

# PERSONAL FINANCIAL STATEMENT

FORM PFS  
COVER SHEET  
PAGE 1

Filed in accordance with chapter 572 of the Government Code.  
For filings required in 2022, covering calendar year ending December 31, 2021.  
Use FORM PFS--INSTRUCTION GUIDE when completing this form.

PAGE #  
5

ACCOUNT #  
00090902

1 NAME	TITLE; FIRST; MI  Gavino	<b>OFFICE USE ONLY</b>	
	NICKNAME; LAST; SUFFIX  Fernandez Jr.		
2 ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP  2216 Haskell St.  Austin, TX 78702	Date Received ELECTRONICALLY FILED 09/12/2022	
	<input checked="" type="checkbox"/> (CHECK IF FILER'S HOME ADDRESS)	Receipt #	
		HD / PM	Amount
		Date Processed	
3 TELEPHONE NUMBER	AREA CODE PHONE NUMBER; EXTENSION (512) 477-7512	Date Imaged	

4 REASON FOR FILING STATEMENT	<input checked="" type="checkbox"/> CANDIDATE _____ (INDICATE OFFICE)
	<input type="checkbox"/> ELECTED OFFICER _____ (INDICATE OFFICE)
	<input type="checkbox"/> APPOINTED OFFICER _____ (INDICATE AGENCY)
	<input type="checkbox"/> EXECUTIVE HEAD _____ (INDICATE AGENCY)
	<input type="checkbox"/> FORMER OR RETIRED JUDGE SITTING BY ASSIGNMENT
	<input type="checkbox"/> STATE PARTY CHAIR _____ (INDICATE PARTY)
	<input type="checkbox"/> OTHER _____ (INDICATE POSITION)

5 Family members whose financial activity you are reporting (see instructions).

SPOUSE \_\_\_\_\_

DEPENDENT CHILD 1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

In Parts 1 through 18, you will disclose your financial activity during the preceding calendar year. In Parts 1 through 14, you are required to disclose not only your own financial activity, but also that of your spouse or a dependent child (see instructions).

# INCOME FROM INTEREST, DIVIDENDS, ROYALTIES & RENTS

PART 5

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

List each source of income you, your spouse, or a dependent child received in excess of \$930 that was derived from interest, dividends, royalties, and rents during the calendar year and indicate the category of the amount of the income. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 FILER INFORMATION	FILER NAME Fernandez Jr., Gavino  FILER ID 00090902
2 SOURCE OF INCOME  <input type="checkbox"/> Publicly held corporation	NAME AND ADDRESS  rent  ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 208 Caney  Austin, TX 78702
3 RECEIVED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
4 AMOUNT	At least \$18,630 but less than \$46,580

# BOARDS AND EXECUTIVE POSITIONS

## PART 12

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

List all boards of directors of which you, your spouse, or a dependent child are a member and all executive positions you, your spouse, or a dependent child hold in corporations, firms, partnerships, limited partnerships, limited liability partnerships, professional corporations, professional associations, joint ventures, other business associations, or proprietorships, stating the name of the organization and the position held. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 FILER INFORMATION	FILER NAME Fernandez Jr., Gavino	FILER ID 00090902
2 ORGANIZATION	Lulac Council #22325	
3 POSITION HELD	Volunteer President / treasure / Scholarship Chair	
4 POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	

ORGANIZATION	Austin East Austin Lions Club Branch	
POSITION HELD	Volunteer voting member	
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	

ORGANIZATION	Community resilience Trust - Atx	
POSITION HELD	Volunteer voting board member	
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	

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# PERSONAL FINANCIAL STATEMENT

PARTS MARKED "NOT APPLICABLE" BY FILER

FORM PFS  
COVER SHEET  
PAGE 2

On this page, indicate any Parts of Form PFS that are not applicable to you. If you do not place a check in a box, then pages for that Part must be included in the report. ***If you place a check in a box, do NOT include pages for that Part in the report.***

