





# SUBTOTALS - COH

FORM C/OH  
COVER SHEET PG 3

|   |  |   |
|---|--|---|
| <b>19</b> FILER NAME<br><b>Melissa Cabello Havrda</b>   |  | <b>20</b> Filer ID (Ethics Commission Filers) |
| <b>21</b> SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE  |  | SUBTOTAL<br>AMOUNT                            |
| 1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS  |  | <b>\$ 27560.00</b>                            |
| 2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                            |  | <b>\$ 0</b>                                   |
| 3. <input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS  |  | <b>\$ 0</b>                                   |
| 4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS  |  | <b>\$ 0</b>                                   |
| 5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS                  |  | <b>\$ 25418.15</b>                            |
| 6. <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   |  | <b>\$ 0</b>                                   |
| 7. <input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS                 |  | <b>\$ 0</b>                                   |
| 8. <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD  |  | <b>\$ 0</b>                                   |
| 9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                            |  | <b>\$ 0</b>                                   |
| 10. <input checked="" type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH           |  | <b>\$ 0</b>                                   |
| 11. <input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS              |  | <b>\$ 0</b>                                   |
| 12. <input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS<br>RETURNED TO FILER |  | <b>\$ 0</b>                                   |

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**1 of 28**

2 FILER NAME  
**Melissa Cabello Havrda**

3 Filer ID (Ethics Commission Filers)

4 Date  
**4/26/2019**

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Eduardo Parra**

7 Amount of contribution (\$)  
**150.00**

6 Contributor address; City; State; Zip Code  
**110 E. Houston St  
San Antonio, TX 78205**

8 Principal occupation / Job title (See instructions)  
**Civil Engineer**

9 Employer (See instructions)  
**Parra & Co., LLC**

Date  
**4/26/2019**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Terry Bruner**

Amount of contribution (\$)  
**150.00**

Contributor address; City; State; Zip Code  
**5234 Spellman Road  
Houston, TX 77035**

Principal occupation / Job title (See instructions)  
**Lawyer**

Employer (See instructions)  
**Self**

Date  
**4/27/2019**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Eliot Lee**

Amount of contribution (\$)  
**50.00**

Contributor address; City; State; Zip Code  
**1542 Wild Fire  
San Antonio, TX 78251**

Principal occupation / Job title (See instructions)  
**Supervisor**

Employer (See instructions)  
**Bexar County**

Date  
**4/27/2019**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Ruben Tenorio**

Amount of contribution (\$)  
**500.00**

Contributor address; City; State; Zip Code  
**12350 Hart Crest  
San Antonio, TX 78249**

Principal occupation / Job title (See instructions)  
**Physician**

Employer (See instructions)  
**Self**

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**2 of 28**

2 FILER NAME  
**Melissa Cabello Havrda**

3 Filer ID (Ethics Commission Filers)

4 Date  
**4/28/2019**

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Roberto Castaneda**

7 Amount of contribution (\$)  
**35.00**

6 Contributor address; City; State; Zip Code  
**7811 Bowens Crossing  
San Antonio, TX 78250**

8 Principal occupation / Job title (See instructions)  
**Counselor**

9 Employer (See instructions)  
**Center for Healthcare Services**

Date  
**4/29/2019**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Todd Watkins**

Amount of contribution (\$)  
**500.00**

Contributor address; City; State; Zip Code  
**3222 Oliver Street NW  
Washington, DC 20015**

Principal occupation / Job title (See instructions)  
**Real Estate Investor**

Employer (See instructions)  
**J.S. Watkins Partners**

Date  
**4/30/2019**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Analyse Escobar Escobar**

Amount of contribution (\$)  
**25.00**

Contributor address; City; State; Zip Code  
**16122 Caballo Run  
SELMA, TX 78154**

Principal occupation / Job title (See instructions)  
**Deputy Community Engagement Director**

Employer (See instructions)  
**State of Colorado**

Date  
**4/30/2019**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Louis Terrazas**

Amount of contribution (\$)  
**250.00**

Contributor address; City; State; Zip Code  
**11542 Whisper Breeze  
San Antonio, TX 78230**

Principal occupation / Job title (See instructions)  
**CEO**

Employer (See instructions)  
**The Julian Group**

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

|   |  |   |
|---|--|---|
| The Instruction Guide explains how to complete this form.                           |  | 1 Total pages Schedule A1:<br><b>3 of 28</b>                              |
| 2 FILER NAME<br><b>Melissa Cabello Havrda</b>                                       |  | 3 Filer ID (Ethics Commission Filers)                                     |
| 4 Date<br><b>4/30/2019</b>  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Pablo Escamilla Jr.</b> | 7 Amount of contribution (\$)<br><b>500.00</b>                            |
|   | 6 Contributor address; City; State; Zip Code<br><b>1301 Richmond Ave #535<br/>Houston, TX 77006</b>            |   |
| 8 Principal occupation / Job title (See instructions)<br><b>Attorney</b>            |  | 9 Employer (See instructions)<br><b>Escamilla &amp; Poneck, LLP</b>       |
| Date<br><b>4/30/2019</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Doug McMurry</b>          | Amount of contribution (\$)<br><b>100.00</b>                              |
|   | Contributor address; City; State; Zip Code<br><b>210 210 Grove PI<br/>San Antonio, TX 78209</b>                |   |
| Principal occupation / Job title (See instructions)<br><b>Association Executive</b> |  | Employer (See instructions)<br><b>San Antonio Chapter of AGC</b>          |
| Date<br><b>4/30/2019</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Paula McGee</b>           | Amount of contribution (\$)<br><b>250.00</b>                              |
|   | Contributor address; City; State; Zip Code<br><b>11603 Mill Rock Rd<br/>San Antonio, TX 78230</b>              |   |
| Principal occupation / Job title (See instructions)<br><b>Attorney</b>              |  | Employer (See instructions)<br><b>Self-employed</b>                       |
| Date<br><b>4/30/2019</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>George Salinas</b>        | Amount of contribution (\$)<br><b>250.00</b>                              |
|   | Contributor address; City; State; Zip Code<br><b>2819 Whisper Hill<br/>San Antonio, TX 78230</b>               |   |
| Principal occupation / Job title (See instructions)<br><b>Attorney</b>              |  | Employer (See instructions)<br><b>Law Offices of George Salinas, PLLC</b> |

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**4 of 28**

2 FILER NAME  
**Melissa Cabello Havrda**

3 Filer ID (Ethics Commission Filers)

4 Date  
**5/6/2019**

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Rudy Rodriguez**

7 Amount of contribution (\$)  
**500.00**

6 Contributor address; City; State; Zip Code  
**6827 Rock Road  
San Antonio, TX 78229**

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

9 Employer (See instructions)  
**Self Employed**

Date  
**5/6/2019**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Dawn Green**

Amount of contribution (\$)  
**100.00**

Contributor address; City; State; Zip Code  
**11 Cascade Glen  
San Antonio, TX 78232**

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

Employer (See instructions)  
**CEC**

Date  
**5/6/2019**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Carolyn Warren**

Amount of contribution (\$)  
**500.00**

Contributor address; City; State; Zip Code  
**9522 Burwick Dr  
San Antonio, TX 78230**

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

Employer (See instructions)  
**Self Employed**

Date  
**5/6/2019**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**John Warren**

Amount of contribution (\$)  
**500.00**

Contributor address; City; State; Zip Code  
**9522 Burwick Dr  
San Antonio, TX 78230**

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

Employer (See instructions)  
**Self Employed**

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

|   |  |   |
|---|--|---|
| The Instruction Guide explains how to complete this form.                                       |  | 1 Total pages Schedule A1:<br><b>5 of 28</b>              |
| 2 FILER NAME<br><b>Melissa Cabello Havrda</b>   |  | 3 Filer ID (Ethics Commission Filers)                     |
| 4 Date<br><b>5/6/2019</b>   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Robert Worth</b>                          | 7 Amount of contribution (\$)<br><b>500.00</b>            |
| 6 Contributor address; City; State; Zip Code<br><b>270 Terrell Rd<br/>San Antonio, TX 78209</b> |  |   |
| 8 Principal occupation / Job title (See instructions)<br><b>Executive</b>                       |  | 9 Employer (See instructions)<br><b>Worth Investments</b> |
| Date<br><b>5/6/2019</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Roberto Gonzalez</b>                        | Amount of contribution (\$)<br><b>500.00</b>              |
| Contributor address; City; State; Zip Code<br><b>1747 Fawn Gate<br/>San Antonio, TX 78248</b>   |  |   |
| Principal occupation / Job title (See instructions)<br><b>Attorney</b>                          |  | Employer (See instructions)<br><b>Self</b>                |
| Date<br><b>5/6/2019</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Southwest Laborers District Council PAC</b> | Amount of contribution (\$)<br><b>250.00</b>              |
| Contributor address; City; State; Zip Code<br><b>11720 East 12 St<br/>Tulsa , OK 74129</b>      |  |   |
| Principal occupation / Job title (See instructions)   |  | Employer (See instructions)                               |
| Date<br><b>5/6/2019</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Terry Bermea</b>                            | Amount of contribution (\$)<br><b>20.00</b>               |
| Contributor address; City; State; Zip Code<br><b>4109 S Conway<br/>Mission, TX 78572</b>        |  |   |
| Principal occupation / Job title (See instructions)<br><b>Organizing Director</b>               |  | Employer (See instructions)<br><b>Battleground Texas</b>  |

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**6 of 28**

2 FILER NAME  
**Melissa Cabello Havrda**

3 Filer ID (Ethics Commission Filers)

4 Date  
**5/6/2019**

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Michael Maher**

7 Amount of contribution (\$) **25.00**

6 Contributor address; City; State; Zip Code  
**7211 Easy Wind Drive  
Austin, TX 78752**

8 Principal occupation / Job title (See instructions)  
**Manager**

9 Employer (See instructions)  
**BGTX Engagement Fund**

Date  
**5/6/2019**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Patricia Meredith**

Amount of contribution (\$) **100.00**

Contributor address; City; State; Zip Code  
**4240 Luckenbach rd  
San Antonio, TX 78251**

Principal occupation / Job title (See instructions)  
**Occupational Therapist**

Employer (See instructions)  
**Sava senior care**

Date  
**5/6/2019**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Teresa Cox**

Amount of contribution (\$) **25.00**

Contributor address; City; State; Zip Code  
**63 Cross Canyon  
San Antonio, TX 78247**

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

Employer (See instructions)  
**Self Employed**

Date  
**5/6/2019**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Phyllis Viagran**

Amount of contribution (\$) **25.00**

Contributor address; City; State; Zip Code  
**4219 South Flores Street  
San Antonio, TX 78214**

Principal occupation / Job title (See instructions)  
**Coordinator**

Employer (See instructions)  
**Visit San Antonio**

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**7 of 28**

2 FILER NAME  
**Melissa Cabello Havrda**

3 Filer ID (Ethics Commission Filers)

4 Date  
**5/6/2019**

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**John OConnor**

7 Amount of contribution (\$)  
**50.00**

6 Contributor address; City; State; Zip Code  
**10403 Mount Hope St  
San Antonio, TX 78240**

8 Principal occupation / Job title (See instructions)  
**Economic Development**

9 Employer (See instructions)  
**Port San Antonio**

Date  
**5/6/2019**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Sonia Jasso**

Amount of contribution (\$)  
**50.00**

Contributor address; City; State; Zip Code  
**2627 Jade Hill  
San Antonio, TX 78251**

Principal occupation / Job title (See instructions)  
**Sr. Director**

Employer (See instructions)  
**University of the Incarnate Word**

Date  
**5/6/2019**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Nikhil Shimpi**

Amount of contribution (\$)  
**5.00**

Contributor address; City; State; Zip Code  
**14710 Carrollton Rd  
Rockville, MD 20853**

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

Employer (See instructions)  
**National Labor Relations Board**

Date  
**5/7/2019**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Rand Riklin**

Amount of contribution (\$)  
**100.00**

Contributor address; City; State; Zip Code  
**13 Granburg Place  
San Antonio, TX 78218**

