WA 98109	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense thank you cards
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held



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

SCHEDULE K

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule K: Sch: 1/1 Rpt: 57/58
<b>2</b> FILER NAME Giovenco, Marissa L.		<b>3</b> Filer ID (Ethics Commission Filers) 00084894
<b>4</b> Date 11/20/2025	<b>5</b> Name of person from whom amount is received Giovenco, Marissa	<b>8</b> Amount (\$) \$475.00
	<b>6</b> Address of person from whom amount is received; City; State; Zip Code  san antonio, TX 78223	
	<b>7</b> Purpose for which amount is received tshirt sales <input type="checkbox"/> Check if political contribution returned to filer	
Date 11/22/2025	Name of person from whom amount is received Giovenco, Marissa	Amount (\$) \$915.00
	Address of person from whom amount is received; City; State; Zip Code  san antonio, TX 78223	
	Purpose for which amount is received Silent Auction <input type="checkbox"/> Check if political contribution returned to filer	
Date 12/15/2025	Name of person from whom amount is received Giovenco, Marissa	Amount (\$) \$305.00
	Address of person from whom amount is received; City; State; Zip Code  san antonio, TX 78223	
	Purpose for which amount is received sign sponsors/tshirts <input type="checkbox"/> Check if political contribution returned to filer	

# Assets Purchased with Political Contributions and On Hand As of The Last Day of The Reporting Period

SCHEDULE **M**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule M:  
Sch: 1/1 Rpt: 58/58

2 FILER NAME  
Giovenco, Marissa L.

3 Filer ID (Ethics Commission Filers)  
00084894

4 Description of Asset  
Yard signs