## 6 PARTS NOT APPLICABLE TO FILER

- N/A Part 1A - Sources of Occupational Income
- N/A Part 1B - Retainers
- N/A Part 2 - Stock
- N/A Part 3 - Bonds, Notes & Other Commercial Paper
- N/A Part 4 - Mutual Funds
- N/A Part 5 - Income from Interest, Dividends, Royalties & Rents
- N/A Part 6 - Personal Notes and Lease Agreements
- N/A Part 7A - Interests in Real Property
- N/A Part 7B - Interests in Business Entities
- N/A Part 8 - Gifts
- N/A Part 9 - Trust Income
- N/A Part 10A - Blind Trusts
- N/A Part 10B - Trustee Statement
- N/A Part 11A - Business Associations
- N/A Part 11B - Assets of Business Associations
- N/A Part 11C - Liabilities of Business Associations
- N/A Part 12 - Boards and Executive Positions
- N/A Part 13 - Expenses Accepted Under Honorarium Exception
- N/A Part 14 - Interest in Business in Common with Lobbyist
- N/A Part 15 - Fees Received for Services Rendered to a Lobbyist or Lobbyist's Employer
- N/A Part 16 - Representation by Legislator Before State Agency
- N/A Part 17 - Benefits Derived from Functions Honoring Public Servant
- N/A Part 18 - Legislative Continuances
- N/A Part 19 - Contracts with Governmental Entity
- N/A Part 20 - Bond Counsel Services Provided by a Legislator

# PERSONAL FINANCIAL STATEMENT AFFIDAVIT

The law requires the personal financial statement to be verified. Without proper verification, the statement is not considered filed.

The verification page on a personal statement filed electronically with the Texas Ethics Commission must have the electronic signature of the individual required to file the personal financial statement.

The verification page on a personal financial statement filed with an authority other than the Texas Ethics Commission must have the signature of the individual required to file the personal financial statement as well as the signature and stamp or seal of office of a notary public or other person authorized by law to administer oaths and affirmations.

I swear, or affirm, under penalty of perjury, that this financial statement covers calendar year ending December 31, 2021, and is true and correct and includes all information required to be reported by me under chapter 572 of the Government Code.

Gavino Fernandez Jr.

\_\_\_\_\_  
Signature of Filer

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

# STATEMENT OF FINANCIAL INFORMATION

FORM SFI  
COVER SHEET

<b>1 NAME</b>	TITLE; FIRST; MI <p style="text-align: center;">Gavino</p> <hr style="border-top: 1px dashed black;"/> NICKNAME; LAST; SUFFIX <p style="text-align: center;">Fernandez Jr.</p>	PAGE # <p style="text-align: center;">7</p> ACCOUNT # <p style="text-align: center;">00090902</p>						
<b>2 ADDRESS</b>	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP 2216 haskell st  Austin, TX 78702  <input checked="" type="checkbox"/> (CHECK IF FILER'S HOME ADDRESS)	<p style="text-align: center; margin: 0;"><b>OFFICE USE ONLY</b></p> Date Received <p style="text-align: center; font-weight: bold;">ELECTRONICALLY FILED</p> <p style="text-align: center;">08/25/2022</p> Receipt #						
<b>3 Spouse or Domestic Partner whose financial activity you are reporting</b>		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">HD / PM</td> <td style="width:50%;">Amount</td> </tr> <tr> <td colspan="2">Date Processed</td> </tr> <tr> <td colspan="2">Date Imaged</td> </tr> </table>	HD / PM	Amount	Date Processed		Date Imaged	
HD / PM	Amount							
Date Processed								
Date Imaged								
<b>4 REASON FOR FILING STATEMENT</b>	<div style="margin-bottom: 10px;"> <input type="checkbox"/> MAYOR  <input type="checkbox"/> CITY COUNCIL MEMBER  <input type="checkbox"/> CITY STAFF/EMPLOYEE  <input checked="" type="checkbox"/> CANDIDATE  <input type="checkbox"/> BOARD MEMBER                 </div> <p>This form should be filed by the following City officials -- Mayor, City Council Members, and Candidates -- for the period of January 1 through December 31, 2021.</p> <p><b>Filing Deadlines:</b>                  Mayor &amp; Council Members must file the statement (covering the previous calendar year) not later than April 30 of each year.                  Except that outgoing Mayor &amp; Council Members who have not been re-elected must file the statement (covering the previous calendar year) not later than the 30th day after the end of their term in office.                  Candidates must file the statement (covering the previous calendar year) within five working days after the deadline for filing for their respective offices.                  Except that incumbent Candidates are not required to refile if an identical statement covering the previous calendar year has already been filed.</p> <p>For all filers: Statements must be received by the City Clerk on the day stated above. When the deadline falls on a Saturday, Sunday, or City holiday, the deadline is extended to the next day which is not a Saturday, Sunday, or City holiday.</p> <p>This statement must be signed under oath. In reporting information required by this form, a City official shall include the same information as it pertains to his or her spouse or domestic partner, by separate listing. However, a separate report for the City official's spouse or domestic partner is not required.</p>							