Principal occupation / Job title (See instructions)  
**Lawyer**

Employer (See instructions)  
**Goode Casseb Jones Riklin Choate & Watson, PC**

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

|   |  |  |
|---|--|--|
| The Instruction Guide explains how to complete this form.   |  | 1 Total pages Schedule A1:<br><b>8 of 28</b>             |
| 2 FILER NAME<br><b>Melissa Cabello Havrda</b>   |  | 3 Filer ID (Ethics Commission Filers)                    |
| 4 Date<br><b>5/7/2019</b>   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Richard Robledo</b>   | 7 Amount of contribution (\$)<br><b>25.00</b>            |
| 6 Contributor address; City; State; Zip Code<br><b>8315 Kingsway St<br/>San Antonio, TX 78254</b> |  |  |
| 8 Principal occupation / Job title (See instructions)<br><b>Civil service</b>                     |  | 9 Employer (See instructions)<br><b>Randolph AFB</b>     |
| Date<br><b>5/7/2019</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Toni Saldana</b>        | Amount of contribution (\$)<br><b>10.00</b>              |
| Contributor address; City; State; Zip Code<br><b>143 Meadow Trail<br/>San Antonio, TX 78227</b>   |  |  |
| Principal occupation / Job title (See instructions)<br><b>Driver</b>                              |  | Employer (See instructions)<br><b>Amazon</b>             |
| Date<br><b>5/7/2019</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Florence Hartsfield</b> | Amount of contribution (\$)<br><b>25.00</b>              |
| Contributor address; City; State; Zip Code<br><b>PO Box 88<br/>Rio Medina, TX 78066</b>           |  |  |
| Principal occupation / Job title (See instructions)<br><b>Grantwriter/Professor</b>               |  | Employer (See instructions)<br><b>Various</b>            |
| Date<br><b>5/7/2019</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Cindy Taylor</b>        | Amount of contribution (\$)<br><b>50.00</b>              |
| Contributor address; City; State; Zip Code<br><b>4251 Valleyfield<br/>San Antonio, TX 78222</b>   |  |  |
| Principal occupation / Job title (See instructions)<br><b>President</b>                           |  | Employer (See instructions)<br><b>Cindy Taylor Group</b> |

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**9 of 28**

2 FILER NAME  
**Melissa Cabello Havrda**

3 Filer ID (Ethics Commission Filers)

4 Date  
**5/7/2019**

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Mark Granados**

7 Amount of contribution (\$)  
**500.00**

6 Contributor address; City; State; Zip Code  
**5602 w Hausman suite 201 #201  
San Antonio, TX 78249**

8 Principal occupation / Job title (See instructions)  
**RE**

9 Employer (See instructions)  
**GFR**

Date  
**5/7/2019**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Beth Kloser**

Amount of contribution (\$)  
**50.00**

Contributor address; City; State; Zip Code  
**3201 Hollywood  
Austin, TX 78722**

Principal occupation / Job title (See instructions)  
**Data Manager**

Employer (See instructions)  
**Indivisible**

Date  
**5/7/2019**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Chris Le**

Amount of contribution (\$)  
**40.00**

Contributor address; City; State; Zip Code  
**24759 Buck Creek  
San Antonio, TX 78255**

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

Employer (See instructions)  
**Leticia Gonzalez Law**

Date  
**5/7/2019**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Laddie Denton**

Amount of contribution (\$)  
**250.00**

Contributor address; City; State; Zip Code  
**1 Bitterblue Ln  
San Antonio, TX 78218**

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

Employer (See instructions)  
**Developer**

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

|  |   |  |
|--|---|--|
| The Instruction Guide explains how to complete this form.  |   | 1 Total pages Schedule A1:<br><b>10 of 28</b>                      |
| 2 FILER NAME<br><b>Melissa Cabello Havrda</b>  |   | 3 Filer ID (Ethics Commission Filers)                              |
| 4 Date<br><b>5/7/2019</b>  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Marisa Schmidt</b> | 7 Amount of contribution (\$)<br><b>25.00</b>                      |
| 6 Contributor address; City; State; Zip Code<br><b>8459 Timber Loche<br/>San Antonio, TX 78250</b> |   |  |
| 8 Principal occupation / Job title (See instructions)<br><b>Scientist</b>                          |   | 9 Employer (See instructions)<br><b>Kinetic Concepts Inc (KCI)</b> |
| Date<br><b>5/8/2019</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Pat Heard</b>        | Amount of contribution (\$)<br><b>500.00</b>                       |
| Contributor address; City; State; Zip Code<br><b>10715 Gulfdale<br/>San Antonio, TX 78216</b>      |   |  |
| Principal occupation / Job title (See instructions)<br><b>Self Employed</b>                        |   | Employer (See instructions)<br><b>Self Employed</b>                |
| Date<br><b>5/8/2019</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>John Heard</b>       | Amount of contribution (\$)<br><b>500.00</b>                       |
| Contributor address; City; State; Zip Code<br><b>10715 Gulfdale<br/>San Antonio, TX 78216</b>      |   |  |
| Principal occupation / Job title (See instructions)<br><b>Attorney</b>                             |   | Employer (See instructions)<br><b>Heard &amp; Smith</b>            |
| Date<br><b>5/8/2019</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Virginia Salmons</b> | Amount of contribution (\$)<br><b>100.00</b>                       |
| Contributor address; City; State; Zip Code<br><b>214 Meadow Glen<br/>San Antonio, TX 78227</b>     |   |  |
| Principal occupation / Job title (See instructions)<br><b>Self Employed</b>                        |   | Employer (See instructions)<br><b>Self Employed</b>                |

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

|   |   |   |
|---|---|---|
| The Instruction Guide explains how to complete this form.   |   | 1 Total pages Schedule A1:<br><b>11 of 28</b>                                 |
| 2 FILER NAME<br><b>Melissa Cabello Havrda</b>   |   | 3 Filer ID (Ethics Commission Filers)   |
| 4 Date<br><b>5/8/2019</b>   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Lizette Ortiz</b>  | 7 Amount of contribution (\$)<br><b>25.00</b>                                 |
| 6 Contributor address; City; State; Zip Code<br><b>6306 Mustang Point Drive<br/>San Antonio, TX 78240</b> |   |   |
| 8 Principal occupation / Job title (See instructions)<br><b>Data Analyst</b>                              |   | 9 Employer (See instructions)<br><b>Sole proprietorship</b>                   |
| Date<br><b>5/9/2019</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Sharyll Teneyuca</b> | Amount of contribution (\$)<br><b>50.00</b>                                   |
| Contributor address; City; State; Zip Code<br><b>924 Camaron<br/>San Antonio, TX 78212</b>                |   |   |
| Principal occupation / Job title (See instructions)<br><b>Attorney/Bus. Owner</b>                         |   | Employer (See instructions)<br><b>Law Offices of Sharyll S Teneyuca, PLLC</b> |
| Date<br><b>5/9/2019</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Wayne Harwell</b>    | Amount of contribution (\$)<br><b>500.00</b>                                  |
| Contributor address; City; State; Zip Code<br><b>3602 Paesanos Pkwy #112<br/>San Antonio, TX 78231</b>    |   |   |
| Principal occupation / Job title (See instructions)<br><b>Self Employed</b>                               |   | Employer (See instructions)<br><b>Developer</b>                               |
| Date<br><b>5/9/2019</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Cynthia Harwell</b>  | Amount of contribution (\$)<br><b>500.00</b>                                  |
| Contributor address; City; State; Zip Code<br><b>3602 Paesanos Pkwy #112<br/>San Antonio, TX 78231</b>    |   |   |
| Principal occupation / Job title (See instructions)<br><b>Self Employed</b>                               |   | Employer (See instructions)<br><b>Self Employed</b>                           |

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

|   |   |  |
|---|---|--|
| The Instruction Guide explains how to complete this form.   |   | 1 Total pages Schedule A1:<br><b>12 of 28</b>                  |
| 2 FILER NAME<br><b>Melissa Cabello Havrda</b>   |   | 3 Filer ID (Ethics Commission Filers)                          |
| 4 Date<br><b>5/9/2019</b>   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Charles Gonzalez</b>   | 7 Amount of contribution (\$)<br><b>100.00</b>                 |
| 6 Contributor address; City; State; Zip Code<br><b>206 E. Locust Street<br/>San Antonio, TX 78212</b> |   |  |
| 8 Principal occupation / Job title (See instructions)<br><b>Attorney</b>                              |   | 9 Employer (See instructions)<br><b>Ogletree Deakins, P.C.</b> |
| Date<br><b>5/10/2019</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Brad Beldon</b>          | Amount of contribution (\$)<br><b>250.00</b>                   |
| Contributor address; City; State; Zip Code<br><b>35 Royal Waters Drive<br/>San Antonio, TX 78248</b>  |   |  |
| Principal occupation / Job title (See instructions)<br><b>Chief Culture Officer &amp; CEO</b>         |   | Employer (See instructions)<br><b>Beldon Roofing Company</b>   |
| Date<br><b>5/13/2019</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Ina Minjarez</b>         | Amount of contribution (\$)<br><b>200.00</b>                   |
| Contributor address; City; State; Zip Code<br><b>9406 Hazelton Ln<br/>San Antonio, TX 78251</b>       |   |  |
| Principal occupation / Job title (See instructions)<br><b>TX State Representative HD 124</b>          |   | Employer (See instructions)<br><b>State of Texas</b>           |
| Date<br><b>5/13/2019</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Martin &amp; Drought</b> | Amount of contribution (\$)<br><b>500.00</b>                   |
| Contributor address; City; State; Zip Code<br><b>300 Convent<br/>San Antonio, TX 78205</b>            |   |  |
| Principal occupation / Job title (See instructions)   |   | Employer (See instructions)                                    |

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

|  |  |   |
|--|--|---|
| The Instruction Guide explains how to complete this form.  |  | 1 Total pages Schedule A1:<br><b>13 of 28</b>       |
| 2 FILER NAME<br><b>Melissa Cabello Havrda</b>  |  | 3 Filer ID (Ethics Commission Filers)               |
| 4 Date<br><b>5/13/2019</b>   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Greg Kowalski</b>   | 7 Amount of contribution (\$)<br><b>500.00</b>      |
| 6 Contributor address; City; State; Zip Code<br><b>PO Box 1361<br/>San Antonio, TX 78295</b>     |  |   |
| 8 Principal occupation / Job title (See instructions)<br><b>Executive</b>                        |  | 9 Employer (See instructions)<br><b>RK Group</b>    |
| Date<br><b>5/13/2019</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Marinella Murillo</b> | Amount of contribution (\$)<br><b>50.00</b>         |
| Contributor address; City; State; Zip Code<br><b>8710 Loon Ct<br/>San Antonio, TX 78245</b>      |  |   |
| Principal occupation / Job title (See instructions)<br><b>Retired</b>                            |  | Employer (See instructions)<br><b>Retired</b>       |
| Date<br><b>5/13/2019</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Diana Moore</b>       | Amount of contribution (\$)<br><b>250.00</b>        |
| Contributor address; City; State; Zip Code<br><b>13322 Cassia Way<br/>San Antonio, TX 78232</b>  |  |   |
| Principal occupation / Job title (See instructions)<br><b>Domestic Engineer</b>                  |  | Employer (See instructions)<br><b>Self</b>          |
| Date<br><b>5/14/2019</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Judy Perez</b>        | Amount of contribution (\$)<br><b>500.00</b>        |
| Contributor address; City; State; Zip Code<br><b>959 Villaret Blvd<br/>San Antonio, TX 78224</b> |  |   |
| Principal occupation / Job title (See instructions)<br><b>Self Employed</b>                      |  | Employer (See instructions)<br><b>Self Employed</b> |

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**14 of 28**

2 FILER NAME  
**Melissa Cabello Havrda**

3 Filer ID (Ethics Commission Filers)

4 Date  
**5/14/2019**

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Marshall Fein**

7 Amount of contribution (\$)  
**100.00**

6 Contributor address; City; State; Zip Code  
**13822 Bluff Ln  
San Antonio, TX 78216**

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

9 Employer (See instructions)  
**Self Employed**

Date  
**5/14/2019**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Rebecca Waldman**

Amount of contribution (\$)  
**50.00**

Contributor address; City; State; Zip Code  
**112 E ROSEWOOD AVE  
San Antonio, TX 78212**

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

Employer (See instructions)  
**Retired**

Date  
**5/14/2019**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Rad Weaver**

Amount of contribution (\$)  
**250.00**

Contributor address; City; State; Zip Code  
**700 E. Olmos Drive  
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)  
**CEO**

Employer (See instructions)  
**McCombs Partners**

Date  
**5/14/2019**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Doug McMurry**

Amount of contribution (\$)  
**100.00**

Contributor address; City; State; Zip Code  
**210 Grove Pl.  
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)  
**Association Executive**

Employer (See instructions)  
**San Antonio Chapter of AGC**

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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|---|--|--|
| The Instruction Guide explains how to complete this form.   |  | 1 Total pages Schedule A1:<br><b>15 of 28</b>                    |
| 2 FILER NAME<br><b>Melissa Cabello Havrda</b>   |  | 3 Filer ID (Ethics Commission Filers)                            |
| 4 Date<br><b>5/14/2019</b>  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Bradley Carson</b>                            | 7 Amount of contribution (\$)<br><b>250.00</b>                   |
| 6 Contributor address; City; State; Zip Code<br><b>711 Navarro Ste #230<br/>San Antonio, TX 78212</b>   |  |  |
| 8 Principal occupation / Job title (See instructions)<br><b>Attorney</b>                                |  | 9 Employer (See instructions)<br><b>Kruger Carson PLLC</b>       |
| Date<br><b>5/14/2019</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Ryan Cox</b>                                    | Amount of contribution (\$)<br><b>25.00</b>                      |
| Contributor address; City; State; Zip Code<br><b>2911 N. Main Ave.<br/>San Antonio, TX 78212</b>        |  |  |
| Principal occupation / Job title (See instructions)<br><b>Attorney</b>                                  |  | Employer (See instructions)<br><b>Texas Civil Rights Project</b> |
| Date<br><b>5/15/2019</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>San Antonio Fire &amp; Police Pens Assn PAC</b> | Amount of contribution (\$)<br><b>500.00</b>                     |
| Contributor address; City; State; Zip Code<br><b>11603 W Coker Loop #201A<br/>San Antonio, TX 78216</b> |  |  |
| Principal occupation / Job title (See instructions)   |  | Employer (See instructions)                                      |
| Date<br><b>5/15/2019</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Colleen M Casey</b>                             | Amount of contribution (\$)<br><b>250.00</b>                     |
| Contributor address; City; State; Zip Code<br><b>116 Bushnell Ave.<br/>San Antonio, TX 78212</b>        |  |  |
| Principal occupation / Job title (See instructions)<br><b>Realtor</b>                                   |  | Employer (See instructions)<br><b>Self</b>                       |

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**16 of 28**

2 FILER NAME  
**Melissa Cabello Havrda**

3 Filer ID (Ethics Commission Filers)

4 Date  
**5/15/2019**

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Lukin Gilliland, Jr.**

7 Amount of contribution (\$)  
**250.00**

6 Contributor address; City; State; Zip Code  
**901 901 NE Loop 410 #909  
San Antonio, TX 78209**

8 Principal occupation / Job title (See instructions)  
**Investments**

9 Employer (See instructions)  
**Self**

Date  
**5/16/2019**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Karla Duran Duran**

Amount of contribution (\$)  
**100.00**

Contributor address; City; State; Zip Code  
**8523 Quail Tree  
San Antonio, TX 78250**

Principal occupation / Job title (See instructions)  
**Education**

Employer (See instructions)  
**Alamo Academies**

Date  
**5/16/2019**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Linebarger Goggan Blair & Sampson LLP**

Amount of contribution (\$)  
**500.00**

Contributor address; City; State; Zip Code  
**PO Box 174428  
Austin, TX 78760**

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date  
**5/16/2019**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**IBC Bank State PAC**

Amount of contribution (\$)  
**500.00**

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

Principal occupation / Job title (See instructions)

Employer (See instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

|  |   |  |
|--|---|--|
| The Instruction Guide explains how to complete this form.  |   | 1 Total pages Schedule A1:<br><b>17 of 28</b>            |
| 2 FILER NAME<br><b>Melissa Cabello Havrda</b>  |   | 3 Filer ID (Ethics Commission Filers)                    |
| 4 Date<br><b>5/16/2019</b>   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Lloyd Doggett For Congress</b> | 7 Amount of contribution (\$)<br><b>500.00</b>           |
| 6 Contributor address; City; State; Zip Code<br><b>PO Box 5843<br/>Austin, TX 78763</b>                        |   |  |
| 8 Principal occupation / Job title (See instructions)  |   | 9 Employer (See instructions)                            |
| Date<br><b>5/17/2019</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Matthew Starr</b>                | Amount of contribution (\$)<br><b>500.00</b>             |
| Contributor address; City; State; Zip Code<br><b>7334 Blanco Road #200<br/>San Antonio, TX 78216</b>           |   |  |
| Principal occupation / Job title (See instructions)<br><b>Real Estate</b>                                      |   | Employer (See instructions)<br><b>Self</b>               |
| Date<br><b>5/17/2019</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>John Carlson</b>                 | Amount of contribution (\$)<br><b>100.00</b>             |
| Contributor address; City; State; Zip Code<br><b>10602 La Cantera Terrace #10602<br/>San Antonio, TX 78256</b> |   |  |
| Principal occupation / Job title (See instructions)<br><b>Executive Management</b>                             |   | Employer (See instructions)<br><b>Sundt Construction</b> |
| Date<br><b>5/17/2019</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>SAPOA PAC</b>                    | Amount of contribution (\$)<br><b>500.00</b>             |
| Contributor address; City; State; Zip Code<br><b>1939 NE Loop 410 #300<br/>San Antonio, TX 78217</b>           |   |  |
| Principal occupation / Job title (See instructions)  |   | Employer (See instructions)                              |

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**18 of 28**

2 FILER NAME  
**Melissa Cabello Havrda**

3 Filer ID (Ethics Commission Filers)

4 Date  
**5/19/2019**

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Tina Torres**

7 Amount of contribution (\$)  
**250.00**

6 Contributor address; City; State; Zip Code  
**17707 Arroyo Gold  
San Antonio, TX 78232**

8 Principal occupation / Job title (See instructions)  
**Attorney**

9 Employer (See instructions)  
**Tina Torres, PLLC**

Date  
**5/20/2019**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Cesar Garcia**

Amount of contribution (\$)  
**100.00**

Contributor address; City; State; Zip Code  
**11138 Quail Rise  
San Antonio, TX 78249**

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

Employer (See instructions)  
**Self Employed**

Date  
**5/20/2019**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Marc Rodriguez**

Amount of contribution (\$)  
**500.00**

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

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

Employer (See instructions)  
**Offices of Marc A. Rodriguez**

Date  
**5/20/2019**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Desi Canela**

Amount of contribution (\$)  
**25.00**

Contributor address; City; State; Zip Code  
**1632 Hawthorne  
Houston, TX 77006**

Principal occupation / Job title (See instructions)  
**Comms/Digi**

Employer (See instructions)  
**Outreach Strategists**

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

|   |  |   |
|---|--|---|
| The Instruction Guide explains how to complete this form.   |  | 1 Total pages Schedule A1:<br><b>19 of 28</b>       |
| 2 FILER NAME<br><b>Melissa Cabello Havrda</b>   |  | 3 Filer ID (Ethics Commission Filers)               |
| 4 Date<br><b>5/20/2019</b>  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Rebecca Jean Viagran Campaign</b> | 7 Amount of contribution (\$)<br><b>100.00</b>      |
| 6 Contributor address; City; State; Zip Code<br><b>PO Box 14416<br/>San Antonio, TX 78214</b>     |  |   |
| 8 Principal occupation / Job title (See instructions)   |  | 9 Employer (See instructions)                       |
| Date<br><b>5/20/2019</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Espinoza Law Firm PLLC</b>          | Amount of contribution (\$)<br><b>500.00</b>        |
| Contributor address; City; State; Zip Code<br><b>2211 Danbury St<br/>San Antonio, TX 78217</b>    |  |   |
| Principal occupation / Job title (See instructions)   |  | Employer (See instructions)                         |
| Date<br><b>5/20/2019</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Norma Jean Lugo</b>                 | Amount of contribution (\$)<br><b>100.00</b>        |
| Contributor address; City; State; Zip Code<br><b>7110 Western Skies<br/>San Antonio, TX 78240</b> |  |   |
| Principal occupation / Job title (See instructions)<br><b>Retired</b>                             |  | Employer (See instructions)<br><b>Retired</b>       |
| Date<br><b>5/20/2019</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Robert Flores</b>                   | Amount of contribution (\$)<br><b>100.00</b>        |
| Contributor address; City; State; Zip Code<br><b>3116 Preston Hall<br/>San Antonio, TX 78247</b>  |  |   |
| Principal occupation / Job title (See instructions)<br><b>Self Employed</b>                       |  | Employer (See instructions)<br><b>Self Employed</b> |

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

|  |  |   |
|--|--|---|
| The Instruction Guide explains how to complete this form.  |  | 1 Total pages Schedule A1:<br><b>20 of 28</b>                     |
| 2 FILER NAME<br><b>Melissa Cabello Havrda</b>  |  | 3 Filer ID (Ethics Commission Filers)                             |
| 4 Date<br><b>5/20/2019</b>   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Gordon Hartman</b>                        | 7 Amount of contribution (\$)<br><b>500.00</b>                    |
| 6 Contributor address; City; State; Zip Code<br><b>1202 W Bitters<br/>San Antonio, TX 78216</b>    |  |   |
| 8 Principal occupation / Job title (See instructions)<br><b>Chairman</b>                           |  | 9 Employer (See instructions)<br><b>Hartman Family Foundation</b> |
| Date<br><b>5/20/2019</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Southwest Laborers District Council PAC</b> | Amount of contribution (\$)<br><b>250.00</b>                      |
| Contributor address; City; State; Zip Code<br><b>11720 East 12 St<br/>Tulsa , OK 74129</b>         |  |   |
| Principal occupation / Job title (See instructions)  |  | Employer (See instructions)                                       |
| Date<br><b>5/21/2019</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Patricia Stout</b>                          | Amount of contribution (\$)<br><b>200.00</b>                      |
| Contributor address; City; State; Zip Code<br><b>13406 Orchard Ridge<br/>San Antonio, TX 78231</b> |  |   |
| Principal occupation / Job title (See instructions)<br><b>CEO</b>                                  |  | Employer (See instructions)<br><b>Alamo Travel Group</b>          |
| Date<br><b>5/21/2019</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Jeff Franklin</b>                           | Amount of contribution (\$)<br><b>500.00</b>                      |
| Contributor address; City; State; Zip Code<br><b>3074 Centerville Rd<br/>Herndon, VA 20171</b>     |  |   |
| Principal occupation / Job title (See instructions)<br><b>Ops Manager</b>                          |  | Employer (See instructions)<br><b>Westway Services</b>            |

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

|   |  |  |
|---|--|--|
| The Instruction Guide explains how to complete this form.   |  | 1 Total pages Schedule A1:<br><b>21 of 28</b>                |
| 2 FILER NAME<br><b>Melissa Cabello Havrda</b>   |  | 3 Filer ID (Ethics Commission Filers)                        |
| 4 Date<br><b>5/21/2019</b>  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Queta Rodriguez</b> | 7 Amount of contribution (\$) <b>50.00</b>                   |
| 6 Contributor address; City; State; Zip Code<br><b>418 Rosa Verde<br/>San Antonio, TX 78207</b>     |  |  |
| 8 Principal occupation / Job title (See instructions)<br><b>Program Director</b>                    |  | 9 Employer (See instructions)<br><b>Four Block Inc</b>       |
| Date<br><b>5/21/2019</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Judy Trevino</b>      | Amount of contribution (\$) <b>50.00</b>                     |
| Contributor address; City; State; Zip Code<br><b>7307 Carriage Run<br/>San Antonio, TX 78249</b>    |  |  |
| Principal occupation / Job title (See instructions)<br><b>Administration</b>                        |  | Employer (See instructions)<br><b>Self</b>                   |
| Date<br><b>5/22/2019</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Katrink Hansen</b>    | Amount of contribution (\$) <b>50.00</b>                     |
| Contributor address; City; State; Zip Code<br><b>PO Box 769111<br/>San Antonio, TX 78245</b>        |  |  |
| Principal occupation / Job title (See instructions)<br><b>Retired</b>                               |  | Employer (See instructions)<br><b>Retired</b>                |
| Date<br><b>5/22/2019</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Charles Gonzalez</b>  | Amount of contribution (\$) <b>100.00</b>                    |
| Contributor address; City; State; Zip Code<br><b>206 E. Locust Street<br/>San Antonio, TX 78212</b> |  |  |
| Principal occupation / Job title (See instructions)<br><b>Attorney</b>                              |  | Employer (See instructions)<br><b>Ogletree Deakins, P.C.</b> |