# OCCUPATION INCOME

PART 1

List all sources of occupational income that exceeded 10% of your gross income or \$5,000 in salary, bonuses, commissions or professional fees, or \$20,000 in payment for goods, products or non-professional services per source.

1 NAME OF EMPLOYER OR SOURCE OF INCOME	Joe Raul del Rio
2 BUSINESS ADDRESS	ADDRESS CITY STATE ZIP CODE 5608 Cougar Drive Austin, TX 78745
3 NATURE OF OCCUPATION OR BUSINESS	part-time caregiver - 20 hours per week
4 CATEGORY OR AMOUNT	<input checked="" type="checkbox"/> At least \$1 but less than \$10,000 <input type="checkbox"/> At least \$10,000 but less than \$20,000 <input type="checkbox"/> At least \$20,000 but less than \$50,000 <input type="checkbox"/> At least \$50,000 but less than \$75,000 <input type="checkbox"/> At least \$75,000 but less than \$100,000 <input type="checkbox"/> \$100,000 or more, report to nearest \$100,000 <input type="checkbox"/> Enter an Amount

5 MEMO	began on June 1, 2022 - 20 hours per week
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**OTHER INCOME SOURCES**

**PART 7**

List all other income or revenue in excess of \$5,000 per source.

1 NAME OF SOURCE	Social Security
2 CATEGORY OR AMOUNT	<input type="checkbox"/> At least \$1 but less than \$10,000 <input checked="" type="checkbox"/> At least \$10,000 but less than \$20,000 <input type="checkbox"/> At least \$20,000 but less than \$50,000 <input type="checkbox"/> At least \$50,000 but less than \$75,000 <input type="checkbox"/> At least \$75,000 but less than \$100,000 <input type="checkbox"/> \$100,000 or more, report to nearest \$100,000 <input type="checkbox"/> Enter an Amount

3 MEMO

NAME OF SOURCE	208 caney st - rental income
2 CATEGORY OR AMOUNT	<input type="checkbox"/> At least \$1 but less than \$10,000 <input checked="" type="checkbox"/> At least \$10,000 but less than \$20,000 <input type="checkbox"/> At least \$20,000 but less than \$50,000 <input type="checkbox"/> At least \$50,000 but less than \$75,000 <input type="checkbox"/> At least \$75,000 but less than \$100,000 <input type="checkbox"/> \$100,000 or more, report to nearest \$100,000 <input type="checkbox"/> Enter an Amount

MEMO



# REAL PROPERTY OWNERSHIP OR SALE

PART 8

List and describe all real property in which you hold any legal or beneficial interest, including real property for which you have entered into a contract for sale. The description should be sufficient to locate the property, and include the street address if any, and the present use of the property.

1 STREET ADDRESS OF PROPERTY	ADDRESS CITY STATE ZIP CODE 208 Caney St Austin, TX 78702
2 DESCRIPTION OF PROPERTY	n 46ft lot-12 blk 7 olt 23-24 div o fair
3 PRESENT USE OF PROPERTY	rental

4 MEMO

STREET ADDRESS OF PROPERTY	ADDRESS CITY STATE ZIP CODE 2216 Haskell St. Austin, TX 78702
DESCRIPTION OF PROPERTY	lot 25 blk a olt 62 div o driving park addn no 2
PRESENT USE OF PROPERTY	homestead

MEMO

# BOARDS OF DIRECTORS (MEMBERSHIP & POSITION)

PART 13

List all boards of directors of which you are a member and the offices or executive positions which you hold in corporations, partnerships, limited partnerships, professional corporations, or other entities, including non-business entities. (Do not include positions on corporations or other entities owned by the City of Austin or created by the City Council.)