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

|  |  |  |
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| The Instruction Guide explains how to complete this form.  |  | 1 Total pages Schedule A1:<br><b>22 of 28</b>                  |
| 2 FILER NAME<br><b>Melissa Cabello Havrda</b>  |  | 3 Filer ID (Ethics Commission Filers)                          |
| 4 Date<br><b>5/23/2019</b>   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Roberto Castaneda</b> | 7 Amount of contribution (\$)<br><b>25.00</b>                  |
| 6 Contributor address; City; State; Zip Code<br><b>7811 Bowen's Crossing<br/>San Antonio, TX 78250</b> |  |  |
| 8 Principal occupation / Job title (See instructions)<br><b>Counselor</b>                              |  | 9 Employer (See instructions)<br><b>Center for Health Care</b> |
| Date<br><b>5/23/2019</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Randy Cunningham</b>    | Amount of contribution (\$)<br><b>100.00</b>                   |
| Contributor address; City; State; Zip Code<br><b>7818 7818 Galaway Bay<br/>San Antonio, TX 78240</b>   |  |  |
| Principal occupation / Job title (See instructions)<br><b>Process Engineer</b>                         |  | Employer (See instructions)<br><b>USAA</b>                     |
| Date<br><b>5/23/2019</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Michael Beldon</b>      | Amount of contribution (\$)<br><b>500.00</b>                   |
| Contributor address; City; State; Zip Code<br><b>4 Westelm Cir<br/>San Antonio, TX 78230</b>           |  |  |
| Principal occupation / Job title (See instructions)<br><b>Executive</b>                                |  | Employer (See instructions)<br><b>Beldon</b>                   |
| Date<br><b>5/23/2019</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Chip Sugg</b>           | Amount of contribution (\$)<br><b>100.00</b>                   |
| Contributor address; City; State; Zip Code<br><b>2301 Broadway<br/>San Antonio, TX 78215</b>           |  |  |
| Principal occupation / Job title (See instructions)<br><b>Attorney</b>                                 |  | Employer (See instructions)<br><b>Clark Hill</b>               |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

|  |  |   |
|--|--|---|
| The Instruction Guide explains how to complete this form.  |  | 1 Total pages Schedule A1:<br><b>23 of 28</b>           |
| 2 FILER NAME<br><b>Melissa Cabello Havrda</b>  |  | 3 Filer ID (Ethics Commission Filers)                   |
| 4 Date<br><b>5/23/2019</b>   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Marisa Schmidt</b>          | 7 Amount of contribution (\$)<br><b>25.00</b>           |
| 6 Contributor address; City; State; Zip Code<br><b>8459 Timber Loche<br/>San Antonio, TX 78250</b>   |  |   |
| 8 Principal occupation / Job title (See instructions)<br><b>Scientist</b>                            |  | 9 Employer (See instructions)<br><b>KCI-Acelity</b>     |
| Date<br><b>5/23/2019</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Justin Rodriguez Campaign</b> | Amount of contribution (\$)<br><b>500.00</b>            |
| Contributor address; City; State; Zip Code<br><b>PO Box 100153<br/>San Antonio, TX 78201</b>         |  |   |
| Principal occupation / Job title (See instructions)  |  | Employer (See instructions)                             |
| Date<br><b>5/23/2019</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Mark Smith</b>                | Amount of contribution (\$)<br><b>500.00</b>            |
| Contributor address; City; State; Zip Code<br><b>10715 Gulfdale #100<br/>San Antonio, TX 78216</b>   |  |   |
| Principal occupation / Job title (See instructions)<br><b>Attorney</b>                               |  | Employer (See instructions)<br><b>Heard &amp; Smith</b> |
| Date<br><b>5/24/2019</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Manny Pelaez</b>              | Amount of contribution (\$)<br><b>250.00</b>            |
| Contributor address; City; State; Zip Code<br><b>3522 PAESANO PKY #301<br/>San Antonio, TX 78231</b> |  |   |
| Principal occupation / Job title (See instructions)<br><b>LAWYER</b>                                 |  | Employer (See instructions)<br><b>SELF</b>              |

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

|  |   |   |
|--|---|---|
| The Instruction Guide explains how to complete this form.  |   | 1 Total pages Schedule A1:<br><b>24 of 28</b>                       |
| 2 FILER NAME<br><b>Melissa Cabello Havrda</b>  |   | 3 Filer ID (Ethics Commission Filers)                               |
| 4 Date<br><b>5/24/2019</b>   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Pablo Escamilla</b>    | 7 Amount of contribution (\$)<br><b>500.00</b>                      |
| 6 Contributor address; City; State; Zip Code<br><b>700 N. St. Marys St. #850<br/>San Antonio, TX 78205</b> |   |   |
| 8 Principal occupation / Job title (See instructions)<br><b>Attorney</b>                                   |   | 9 Employer (See instructions)<br><b>Escamilla &amp; Poneck, LLP</b> |
| Date<br><b>5/25/2019</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Kimberly Jiménez</b>     | Amount of contribution (\$)<br><b>100.00</b>                        |
| Contributor address; City; State; Zip Code<br><b>7818 Galaway Bay<br/>San Antonio, TX 78240</b>            |   |   |
| Principal occupation / Job title (See instructions)<br><b>Project manager</b>                              |   | Employer (See instructions)<br><b>Haemonetics</b>                   |
| Date<br><b>5/25/2019</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Toni Marie Van Buren</b> | Amount of contribution (\$)<br><b>500.00</b>                        |
| Contributor address; City; State; Zip Code<br><b>115 Schreiner Place<br/>San Antonio, TX 78212</b>         |   |   |
| Principal occupation / Job title (See instructions)<br><b>Dev officer</b>                                  |   | Employer (See instructions)<br><b>UHS Foundation</b>                |
| Date<br><b>5/25/2019</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Leticia Hernandez</b>    | Amount of contribution (\$)<br><b>500.00</b>                        |
| Contributor address; City; State; Zip Code<br><b>903 SW 39th<br/>San Antonio, TX 79237</b>                 |   |   |
| Principal occupation / Job title (See instructions)<br><b>Office manager</b>                               |   | Employer (See instructions)<br><b>Flavors</b>                       |

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**25 of 28**

2 FILER NAME  
**Melissa Cabello Havrda**

3 Filer ID (Ethics Commission Filers)

4 Date  
**5/25/2019**

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**johnny hernandez**

7 Amount of contribution (\$)  
**500.00**

6 Contributor address; City; State; Zip Code  
**411 E Cevallos  
San Antonio, TX 78204**

8 Principal occupation / Job title (See instructions)  
**Chef**

9 Employer (See instructions)  
**Self**

Date  
**5/28/2019**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Don Harper**

Amount of contribution (\$)  
**100.00**

Contributor address; City; State; Zip Code  
**1604 Stokes Dr  
San Marcos, TX 78666**

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

Employer (See instructions)  
**Self**

Date  
**5/28/2019**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Mighty Oak Home LLC**

Amount of contribution (\$)  
**150.00**

Contributor address; City; State; Zip Code  
**16246 Ondara  
Helotes, TX 78023**

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date  
**5/28/2019**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Ann Denton Wells**

Amount of contribution (\$)  
**250.00**

Contributor address; City; State; Zip Code  
**106 Crescent St  
San Antonio, TX 78209**

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

Employer (See instructions)  
**Self Employed**

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

|  |   |  |
|--|---|--|
| The Instruction Guide explains how to complete this form.  |   | 1 Total pages Schedule A1:<br><b>26 of 28</b>                  |
| 2 FILER NAME<br><b>Melissa Cabello Havrda</b>  |   | 3 Filer ID (Ethics Commission Filers)                          |
| 4 Date<br><b>5/28/2019</b>   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Barbara Aguirre</b>    | 7 Amount of contribution (\$)<br><b>25.00</b>                  |
| 6 Contributor address; City; State; Zip Code<br><b>659 Aurora Ave<br/>San Antonio, TX 78228</b>          |   |  |
| 8 Principal occupation / Job title (See instructions)<br><b>Retired</b>                                  |   | 9 Employer (See instructions)<br><b>Retired</b>                |
| Date<br><b>5/28/2019</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Mary Elizabeth Heard</b> | Amount of contribution (\$)<br><b>50.00</b>                    |
| Contributor address; City; State; Zip Code<br><b>8700 Crownhill Blvd. #505<br/>San Antonio, TX 78209</b> |   |  |
| Principal occupation / Job title (See instructions)<br><b>Attorney</b>                                   |   | Employer (See instructions)<br><b>Heard Duncan &amp; Reyes</b> |
| Date<br><b>5/28/2019</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Mary Rose Brown</b>      | Amount of contribution (\$)<br><b>500.00</b>                   |
| Contributor address; City; State; Zip Code<br><b>48 Vineyard<br/>San Antonio, TX 78257</b>               |   |  |
| Principal occupation / Job title (See instructions)<br><b>Executive</b>                                  |   | Employer (See instructions)<br><b>NuStar</b>                   |
| Date<br><b>5/28/2019</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>William Greehey</b>      | Amount of contribution (\$)<br><b>500.00</b>                   |
| Contributor address; City; State; Zip Code<br><b>PO Box 780489<br/>San Antonio, TX 78278</b>             |   |  |
| Principal occupation / Job title (See instructions)<br><b>Chairman</b>                                   |   | Employer (See instructions)<br><b>NuStar</b>                   |

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

|  |   |  |
|--|---|--|
| The Instruction Guide explains how to complete this form.                                      |   | 1 Total pages Schedule A1:<br><b>27 of 28</b>  |
| 2 FILER NAME<br><b>Melissa Cabello Havrda</b>  |   | 3 Filer ID (Ethics Commission Filers)          |
| 4 Date<br><b>5/28/2019</b>   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>NuStar PAC</b>     | 7 Amount of contribution (\$)<br><b>500.00</b> |
| 6 Contributor address; City; State; Zip Code<br><b>PO Box 781609<br/>San Antonio, TX 78278</b> |   |  |
| 8 Principal occupation / Job title (See instructions)  |   | 9 Employer (See instructions)                  |
| <b>Deputy Community Engagement Director</b>  |   | <b>State of Colorado</b>                       |
| Date<br><b>5/28/2019</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Analysse Escobar</b> | Amount of contribution (\$)<br><b>25.00</b>    |
| Contributor address; City; State; Zip Code<br><b>16122 Caballo Run<br/>Selma, TX 78154</b>     |   |  |
| Principal occupation / Job title (See instructions)  |   | Employer (See instructions)                    |
| <b>Contractor</b>  |   | <b>Tejas Premier Building Contractor</b>       |
| Date<br><b>5/28/2019</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Julissa Carielo</b>  | Amount of contribution (\$)<br><b>250.00</b>   |
| Contributor address; City; State; Zip Code<br><b>211 Honeysuckle<br/>san antonio, TX 78213</b> |   |  |
| Principal occupation / Job title (See instructions)  |   | Employer (See instructions)                    |
| <b>Contractor</b>  |   | <b>Tejas Premier Building Contractor</b>       |
| Date<br><b>5/28/2019</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Fernando Reyes</b>   | Amount of contribution (\$)<br><b>500.00</b>   |
| Contributor address; City; State; Zip Code<br><b>2 Davenport Ln<br/>San Antonio, TX 78257</b>  |   |  |
| Principal occupation / Job title (See instructions)  |   | Employer (See instructions)                    |
| <b>Self</b>  |   | <b>Self</b>                                    |

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:  
**28 of 28**

2 FILER NAME  
**Melissa Cabello Havrda** 3 Filer ID (Ethics Commission Filers)

|                            |   |  |
|----------------------------|---|--|
| 4 Date<br><b>5/28/2019</b> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>AFSCME PAC</b> | 7 Amount of contribution (\$)<br><b>500.00</b> |
|                            | 6 Contributor address; City; State; Zip Code<br><b>1625 L Street NW<br/>Washington, DC 20036</b>      |  |

|   |                               |
|---|-------------------------------|
| 8 Principal occupation / Job title (See instructions) | 9 Employer (See instructions) |
|---|-------------------------------|

|                          |  |  |
|--------------------------|--|--|
| Date<br><b>5/28/2019</b> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Thomas Mays</b> | Amount of contribution (\$)<br><b>250.00</b> |
|                          | Contributor address; City; State; Zip Code<br><b>102 9th St<br/>San Antonio, TX 78215</b>            |  |

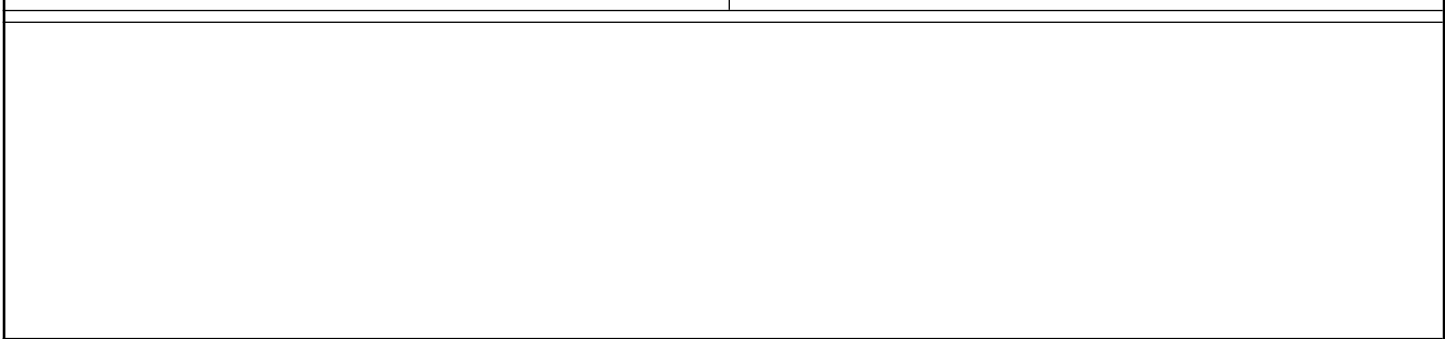
|  |   |
|--|---|
| Principal occupation / Job title (See instructions)<br><b>Attorney</b> | Employer (See instructions)<br><b>Phipps Deacon Purnell</b> |
|--|---|

|                          |   |  |
|--------------------------|---|--|
| Date<br><b>5/28/2019</b> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Valero PAC</b> | Amount of contribution (\$)<br><b>500.00</b> |
|                          | Contributor address; City; State; Zip Code<br><b>PO Box 696000<br/>San Antonio, TX 78269</b>        |  |

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

|      |  |                             |
|------|--|-----------------------------|
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) | Amount of contribution (\$) |
|      | Contributor address; City; State; Zip Code                                     |                             |

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



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

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

|   |  |   |
|---|--|---|
| The Instruction Guide explains how to complete this form.                   |  | 1 Total pages Schedule A2:<br><b>1 of 1</b>   |
| 2 FILER NAME<br><b>Melissa Cabello Havrda</b>                               |  | 3 Filer ID (Ethics Commission Filers)   |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS                       |  | <b>\$ 0</b>   |
| 5 Date  | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><br>7 Contributor address; . . . . . City; State; Zip Code | 8 Amount of Contribution \$ . . . . .<br>9 In-kind contribution description . . . . .<br><br><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)   |  | 11 Employer (FOR NON-JUDICIAL) (See instructions)   |
| 12 Contributor's principal occupation (FOR JUDICIAL)                        |  | 13 Contributor's job title (FOR JUDICIAL) (See instructions)  |
| 14 Contributor's employer/law firm (FOR JUDICIAL)                           |  | 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)   |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) |  |   |
| Date  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><br>Contributor address; . . . . . City; State; Zip Code     | Amount of Contribution \$ . . . . .<br>In-kind contribution description . . . . .<br><br><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)    |  |   |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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



# PLEGGED CONTRIBUTIONS

# SCHEDULE B

|   |  |   |
|---|--|---|
| The Instruction Guide explains how to complete this form. |  | 1 Total pages Schedule B:<br><b>1 of 1</b>  |
| 2 FILER NAME<br><b>Melissa Cabello Havrda</b>             |  | 3 Filer ID (Ethics Commission Filers)   |
| 4 TOTAL OF UNITEMIZED PLEDGES                             |  | <b>\$ 0</b>   |
| 5 Date  | 6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><br>7 Pledgor address; City; State; Zip Code | 8 Amount of Pledge \$<br>9 In-kind contribution description<br><br><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T |
| 10 Principal occupation / Job title (See instructions)    |  | 11 Employer (See instructions)  |
| Date  | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><br>Pledgor address; City; State; Zip Code     | Amount of Pledge \$<br>In-kind contribution description<br><br><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T     |
| Principal occupation / Job title (See instructions)       |  | Employer (See instructions)   |
| Date  | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><br>Pledgor address; City; State; Zip Code     | Amount of Pledge \$<br>In-kind contribution description<br><br><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T     |
| Principal occupation / Job title (See instructions)       |  | Employer (See instructions)   |
| Date  | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><br>Pledgor address; City; State; Zip Code     | Amount of Pledge \$<br>In-kind contribution description<br><br><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T     |
| Principal occupation / Job title (See instructions)       |  | Employer (See instructions)   |

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# LOANS

# SCHEDULE E

|  |   |   |
|--|---|---|
| <b>The Instruction Guide explains how to complete this form.</b>               |   | <b>1</b> Total pages Schedule E:<br><b>1 of 1</b>   |
| <b>2</b> FILER NAME<br><b>Melissa Cabello Havrda</b>                           |   | <b>3</b> Filer ID (Ethics Commission Filers)  |
| <b>4</b> TOTAL OF UNITEMIZED LOANS   |   | <b>\$ 0</b>   |
| <b>5</b> Date of loan  | <b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) | <b>9</b> Loan Amount (\$)   |
| <b>6</b> Is lender a financial institution?                                    | <b>8</b> Lender address; . . . . . City; State; Zip Code                      | <b>10</b> Interest rate   |
|  |   | <b>11</b> Maturity date   |
| <b>12</b> Principal occupation / Job title (See instructions)                  |   | <b>13</b> Employer (See instructions)   |
| <b>14</b> Description of Collateral<br><input type="checkbox"/> none           |   | <b>15</b> <input type="checkbox"/> Check if personal funds were deposited into political account (See instructions) |
| <b>16</b> GUARANTOR INFORMATION<br><br><input type="checkbox"/> not applicable | <b>17</b> Name of guarantor   | <b>19</b> Amount Guaranteed (\$)  |
|  | <b>18</b> Guarantor address; . . . . . City; State; Zip Code                  |   |
| <b>20</b> Principal occupation (See instructions)                              |   | <b>21</b> Employer (See instructions)   |
| Date of loan   | Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____)          | Loan Amount (\$)  |
| Is lender a financial institution?   | Lender address; . . . . . City; State; Zip Code                               | Interest rate   |
|  |   | Maturity date   |
| Principal occupation / Job title (See instructions)                            |   | Employer (See instructions)   |
| Description of Collateral<br><input type="checkbox"/> none                     |   | <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)           |
| GUARANTOR INFORMATION<br><br><input type="checkbox"/> not applicable           | Name of guarantor   | Amount Guaranteed (\$)  |
|  | Guarantor address; . . . . . City; State; Zip Code                            |   |
| Principal occupation (See instructions)  |   | Employer (See instructions)   |

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

|   |                                |                                |  |
|---|--------------------------------|--------------------------------|--|
| Accounting/Banking  | Event Expense                  | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Advertising Expense   | Fees                           | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense          | Polling Expense                | Travel in District                         |
| Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | Gifts/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment   | Legal Services                 | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F1:<br><b>1 of 12</b> | <b>2</b> FILER NAME<br><b>Melissa Cabello Havrda</b> | <b>3</b> Filer ID (Ethics Commission Filers) |
|---|--|--|

|                                   |   |
|-----------------------------------|---|
| <b>4</b> Date<br><b>4/26/2019</b> | <b>5</b> Payee name<br><b>Alamo Mailing</b> |
|-----------------------------------|---|

|  |   |
|--|---|
| <b>6</b> Amount (\$)<br><b>2888.89</b> | <b>7</b> Payee address; City; State; Zip Code<br><b>13114 Lookout Run<br/>San Antonio, TX 78233</b> |
|--|---|

|   |   |   |
|---|---|---|
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b> | <b>(a) Category</b> (See categories listed at the top of this schedule)<br><b>Advertising Expense</b> | <b>(b) Description</b><br><b>Mailers</b><br><br><input type="checkbox"/> Check if travel outside of Texas, complete schedule T<br><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 |
|---|-------------------------------|---------------|-------------|

|                          |                                       |
|--------------------------|---------------------------------------|
| Date<br><b>4/30/2019</b> | Payee name<br><b>Fidencio Esparza</b> |
|--------------------------|---------------------------------------|

|                              |  |
|------------------------------|--|
| Amount (\$)<br><b>510.00</b> | Payee address; City; State; Zip Code<br><b>PO Box 769677<br/>San Antonio, TX 78245</b> |
|------------------------------|--|

|                               |   |   |
|-------------------------------|---|---|
| <b>PURPOSE OF EXPENDITURE</b> | <b>Category</b> (See categories listed at the top of this schedule)<br><b>Salaries/Wages/Contract Labor</b> | <b>Description</b><br><b>Block walking</b><br><br><input type="checkbox"/> Check if travel outside of Texas, complete schedule T<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|-------------------------------|---|---|

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

|                          |                                     |
|--------------------------|-------------------------------------|
| Date<br><b>4/30/2019</b> | Payee name<br><b>Rosalba Chavez</b> |
|--------------------------|-------------------------------------|

|                              |  |
|------------------------------|--|
| Amount (\$)<br><b>510.00</b> | Payee address; City; State; Zip Code<br><b>PO Box 769677<br/>San Antonio, TX 78245</b> |
|------------------------------|--|

|                               |   |   |
|-------------------------------|---|---|
| <b>PURPOSE OF EXPENDITURE</b> | <b>Category</b> (See categories listed at the top of this schedule)<br><b>Salaries/Wages/Contract Labor</b> | <b>Description</b><br><b>Block walking</b><br><br><input type="checkbox"/> Check if travel outside of Texas, complete schedule T<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|-------------------------------|---|---|

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

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

|   |                                |                                |  |
|---|--------------------------------|--------------------------------|--|
| Accounting/Banking  | Event Expense                  | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Advertising Expense   | Fees                           | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense          | Polling Expense                | Travel in District                         |
| Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | Gifts/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment   | Legal Services                 | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form

|   |   |  |
|---|---|--|
| <b>1</b> Total pages Schedule F1:<br><b>2 of 12</b>                 | <b>2</b> FILER NAME<br><b>Melissa Cabello Havrda</b>  | <b>3</b> Filer ID (Ethics Commission Filers)   |
| <b>4</b> Date<br><b>4/30/2019</b>                                   | <b>5</b> Payee name<br><b>Michelle Kendall</b>  |  |
| <b>6</b> Amount (\$)<br><b>510.00</b>                               | <b>7</b> Payee address; City; State; Zip Code<br><b>PO Box 769677<br/>San Antonio, TX 78245</b>   |  |
| <b>PURPOSE OF EXPENDITURE</b>                                       | <b>(a)</b> Category (See categories listed at the top of this schedule)<br><b>Salaries/Wages/Contract Labor</b>   | <b>(b)</b> Description<br><b>Block walking</b> |
|   | <input type="checkbox"/> Check if travel outside of Texas, complete schedule T<br><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                                    |

|  |   |                                    |
|--|---|------------------------------------|
| Date<br><b>4/30/2019</b>                                   | Payee name<br><b>Broadway Bank</b>  |                                    |
| Amount (\$)<br><b>7.00</b>                                 | Payee address; City; State; Zip Code<br><b>1177 NE 410<br/>San Antonio, TX 78209</b>  |                                    |
| <b>PURPOSE OF EXPENDITURE</b>                              | Category (See categories listed at the top of this schedule)<br><b>Fees</b>   | Description<br><b>Banking fees</b> |
|  | <input type="checkbox"/> Check if travel outside of Texas, complete schedule T<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                    |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH |   |                                    |
| Candidate / Officeholder name                              | Office sought   | Office held                        |

|  |   |                                     |
|--|---|-------------------------------------|
| Date<br><b>4/30/2019</b>                                   | Payee name<br><b>Grace Kendall</b>  |                                     |
| Amount (\$)<br><b>510.00</b>                               | Payee address; City; State; Zip Code<br><b>PO Box 769677<br/>San Antonio, TX 78245</b>  |                                     |
| <b>PURPOSE OF EXPENDITURE</b>                              | Category (See categories listed at the top of this schedule)<br><b>Salaries/Wages/Contract Labor</b>  | Description<br><b>Block walking</b> |
|  | <input type="checkbox"/> Check if travel outside of Texas, complete schedule T<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                     |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH |   |                                     |
| Candidate / Officeholder name                              | Office sought   | Office held                         |