1 NAME OF ORGANIZATION	Community Reliance Trust ATX
2 POSITION HELD	Volunteer Voting member
3 MEMO	1-year term - ends on October 1, 2022
NAME OF ORGANIZATION	Austin East Austin Lions Club Branch
POSITION HELD	College Education Scholarship - Chair
MEMO	East Austin Lions College Scholarship - Chair
NAME OF ORGANIZATION	Cap College Access Program
POSITION HELD	Volunteer voting member

MEMO 1-year term expires June 1, 2023

# STATEMENT OF FINANCIAL INFORMATION

## PARTS MARKED "NOT APPLICABLE" BY FILER

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- N/A Part 1 - Occupation Income
- N/A Part 2 - Self-employment/Professional Corp./Small Business Income
- N/A Part 3 - Non-Occupation Income
- N/A Part 4 - Gifts
- N/A Part 5 - Other Business Ownership/Interests
- N/A Part 6 - Bonds/Notes/Commercial Paper
- N/A Part 7 - Other Income Sources
- N/A Part 8 - Real Property Ownership or Sale
- N/A Part 9 - Real Property, Business Entity
- N/A Part 10 - Loans as Lender/Creditor
- N/A Part 11 - Guarantor/Co-Signer to Loans/Transactions
- N/A Part 12 - Loans/Debts/Financial Liabilities (Personal)
- N/A Part 12b - Loans/Debts/Financial Liabilities (Business)
- N/A Part 13 - Boards of Directors (Membership & Position)

# STATEMENT OF FINANCIAL INFORMATION AFFIDAVIT

This information serves as the electronic signature of the person legally responsible for filing this report.

Under penalty of perjury, I swear or affirm that the preceding Financial Statement of Information is in all things true and correct and fully shows all information required to be reported pursuant to City Code Section 2-7-72 for the reporting period indicated.

Gavino Fernandez Jr.

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Signature of Filer

# STATEMENT OF FINANCIAL INFORMATION CORRECTION DECLARATION-ANNUAL

## OFFICE USE ONLY

Date Received

ELECTRONICALLY FILED  
08/30/2022

Receipt #

HD / PM

Amount

Date Processed

Date Imaged

Filer Name (First, MI, Last)

Gavino Fernandez

Account #

00090902

Address (P.O. Box or Street Address, Apt. or Suite #)

2216 haskell st

(CHECK IF FILER'S HOME ADDRESS)

(City, State, Zip Code)

Austin, TX 78702

Explanation of Correction

Forgot to add Travis County Election judge seasonal pay / did not list LULAC #22325 membership / removed Cap membership because became a new member in 2022 / removed the source of income from Joe del Rio because i started part-time caregiver on June 2022.

Under penalty of perjury, I swear or affirm that the information contained in the preceding report is in all things true and correct and that in filing the preceding corrected or updated report, I have accurately explained the reason(s) for the correction or update.

Gavino Fernandez

Signature of Filer

# STATEMENT OF FINANCIAL INFORMATION

FORM SFI  
COVER SHEET

<b>1 NAME</b>	TITLE; FIRST; MI <p style="text-align: center;">Gavino</p> <hr style="border-top: 1px dashed black;"/> NICKNAME; LAST; SUFFIX <p style="text-align: center;">Fernandez Jr.</p>	PAGE # <p style="text-align: center;">8</p> ACCOUNT # <p style="text-align: center;">00090902</p>						
<b>2 ADDRESS</b>	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP <p style="text-align: center;">2216 haskell st</p> <p style="text-align: center;">Austin, TX 78702</p> <input checked="" type="checkbox"/> (CHECK IF FILER'S HOME ADDRESS)	<b>OFFICE USE ONLY</b>						
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# NON-OCCUPATION INCOME

PART 3

List all sources of income which exceeded either \$5,000 or were in excess of 10% of your gross income received from interest, dividends, royalties, rents, trust disbursements or other non-occupational sources.