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

|   |                                |                                |  |
|---|--------------------------------|--------------------------------|--|
| Accounting/Banking  | Event Expense                  | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Advertising Expense   | Fees                           | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense          | Polling Expense                | Travel in District                         |
| Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | Gifts/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment   | Legal Services                 | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form

|   |   |  |
|---|---|--|
| <b>1</b> Total pages Schedule F1:<br><b>3 of 12</b>                 | <b>2</b> FILER NAME<br><b>Melissa Cabello Havrda</b>  | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> Date<br><b>5/1/2019</b>                                    | <b>5</b> Payee name<br><b>Alamo Mailing</b>   |  |
| <b>6</b> Amount (\$)<br><b>5348.42</b>                              | <b>7</b> Payee address; City; State; Zip Code<br><b>13114 Lookout Run<br/>San Antonio, TX 78233</b>   |  |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b>                           | <b>(a)</b> Category (See categories listed at the top of this schedule)<br><b>Advertising Expense</b>   | <b>(b)</b> Description<br><b>Mailers</b>     |
|   | <input type="checkbox"/> Check if travel outside of Texas, complete schedule T<br><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                                  |

|  |   |                                     |
|--|---|-------------------------------------|
| Date<br><b>5/6/2019</b>                                    | Payee name<br><b>Fidencio Esparza</b>   |                                     |
| Amount (\$)<br><b>685.00</b>                               | Payee address; City; State; Zip Code<br><b>PO Box 769677<br/>San Antonio, TX 78245</b>  |                                     |
| <b>PURPOSE OF EXPENDITURE</b>                              | Category (See categories listed at the top of this schedule)<br><b>Salaries/Wages/Contract Labor</b>  | Description<br><b>Block walking</b> |
|  | <input type="checkbox"/> Check if travel outside of Texas, complete schedule T<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                     |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH |   |                                     |
| Candidate / Officeholder name                              |   | Office sought                       |
|  |   | Office held                         |

|  |   |                                |
|--|---|--------------------------------|
| Date<br><b>5/6/2019</b>                                    | Payee name<br><b>NGP VAN</b>  |                                |
| Amount (\$)<br><b>50.00</b>                                | Payee address; City; State; Zip Code<br><b>1445 New York Ave<br/>Washington, DC 20005</b>   |                                |
| <b>PURPOSE OF EXPENDITURE</b>                              | Category (See categories listed at the top of this schedule)<br><b>Office Overhead/Rental Expense</b>   | Description<br><b>Database</b> |
|  | <input type="checkbox"/> Check if travel outside of Texas, complete schedule T<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH |   |                                |
| Candidate / Officeholder name                              |   | Office sought                  |
|  |   | Office held                    |

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

|  |                                |                                |  |
|--|--------------------------------|--------------------------------|--|
| Accounting/Banking                         | Event Expense                  | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Advertising Expense                        | Fees                           | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense          | Polling Expense                | Travel in District                         |
| Contributions/Donations Made By            | Gifts/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                 | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                                |                                |  |

The Instruction Guide explains how to complete this form

|   |   |  |
|---|---|--|
| <b>1</b> Total pages Schedule F1:<br><b>4 of 12</b>                 | <b>2</b> FILER NAME<br><b>Melissa Cabello Havrda</b>  | <b>3</b> Filer ID (Ethics Commission Filers)   |
| <b>4</b> Date<br><b>5/6/2019</b>                                    | <b>5</b> Payee name<br><b>Grace Kendall</b>   |  |
| <b>6</b> Amount (\$)<br><b>685.00</b>                               | <b>7</b> Payee address; City; State; Zip Code<br><b>PO Box 769677<br/>San Antonio, TX 78245</b>   |  |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b>                           | <b>(a)</b> Category (See categories listed at the top of this schedule)<br><b>Salaries/Wages/Contract Labor</b>   | <b>(b)</b> Description<br><b>Block walking</b> |
|   | <input type="checkbox"/> Check if travel outside of Texas, complete schedule T<br><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                 |

|  |   |                                     |
|--|---|-------------------------------------|
| Date<br><b>5/6/2019</b>                                    | Payee name<br><b>Michelle Kendall</b>   |                                     |
| Amount (\$)<br><b>685.00</b>                               | Payee address; City; State; Zip Code<br><b>PO Box 769677<br/>San Antonio, TX 78245</b>  |                                     |
| <b>PURPOSE OF EXPENDITURE</b>                              | Category (See categories listed at the top of this schedule)<br><b>Salaries/Wages/Contract Labor</b>  | Description<br><b>Block walking</b> |
|  | <input type="checkbox"/> Check if travel outside of Texas, complete schedule T<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                     |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH |   |                                     |
|  | Candidate / Officeholder name   | Office sought      Office held      |

|  |   |                                     |
|--|---|-------------------------------------|
| Date<br><b>5/6/2019</b>                                    | Payee name<br><b>Rosalba Chavez</b>   |                                     |
| Amount (\$)<br><b>685.00</b>                               | Payee address; City; State; Zip Code<br><b>PO Box 769677<br/>San Antonio, TX 78245</b>  |                                     |
| <b>PURPOSE OF EXPENDITURE</b>                              | Category (See categories listed at the top of this schedule)<br><b>Salaries/Wages/Contract Labor</b>  | Description<br><b>Block walking</b> |
|  | <input type="checkbox"/> Check if travel outside of Texas, complete schedule T<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                     |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH |   |                                     |
|  | Candidate / Officeholder name   | Office sought      Office held      |

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

|   |                                |                                |  |
|---|--------------------------------|--------------------------------|--|
| Accounting/Banking  | Event Expense                  | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Advertising Expense   | Fees                           | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense          | Polling Expense                | Travel in District                         |
| Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | Gifts/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment   | Legal Services                 | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form

|   |   |   |
|---|---|---|
| <b>1</b> Total pages Schedule F1:<br><b>5 of 12</b>                 | <b>2</b> FILER NAME<br><b>Melissa Cabello Havrda</b>  | <b>3</b> Filer ID (Ethics Commission Filers)    |
| <b>4</b> Date<br><b>5/7/2019</b>                                    | <b>5</b> Payee name<br><b>Caprice Taylor Design</b>   |   |
| <b>6</b> Amount (\$)<br><b>1000.00</b>                              | <b>7</b> Payee address; City; State; Zip Code<br><b>31172 Oakview Rd<br/>Bulverde, TX 78163</b>   |   |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b>                           | <b>(a)</b> Category (See categories listed at the top of this schedule)<br><b>Advertising Expense</b>   | <b>(b)</b> Description<br><b>Graphic Design</b> |
|   | <input type="checkbox"/> Check if travel outside of Texas, complete schedule T<br><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                                     |

|  |   |  |
|--|---|--|
| Date<br><b>5/8/2019</b>                                    | Payee name<br><b>Jennifer Longoria</b>  |  |
| Amount (\$)<br><b>1500.00</b>                              | Payee address; City; State; Zip Code<br><b>PO Box 769677<br/>San Antonio, TX 78245</b>  |  |
| <b>PURPOSE OF EXPENDITURE</b>                              | Category (See categories listed at the top of this schedule)<br><b>Consulting Expense</b>   | Description<br><b>Field consulting</b> |
|  | <input type="checkbox"/> Check if travel outside of Texas, complete schedule T<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH |   |  |
| Candidate / Officeholder name                              | Office sought   | Office held                            |

|  |   |                                |
|--|---|--------------------------------|
| Date<br><b>5/9/2019</b>                                    | Payee name<br><b>NGP VAN</b>  |                                |
| Amount (\$)<br><b>25.00</b>                                | Payee address; City; State; Zip Code<br><b>1445 New York Ave<br/>Washington, DC 20005</b>   |                                |
| <b>PURPOSE OF EXPENDITURE</b>                              | Category (See categories listed at the top of this schedule)<br><b>Office Overhead/Rental Expense</b>   | Description<br><b>Database</b> |
|  | <input type="checkbox"/> Check if travel outside of Texas, complete schedule T<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH |   |                                |
| Candidate / Officeholder name                              | Office sought   | Office held                    |

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

|   |                                |                                |  |
|---|--------------------------------|--------------------------------|--|
| Accounting/Banking  | Event Expense                  | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Advertising Expense   | Fees                           | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense          | Polling Expense                | Travel in District                         |
| Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | Gifts/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment   | Legal Services                 | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form

|   |   |  |
|---|---|--|
| <b>1</b> Total pages Schedule F1:<br><b>6 of 12</b>                 | <b>2</b> FILER NAME<br><b>Melissa Cabello Havrda</b>  | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> Date<br><b>5/9/2019</b>                                    | <b>5</b> Payee name<br><b>Iriz Images</b>   |  |
| <b>6</b> Amount (\$)<br><b>250.00</b>                               | <b>7</b> Payee address; City; State; Zip Code<br><b>1645 Onieda Dr<br/>San Antonio, TX 78230</b>  |  |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b>                           | <b>(a)</b> Category (See categories listed at the top of this schedule)<br><b>Event Expense</b>   | <b>(b)</b> Description<br><b>Photography</b> |
|   | <input type="checkbox"/> Check if travel outside of Texas, complete schedule T<br><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                                  |

|  |   |                                |
|--|---|--------------------------------|
| Date<br><b>5/11/2019</b>                                   | Payee name<br><b>ESP Action Wear</b>  |                                |
| Amount (\$)<br><b>436.46</b>                               | Payee address; City; State; Zip Code<br><b>PO Box 15674<br/>San Antonio, TX 78212</b>   |                                |
| <b>PURPOSE OF EXPENDITURE</b>                              | Category (See categories listed at the top of this schedule)<br><b>Printing Expense</b>   | Description<br><b>T-shirts</b> |
|  | <input type="checkbox"/> Check if travel outside of Texas, complete schedule T<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH |   |                                |
| Candidate / Officeholder name                              | Office sought   | Office held                    |

|  |   |                                     |
|--|---|-------------------------------------|
| Date<br><b>5/13/2019</b>                                   | Payee name<br><b>Rosalba Chavez</b>   |                                     |
| Amount (\$)<br><b>95.00</b>                                | Payee address; City; State; Zip Code<br><b>PO Box 769677<br/>San Antonio, TX 78245</b>  |                                     |
| <b>PURPOSE OF EXPENDITURE</b>                              | Category (See categories listed at the top of this schedule)<br><b>Salaries/Wages/Contract Labor</b>  | Description<br><b>Block walking</b> |
|  | <input type="checkbox"/> Check if travel outside of Texas, complete schedule T<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                     |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH |   |                                     |
| Candidate / Officeholder name                              | Office sought   | Office held                         |

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

|   |                                |                                |  |
|---|--------------------------------|--------------------------------|--|
| Accounting/Banking  | Event Expense                  | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Advertising Expense   | Fees                           | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense          | Polling Expense                | Travel in District                         |
| Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | Gifts/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment   | Legal Services                 | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form

|   |   |  |
|---|---|--|
| <b>1</b> Total pages Schedule F1:<br><b>7 of 12</b>                 | <b>2</b> FILER NAME<br><b>Melissa Cabello Havrda</b>  | <b>3</b> Filer ID (Ethics Commission Filers)   |
| <b>4</b> Date<br><b>5/13/2019</b>                                   | <b>5</b> Payee name<br><b>Fidencio Esparza</b>  |  |
| <b>6</b> Amount (\$)<br><b>95.00</b>                                | <b>7</b> Payee address; City; State; Zip Code<br><b>PO Box 769677<br/>San Antonio, TX 78245</b>   |  |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b>                           | <b>(a)</b> Category (See categories listed at the top of this schedule)<br><b>Salaries/Wages/Contract Labor</b>   | <b>(b)</b> Description<br><b>Block walking</b> |
|   | <input type="checkbox"/> Check if travel outside of Texas, complete schedule T<br><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                                    |

|  |   |                                     |             |
|--|---|-------------------------------------|-------------|
| Date<br><b>5/13/2019</b>                                   | Payee name<br><b>Michelle Kendall</b>   |                                     |             |
| Amount (\$)<br><b>468.75</b>                               | Payee address; City; State; Zip Code<br><b>PO Box 769677<br/>San Antonio, TX 78245</b>  |                                     |             |
| <b>PURPOSE OF EXPENDITURE</b>                              | Category (See categories listed at the top of this schedule)<br><b>Salaries/Wages/Contract Labor</b>  | Description<br><b>Block walking</b> |             |
|  | <input type="checkbox"/> Check if travel outside of Texas, complete schedule T<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                     |             |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH |   |                                     |             |
| Candidate / Officeholder name                              |   | Office sought                       | Office held |

|  |   |                                     |             |
|--|---|-------------------------------------|-------------|
| Date<br><b>5/16/2019</b>                                   | Payee name<br><b>Rosalba Chavez</b>   |                                     |             |
| Amount (\$)<br><b>440.00</b>                               | Payee address; City; State; Zip Code<br><b>PO Box 769677<br/>San Antonio, TX 78245</b>  |                                     |             |
| <b>PURPOSE OF EXPENDITURE</b>                              | Category (See categories listed at the top of this schedule)<br><b>Salaries/Wages/Contract Labor</b>  | Description<br><b>Block walking</b> |             |
|  | <input type="checkbox"/> Check if travel outside of Texas, complete schedule T<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                     |             |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH |   |                                     |             |
| Candidate / Officeholder name                              |   | Office sought                       | Office held |

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

|   |                                |                                |  |
|---|--------------------------------|--------------------------------|--|
| Accounting/Banking  | Event Expense                  | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Advertising Expense   | Fees                           | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense          | Polling Expense                | Travel in District                         |
| Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | Gifts/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment   | Legal Services                 | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form

|   |   |  |
|---|---|--|
| <b>1</b> Total pages Schedule F1:<br><b>8 of 12</b>                 | <b>2</b> FILER NAME<br><b>Melissa Cabello Havrda</b>  | <b>3</b> Filer ID (Ethics Commission Filers)   |
| <b>4</b> Date<br><b>5/17/2019</b>                                   | <b>5</b> Payee name<br><b>Michelle Kendall</b>  |  |
| <b>6</b> Amount (\$)<br><b>375.00</b>                               | <b>7</b> Payee address; City; State; Zip Code<br><b>PO Box 769677<br/>San Antonio, TX 78245</b>   |  |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b>                           | <b>(a)</b> Category (See categories listed at the top of this schedule)<br><b>Salaries/Wages/Contract Labor</b>   | <b>(b)</b> Description<br><b>Block walking</b> |
|   | <input type="checkbox"/> Check if travel outside of Texas, complete schedule T<br><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                                    |

|  |   |                              |
|--|---|------------------------------|
| Date<br><b>5/17/2019</b>                                   | Payee name<br><b>Alamo Mailing</b>  |                              |
| Amount (\$)<br><b>1143.74</b>                              | Payee address; City; State; Zip Code<br><b>13114 Lookout Run<br/>San Antonio, TX 78233</b>  |                              |
| <b>PURPOSE OF EXPENDITURE</b>                              | Category (See categories listed at the top of this schedule)<br><b>Advertising Expense</b>  | Description<br><b>Mailer</b> |
|  | <input type="checkbox"/> Check if travel outside of Texas, complete schedule T<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |                              |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH |   |                              |
| Candidate / Officeholder name                              |   | Office sought                |
|  |   | Office held                  |

|  |   |                                     |
|--|---|-------------------------------------|
| Date<br><b>5/17/2019</b>                                   | Payee name<br><b>Fidencio Esparza</b>   |                                     |
| Amount (\$)<br><b>425.00</b>                               | Payee address; City; State; Zip Code<br><b>PO Box 769677<br/>San Antonio, TX 78245</b>  |                                     |
| <b>PURPOSE OF EXPENDITURE</b>                              | Category (See categories listed at the top of this schedule)<br><b>Salaries/Wages/Contract Labor</b>  | Description<br><b>Block walking</b> |
|  | <input type="checkbox"/> Check if travel outside of Texas, complete schedule T<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                     |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH |   |                                     |
| Candidate / Officeholder name                              |   | Office sought                       |
|  |   | Office held                         |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

|   |                                |                                |  |
|---|--------------------------------|--------------------------------|--|
| Accounting/Banking  | Event Expense                  | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Advertising Expense   | Fees                           | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense          | Polling Expense                | Travel in District                         |
| Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | Gifts/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment   | Legal Services                 | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form

|   |   |  |
|---|---|--|
| <b>1</b> Total pages Schedule F1:<br><b>9 of 12</b>                 | <b>2</b> FILER NAME<br><b>Melissa Cabello Havrda</b>  | <b>3</b> Filer ID (Ethics Commission Filers)   |
| <b>4</b> Date<br><b>5/18/2019</b>                                   | <b>5</b> Payee name<br><b>Andrew Melghem</b>  |  |
| <b>6</b> Amount (\$)<br><b>100.00</b>                               | <b>7</b> Payee address; City; State; Zip Code<br><b>PO Box 76977<br/>San Antonio, TX 78245</b>  |  |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b>                           | <b>(a)</b> Category (See categories listed at the top of this schedule)<br><b>Salaries/Wages/Contract Labor</b>   | <b>(b)</b> Description<br><b>Block walking</b> |
|   | <input type="checkbox"/> Check if travel outside of Texas, complete schedule T<br><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                                    |

|  |   |                                     |
|--|---|-------------------------------------|
| Date<br><b>5/18/2019</b>                                   | Payee name<br><b>Erick De Luna</b>  |                                     |
| Amount (\$)<br><b>412.50</b>                               | Payee address; City; State; Zip Code<br><b>PO Box 769677<br/>San Antonio, TX 78245</b>  |                                     |
| <b>PURPOSE OF EXPENDITURE</b>                              | Category (See categories listed at the top of this schedule)<br><b>Salaries/Wages/Contract Labor</b>  | Description<br><b>Block walking</b> |
|  | <input type="checkbox"/> Check if travel outside of Texas, complete schedule T<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                     |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH |   |                                     |
| Candidate / Officeholder name                              |   | Office sought                       |
|  |   | Office held                         |

|  |   |                                |
|--|---|--------------------------------|
| Date<br><b>5/20/2019</b>                                   | Payee name<br><b>TDP</b>  |                                |
| Amount (\$)<br><b>460.00</b>                               | Payee address; City; State; Zip Code<br><b>1106 Lavaca<br/>Austin, TX 78701</b>   |                                |
| <b>PURPOSE OF EXPENDITURE</b>                              | Category (See categories listed at the top of this schedule)<br><b>Office Overhead/Rental Expense</b>   | Description<br><b>Database</b> |
|  | <input type="checkbox"/> Check if travel outside of Texas, complete schedule T<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH |   |                                |
| Candidate / Officeholder name                              |   | Office sought                  |
|  |   | Office held                    |

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

|   |                                |                                |  |
|---|--------------------------------|--------------------------------|--|
| Accounting/Banking  | Event Expense                  | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Advertising Expense   | Fees                           | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense          | Polling Expense                | Travel in District                         |
| Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | Gifts/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment   | Legal Services                 | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form

|   |   |   |
|---|---|---|
| <b>1</b> Total pages Schedule F1:<br><b>10 of 12</b>                | <b>2</b> FILER NAME<br><b>Melissa Cabello Havrda</b>  | <b>3</b> Filer ID (Ethics Commission Filers)  |
| <b>4</b> Date<br><b>5/23/2019</b>                                   | <b>5</b> Payee name<br><b>Alamo Mailing</b>   |   |
| <b>6</b> Amount (\$)<br><b>2246.13</b>                              | <b>7</b> Payee address; City; State; Zip Code<br><b>13114 Lookout Run<br/>San Antonio, TX 78233</b>   |   |
| <b>PURPOSE OF EXPENDITURE</b>                                       | <b>(a)</b> Category (See categories listed at the top of this schedule)<br><b>Advertising Expense</b> | <b>(b)</b> Description<br><b>Mailers</b>  |
|   |   | <input type="checkbox"/> Check if travel outside of Texas, complete schedule T<br><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   |

|  |   |   |
|--|---|---|
| Date<br><b>5/23/2019</b>                                   | Payee name<br><b>Prestige Printing</b>  |   |
| Amount (\$)<br><b>608.38</b>                               | Payee address; City; State; Zip Code<br><b>8 Burwood Ln<br/>San Antonio, TX 78212</b>   |   |
| <b>PURPOSE OF EXPENDITURE</b>                              | Category (See categories listed at the top of this schedule)<br><b>Printing Expense</b> | Description<br><b>Pushcards</b>   |
|  |   | <input type="checkbox"/> Check if travel outside of Texas, complete schedule T<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH |   |   |
| Candidate / Officeholder name                              | Office sought   | Office held   |

|  |  |   |
|--|--|---|
| Date<br><b>5/23/2019</b>                                   | Payee name<br><b>Capparellis on Main</b>   |   |
| Amount (\$)<br><b>50.84</b>                                | Payee address; City; State; Zip Code<br><b>1243 Main<br/>San Antonio, TX 78212</b>           |   |
| <b>PURPOSE OF EXPENDITURE</b>                              | Category (See categories listed at the top of this schedule)<br><b>Food/Beverage Expense</b> | Description<br><b>Staff lunch</b>   |
|  |  | <input type="checkbox"/> Check if travel outside of Texas, complete schedule T<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH |  |   |
| Candidate / Officeholder name                              | Office sought  | Office held   |

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

|   |                                |                                |  |
|---|--------------------------------|--------------------------------|--|
| Accounting/Banking  | Event Expense                  | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Advertising Expense   | Fees                           | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense          | Polling Expense                | Travel in District                         |
| Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | Gifts/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment   | Legal Services                 | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form

|   |   |  |
|---|---|--|
| <b>1</b> Total pages Schedule F1:<br><b>11 of 12</b>                | <b>2</b> FILER NAME<br><b>Melissa Cabello Havrda</b>  | <b>3</b> Filer ID (Ethics Commission Filers)                 |
| <b>4</b> Date<br><b>5/24/2019</b>                                   | <b>5</b> Payee name<br><b>Stripe Payment Systems</b>  |  |
| <b>6</b> Amount (\$)<br><b>344.54</b>                               | <b>7</b> Payee address; City; State; Zip Code<br><b>510 Townsend<br/>San Francisco, CA 94016</b>  |  |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b>                           | <b>(a)</b> Category (See categories listed at the top of this schedule)<br><b>Fees</b>  | <b>(b)</b> Description<br><b>Credit card processing fees</b> |
|   | <input type="checkbox"/> Check if travel outside of Texas, complete schedule T<br><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  |

|  |   |                                     |  |
|--|---|-------------------------------------|--|
| Date<br><b>5/25/2019</b>                                   | Payee name<br><b>Javier Lopez</b>   |                                     |  |
| Amount (\$)<br><b>562.50</b>                               | Payee address; City; State; Zip Code<br><b>PO Box 769677<br/>San Antonio, TX 78245</b>  |                                     |  |
| <b>PURPOSE OF EXPENDITURE</b>                              | Category (See categories listed at the top of this schedule)<br><b>Salaries/Wages/Contract Labor</b>  | Description<br><b>Block walking</b> |  |
|  | <input type="checkbox"/> Check if travel outside of Texas, complete schedule T<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                     |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH |   |                                     |  |
| Candidate / Officeholder name                              | Office sought   | Office held                         |  |

|  |   |                                     |  |
|--|---|-------------------------------------|--|
| Date<br><b>5/25/2019</b>                                   | Payee name<br><b>Bailey Vermeulen</b>   |                                     |  |
| Amount (\$)<br><b>240.00</b>                               | Payee address; City; State; Zip Code<br><b>PO Box 769677<br/>San Antonio, TX 78245</b>  |                                     |  |
| <b>PURPOSE OF EXPENDITURE</b>                              | Category (See categories listed at the top of this schedule)<br><b>Salaries/Wages/Contract Labor</b>  | Description<br><b>Block walking</b> |  |
|  | <input type="checkbox"/> Check if travel outside of Texas, complete schedule T<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                     |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH |   |                                     |  |
| Candidate / Officeholder name                              | Office sought   | Office held                         |  |

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

|   |                                |                                |  |
|---|--------------------------------|--------------------------------|--|
| Accounting/Banking  | Event Expense                  | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Advertising Expense   | Fees                           | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense          | Polling Expense                | Travel in District                         |
| Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | Gifts/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment   | Legal Services                 | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form

|   |   |  |
|---|---|--|
| <b>1</b> Total pages Schedule F1:<br><b>12 of 12</b>                | <b>2</b> FILER NAME<br><b>Melissa Cabello Havrda</b>  | <b>3</b> Filer ID (Ethics Commission Filers)   |
| <b>4</b> Date<br><b>5/25/2019</b>                                   | <b>5</b> Payee name<br><b>Anny Ojeda</b>  |  |
| <b>6</b> Amount (\$)<br><b>465.00</b>                               | <b>7</b> Payee address; City; State; Zip Code<br><b>PO Box 769677<br/>San Antonio, TX 78245</b>   |  |
| <b>PURPOSE OF EXPENDITURE</b>                                       | <b>(a)</b> Category (See categories listed at the top of this schedule)<br><b>Salaries/Wages/Contract Labor</b>   | <b>(b)</b> Description<br><b>Block walking</b> |
|   | <input type="checkbox"/> Check if travel outside of Texas, complete schedule T<br><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                                    |

|  |   |                                     |  |
|--|---|-------------------------------------|--|
| Date<br><b>5/25/2019</b>                                   | Payee name<br><b>Erick De Luna</b>  |                                     |  |
| Amount (\$)<br><b>600.00</b>                               | Payee address; City; State; Zip Code<br><b>PO Box 769677<br/>San Antonio, TX 78245</b>  |                                     |  |
| <b>PURPOSE OF EXPENDITURE</b>                              | Category (See categories listed at the top of this schedule)<br><b>Salaries/Wages/Contract Labor</b>  | Description<br><b>Block walking</b> |  |
|  | <input type="checkbox"/> Check if travel outside of Texas, complete schedule T<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                     |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH |   |                                     |  |
| Candidate / Officeholder name                              | Office sought   | Office held                         |  |

|  |   |             |  |
|--|---|-------------|--|
| Date   | Payee name  |             |  |
| Amount (\$)  | Payee address; City; State; Zip Code  |             |  |
| <b>PURPOSE OF EXPENDITURE</b>                              | Category (See categories listed at the top of this schedule)  | Description |  |
|  | <input type="checkbox"/> Check if travel outside of Texas, complete schedule T<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |             |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH |   |             |  |
| Candidate / Officeholder name                              | Office sought   | Office held |  |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# UNPAID INCURRED OBLIGATIONS