1 NAME OF SOURCE	208 caney
2 NATURE OF INCOME	rents
3 CATEGORY OR AMOUNT	<input type="checkbox"/> At least \$1 but less than \$10,000 <input checked="" type="checkbox"/> At least \$10,000 but less than \$20,000 <input type="checkbox"/> At least \$20,000 but less than \$50,000 <input type="checkbox"/> At least \$50,000 but less than \$75,000 <input type="checkbox"/> At least \$75,000 but less than \$100,000 <input type="checkbox"/> \$100,000 or more, report to nearest \$100,000 <input type="checkbox"/> Enter an Amount

4 MEMO	
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**OTHER INCOME SOURCES**

**PART 7**

List all other income or revenue in excess of \$5,000 per source.

1 NAME OF SOURCE	Social Security
2 CATEGORY OR AMOUNT	<input type="checkbox"/> At least \$1 but less than \$10,000 <input checked="" type="checkbox"/> At least \$10,000 but less than \$20,000 <input type="checkbox"/> At least \$20,000 but less than \$50,000 <input type="checkbox"/> At least \$50,000 but less than \$75,000 <input type="checkbox"/> At least \$75,000 but less than \$100,000 <input type="checkbox"/> \$100,000 or more, report to nearest \$100,000 <input type="checkbox"/> Enter an Amount

3 MEMO

NAME OF SOURCE	rental income
2 CATEGORY OR AMOUNT	<input type="checkbox"/> At least \$1 but less than \$10,000 <input checked="" type="checkbox"/> At least \$10,000 but less than \$20,000 <input type="checkbox"/> At least \$20,000 but less than \$50,000 <input type="checkbox"/> At least \$50,000 but less than \$75,000 <input type="checkbox"/> At least \$75,000 but less than \$100,000 <input type="checkbox"/> \$100,000 or more, report to nearest \$100,000 <input type="checkbox"/> Enter an Amount

MEMO

NAME OF SOURCE	Travis County Election Judge
2 CATEGORY OR AMOUNT	<input checked="" type="checkbox"/> At least \$1 but less than \$10,000 <input type="checkbox"/> At least \$10,000 but less than \$20,000 <input type="checkbox"/> At least \$20,000 but less than \$50,000 <input type="checkbox"/> At least \$50,000 but less than \$75,000 <input type="checkbox"/> At least \$75,000 but less than \$100,000 <input type="checkbox"/> \$100,000 or more, report to nearest \$100,000 <input type="checkbox"/> Enter an Amount

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# REAL PROPERTY OWNERSHIP OR SALE

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# BOARDS OF DIRECTORS (MEMBERSHIP & POSITION)

PART 13

List all boards of directors of which you are a member and the offices or executive positions which you hold in corporations, partnerships, limited partnerships, professional corporations, or other entities, including non-business entities. (Do not include positions on corporations or other entities owned by the City of Austin or created by the City Council.)

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3 MEMO	1-year term - ends on October 1, 2022
NAME OF ORGANIZATION	Austin East Austin Lions Club Branch
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MEMO	East Austin Lions College Scholarship - Chair
NAME OF ORGANIZATION	LULAC Council #22325
POSITION HELD	Volunteer President / treasure / Scholarship Chair

MEMO

# STATEMENT OF FINANCIAL INFORMATION

## PARTS MARKED "NOT APPLICABLE" BY FILER

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- N/A Part 1 - Occupation Income
- N/A Part 2 - Self-employment/Professional Corp./Small Business Income
- N/A Part 3 - Non-Occupation Income
- N/A Part 4 - Gifts
- N/A Part 5 - Other Business Ownership/Interests
- N/A Part 6 - Bonds/Notes/Commercial Paper
- N/A Part 7 - Other Income Sources
- N/A Part 8 - Real Property Ownership or Sale
- N/A Part 9 - Real Property, Business Entity
- N/A Part 10 - Loans as Lender/Creditor
- N/A Part 11 - Guarantor/Co-Signer to Loans/Transactions
- N/A Part 12 - Loans/Debts/Financial Liabilities (Personal)
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- N/A Part 13 - Boards of Directors (Membership & Position)

# STATEMENT OF FINANCIAL INFORMATION AFFIDAVIT

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Gavino Fernandez Jr.

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Signature of Filer