# SCHEDULE F2

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense  
Fees  
Food/Beverage Expense  
Gifts/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

|  |  |  |
|--|--|--|
| <b>1</b> Total pages Schedule F2:<br><b>1 of 1</b> | <b>2</b> FILER NAME<br><b>Melissa Cabello Havrda</b> | <b>3</b> Filer ID (Ethics Commission Filers) |
|--|--|--|

|  |             |
|--|-------------|
| <b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS | <b>\$ 0</b> |
|--|-------------|

|               |                     |
|---------------|---------------------|
| <b>5</b> Date | <b>6</b> Payee name |
|---------------|---------------------|

|                      |   |
|----------------------|---|
| <b>7</b> Amount (\$) | <b>8</b> Payee address; City; State; Zip Code |
|----------------------|---|

|                              |   |
|------------------------------|---|
| <b>9</b> TYPE OF EXPENDITURE | <input 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) | <b>(b)</b> Description<br><br><input type="checkbox"/> Check if travel outside of Texas, complete schedule T<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|----------------------------------|---|---|

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| <b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

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

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

|                     |   |
|---------------------|---|
| TYPE OF EXPENDITURE | <input type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|---------------------|---|

|                        |  |  |
|------------------------|--|--|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description<br><br><input type="checkbox"/> Check if travel outside of Texas, complete schedule T<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|------------------------|--|--|

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

|   |
|---|
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED |
|---|

**PURCHASE OF INVESTMENTS MADE  
FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F3**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule F3:  
**1 of 1**

**2** FILER NAME  
**Melissa Cabello Havrda**

**3** Filer ID (Ethics Commission Filers)

**4** Date

**5** Name of person from whom investment is purchased

.....  
**6** Address of person from whom investment is purchased;                      City;                      State;                      Zip Code

**7** Description of investment

**8** Amount of investment (\$)

Date

Name of person from whom investment is purchased

.....  
Address of person from whom investment is purchased;                      City;                      State;                      Zip Code

Description of investment

Amount of investment (\$)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**



# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

|   |                                |                                |  |
|---|--------------------------------|--------------------------------|--|
| Accounting/Banking  | Event Expense                  | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Advertising Expense   | Fees                           | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense          | Polling Expense                | Travel in District                         |
| Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | Gifts/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
|   | Legal Services                 | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form

|  |  |  |
|--|--|--|
| <b>1</b> Total pages Schedule F4:<br><b>1 of 1</b> | <b>2</b> FILER NAME<br><b>Melissa Cabello Havrda</b> | <b>3</b> Filer ID (Ethics Commission Filers) |
|--|--|--|

|  |             |
|--|-------------|
| <b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | <b>\$ 0</b> |
|--|-------------|

|               |                     |
|---------------|---------------------|
| <b>5</b> Date | <b>6</b> Payee name |
|---------------|---------------------|

|                      |   |
|----------------------|---|
| <b>7</b> Amount (\$) | <b>8</b> Payee address; City; State; Zip Code |
|----------------------|---|

|                              |   |
|------------------------------|---|
| <b>9</b> TYPE OF EXPENDITURE | <input 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) | <b>(b)</b> Description<br><br><input type="checkbox"/> Check if travel outside of Texas, complete schedule T<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|----------------------------------|---|---|

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| <b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

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

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

|                     |   |
|---------------------|---|
| TYPE OF EXPENDITURE | <input type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|---------------------|---|

|                        |  |  |
|------------------------|--|--|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description<br><br><input type="checkbox"/> Check if travel outside of Texas, complete schedule T<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|------------------------|--|--|

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

|  |
|--|
|  |
|--|

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

|  |                                |                                |  |
|--|--------------------------------|--------------------------------|--|
| Accounting/Banking                         | Event Expense                  | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Advertising Expense                        | Fees                           | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense          | Polling Expense                | Travel in District                         |
| Contributions/Donations Made By            | Gifts/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                 | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                                |                                |  |

The Instruction Guide explains how to complete this form

|  |  |   |
|--|--|---|
| <b>1</b> Total pages Schedule G:<br><b>1 of 1</b>  | <b>2</b> FILER NAME<br><b>Melissa Cabello Havrda</b>                         | <b>3</b> Filer ID (Ethics Commission Filers)  |
| <b>4</b> Date  | <b>5</b> Payee Name  |   |
| <b>6</b> Amount (\$)<br><br><input type="checkbox"/> Reimbursement from political contributions intended | <b>7</b> Payee address;                      City;      State;      Zip Code |   |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b>  | <b>(a)</b> Category (See categories listed at the top of this schedule)      | <b>(b)</b> Description<br><br><input type="checkbox"/> Check if travel outside of Texas, complete schedule T<br><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  |
| Date   | Payee name   |   |
| Amount (\$)<br><br><input type="checkbox"/> Reimbursement from political contributions intended          | Payee address;                      City;      State;      Zip Code          |   |
| <b>PURPOSE OF EXPENDITURE</b>  | Category (See categories listed at the top of this schedule)                 | Description<br><br><input type="checkbox"/> Check if travel outside of Texas, complete schedule T<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense            |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   | Candidate / Officeholder name  | Office sought                      Office held  |
| Date   | Payee name   |   |
| Amount (\$)<br><br><input type="checkbox"/> Reimbursement from political contributions intended          | Payee address;                      City;      State;      Zip Code          |   |
| <b>PURPOSE OF EXPENDITURE</b>  | Category (See categories listed at the top of this schedule)                 | Description<br><br><input type="checkbox"/> Check if travel outside of Texas, complete schedule T<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense            |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   | Candidate / Officeholder name  | Office sought                      Office held  |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

## SCHEDULE H

### EXPENDITURE CATEGORIES FOR BOX 8(a)

|   |  |  |   |
|---|--|--|---|
| Accounting/Banking<br>Advertising Expense<br>Consulting Expense<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee<br>Credit Card Payment | Event Expense<br>Fees<br>Food/Beverage Expense<br>Gifts/Awards/Memorials Expense<br>Legal Services | Loan Repayment/Reimbursement<br>Office Overhead/Rental Expense<br>Polling Expense<br>Printing Expense<br>Salaries/Wages/Contract Labor | Solicitation/Fundraising Expense<br>Transportation Equipment & Related Expense<br>Travel in District<br>Travel Out Of District<br>Other (enter a category not listed above) |
|---|--|--|---|

**The Instruction Guide explains how to complete this form**

|   |   |   |
|---|---|---|
| <b>1</b> Total pages Schedule H:<br><b>1 of 1</b>                   | <b>2</b> FILER NAME<br><b>Melissa Cabello Havrda</b>                            | <b>3</b> Filer ID (Ethics Commission Filers)  |
| <b>4</b> Date   | <b>5</b> Business name  |   |
| <b>6</b> Amount (\$)  | <b>7</b> Business address;                      City;      State;      Zip Code |   |
| <b>8</b><br><br><b>PURPOSE<br/>OF<br/>EXPENDITURE</b>               | <b>(a)</b> Category (See categories listed at the top of this schedule)         | <b>(b)</b> Description  |
|   |   | <input type="checkbox"/> Check if travel outside of Texas, complete schedule T<br><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  |
| Date  | Business name   |   |
| Amount (\$)   | Business address;                      City;      State;      Zip Code          |   |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                               | Category (See categories listed at the top of this schedule)                    | Description   |
|   |   | <input type="checkbox"/> Check if travel outside of Texas, complete schedule T<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate / Officeholder name   | Office sought                      Office held  |
| Date  | Business name   |   |
| Amount (\$)   | Business address;                      City;      State;      Zip Code          |   |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                               | Category (See categories listed at the top of this schedule)                    | Description   |
|   |   | <input type="checkbox"/> Check if travel outside of Texas, complete schedule T<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate / Officeholder name   | Office sought                      Office held  |

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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE I**

The Instruction Guide explains how to complete this form.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule I:<br><b>1 of 1</b> | <b>2</b> FILER NAME<br><b>Melissa Cabello Havrda</b>                             | <b>3</b> Filer ID (Ethics Commission Filers)   |
| <b>4</b> Date                                     | <b>5</b> Payee name  |  |
| <b>6</b> Amount (\$)                              | <b>7</b> Payee address;                      City;    State;    Zip Code         |  |
| <b>8</b><br><b>PURPOSE<br/>OF<br/>EXPENDITURE</b> | <b>(a)</b> Category    (See instructions for examples of acceptable categories.) | <b>(b)</b> Description    (See instructions regarding type of information required.) |
| Date  | Payee name   |  |
| Amount (\$)                                       | Payee address;                      City;    State;    Zip Code                  |  |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>             | Category    (See instructions for examples of acceptable categories.)            | Description    (See instructions regarding type of information required.)            |
| Date  | Payee name   |  |
| Amount (\$)                                       | Payee address;                      City;    State;    Zip Code                  |  |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>             | Category    (See instructions for examples of acceptable categories.)            | Description    (See instructions regarding type of information required.)            |
| Date  | Payee name   |  |
| Amount (\$)                                       | Payee address;                      City;    State;    Zip Code                  |  |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>             | Category    (See instructions for examples of acceptable categories.)            | Description    (See instructions regarding type of information required.)            |

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

## SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

1 of 1

2 FILER NAME

**Melissa Cabello Havrda**

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom amount is received

8 Amount (\$)

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

7 Purpose for which amount is received

Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

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

Purpose for which amount is received

Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

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

Purpose for which amount is received

Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

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

Purpose for which amount is received

Check if political contribution returned to filer

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

**SCHEDULE T**

|   |  |  |
|---|--|--|
| The Instruction Guide explains how to complete this form.   |  | 1 Total pages Schedule T:<br><b>1 of 1</b> |
| 2 FILER NAME<br><b>Melissa Cabello Havrda</b>   |  | 3 Filer ID (Ethics Commission Filers)      |
| 4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee   |  |  |
| 5 Contribution / Expenditure reported on:<br><input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1<br><input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS |  |  |
| 6 Dates of travel   | 7 Name of person(s) traveling  |  |
|   | 8 Departure city or name of departure location                               |  |
|   | 9 Destination city or name of destination location                           |  |
| 10 Means of transportation  | 11 Purpose of travel (including name of conference, seminar, or other event) |  |
| Name of Contributor / Corporation or Labor Organization / Pledgor / Payee   |  |  |
| Contribution / Expenditure reported on:<br><input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1<br><input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS   |  |  |
| Dates of travel   | Name of person(s) traveling  |  |
|   | Departure city or name of departure location                                 |  |
|   | Destination city or name of destination location                             |  |
| Means of transportation   | Purpose of travel (including name of conference, seminar, or other event)    |  |
| Name of Contributor / Corporation or Labor Organization / Pledgor / Payee   |  |  |
| Contribution / Expenditure reported on:<br><input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1<br><input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS   |  |  |
| Dates of travel   | Name of person(s) traveling  |  |
|   | Departure city or name of departure location                                 |  |
|   | Destination city or name of destination location                             |  |
| Means of transportation   | Purpose of travel (including name of conference, seminar, or other event)    |  |

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**CANDIDATE / OFFICEHOLDER REPORT:  
DESIGNATION OF FINAL REPORT**

**FORM C/OH - FR**

**The Instruction Guide explains how to complete this form.  
•• Complete only if "Report Type" on page 1 is marked "Final Report" ••**

C/OH NAME  
**Melissa Cabello Havrda**

Filer ID (Ethics Commission Filers)

**SIGNATURE**

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

\_\_\_\_\_  
Signature of Candidate / Officeholder

**FILER WHO IS NOT AN OFFICEHOLDER**

**•• Complete A & B below *only* if you are not an officeholder. ••**

**A. CAMPAIGN FUNDS**

Check only one:

- I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

**B. ASSETS**

Check only one:

- I do not retain assets purchased with political contributions or interest or other income from political contributions.
- I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

\_\_\_\_\_  
Signature of Candidate

**OFFICEHOLDER**

**•• Complete this section *only* if you are an officeholder. ••**

- I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

\_\_\_\_\_  
Signature of Officeholder