

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 67			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI			
	NICKNAME	LAST	SUFFIX			
		Melissa		OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged		
		Cabello Havrda				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE					
<input type="checkbox"/> Change of Address	PO Box 769677 San Antonio TX 78245					
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
	(210)	633-7369				
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI			
	NICKNAME	LAST	SUFFIX			
		Carlos				
		Cabello				
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE					
(Residence or Business)	PO Box 769677 San Antonio TX 78245					
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
	(210)	633-6379				
9 REPORT TYPE	January 15: Semi-Annual					
10 PERIOD COVERED	Month	Day	Year	Month	Day	Year
			7/1/2022	THROUGH		12/31/2022
11 ELECTION	ELECTION DATE		ELECTION TYPE			
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description
			5/6/2023	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)		
	Council District 6			Council District 6		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME
Melissa Cabello Havrda

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

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

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 43750.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 4999.86
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 97790.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

18 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

***** Electronically Certified *****

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Melissa Cabello Havrda, this the 17th day of January, 2023, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

SUBTOTALS - COH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME Melissa Cabello Havrda		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 43750.00
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 0
3. <input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 0
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS		\$ 0
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 4999.86
6. <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 0
7. <input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$ 0
8. <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 0
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ 0
10. <input checked="" type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$ 0
11. <input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 0
12. <input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$ 0

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
1 of 31

2 FILER NAME
Melissa Cabello Havrda

3 Filer ID (Ethics Commission Filers)

4 Date
7/6/2022

5 Full name of contributor out-of-state PAC (ID# _____)
Paul Bishop

7 Amount of contribution (\$)
25.00

6 Contributor address; City; State; Zip Code
**923 Ogden St
San Antonio, TX 78212**

8 Principal occupation / Job title (See instructions)
Attorney

9 Employer (See instructions)
Martin, Disiere, Jefferson & Wisdom

Date
8/8/2022

Full name of contributor out-of-state PAC (ID# _____)
Frank Burney

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**112 E Pecan #1616
San Antonio, TX 78205**

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
Martin & Drought

Date
9/21/2022

Full name of contributor out-of-state PAC (ID# _____)
Austin Marshburn

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**8305 Santa Monica Blvd #20388
West Hollywood, CA 90069**

Principal occupation / Job title (See instructions)
Director

Employer (See instructions)
Bird Rides Inc

Date
9/21/2022

Full name of contributor out-of-state PAC (ID# _____)
Paul Bishop

Amount of contribution (\$)
25.00

Contributor address; City; State; Zip Code
**923 Ogden St
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
Martin Disiere Jefferson Wisdom

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 31
2 FILER NAME Melissa Cabello Havrda		3 Filer ID (Ethics Commission Filers)
4 Date 9/25/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jaime Arechiga	7 Amount of contribution (\$) 500.00
6 Contributor address; City; State; Zip Code 2310 Winding View San Antonio, TX 78260		
8 Principal occupation / Job title (See instructions) Developer		9 Employer (See instructions) Hillstar
Date 9/25/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Emma Guerrero	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 3915 Skylark San Antonio, TX 78210		
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) Retired
Date 9/26/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Landrys Restaurants PAC	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 1510 West Loop South San Antonio, TX 77027		
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date 9/26/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lori Castillo	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code 231 Adams St San Antonio, TX 78210		
Principal occupation / Job title (See instructions) VP Global Marketing		Employer (See instructions) Natures Sweet Tomatoes

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:
3 of 31

2 FILER NAME
Melissa Cabello Havrda

3 Filer ID (Ethics Commission Filers)

4 Date
9/26/2022

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

7 Amount of contribution (\$)
100.00

6 Contributor address; City; State; Zip Code
**3334 Nantucket
San Antonio, TX 78230**

8 Principal occupation / Job title (See instructions)
Financial Services

9 Employer (See instructions)
USAA

Date
9/26/2022

Full name of contributor out-of-state PAC (ID# _____)
Linda Ruiz

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**410 Cliff Ave
San Antonio, TX 78214**

Principal occupation / Job title (See instructions)
Construction

Employer (See instructions)
LJC Painting LLC

Date
9/26/2022

Full name of contributor out-of-state PAC (ID# _____)
Marialuisa Casso

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**203 Nogalitos #6
San Antonio, TX 78204**

Principal occupation / Job title (See instructions)
Manager

Employer (See instructions)
Toyota North America

Date
9/26/2022

Full name of contributor out-of-state PAC (ID# _____)
Dennis Cano

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**201 Castano Ave
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)
Cano Health

Employer (See instructions)
Executive

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: 4 of 31
2 FILER NAME Melissa Cabello Havrda		3 Filer ID (Ethics Commission Filers)
4 Date 9/26/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jeffrey Kothman	7 Amount of contribution (\$) 500.00
6 Contributor address; City; State; Zip Code 320 Big Oak Dr Adkins, TX 78101		
8 Principal occupation / Job title (See instructions) President		9 Employer (See instructions) Texas Towing
Date 9/26/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Maria Cristina Gonzalez	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 157 W 79th Ave #3C New York, NY 10024		
Principal occupation / Job title (See instructions) Self employed		Employer (See instructions) Self employed
Date 9/26/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Clay Jackson	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 2047 Rigsby Ave San Antonio, TX 78210		
Principal occupation / Job title (See instructions) Owner		Employer (See instructions) Jackson Motors
Date 9/26/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Marc A Rodriguez	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 1122 Colorado St #2399 Austin, TX 78701		
Principal occupation / Job title (See instructions) Consultant		Employer (See instructions) Offices of Marc A. Rodriguez

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: 5 of 31
2 FILER NAME Melissa Cabello Havrda		3 Filer ID (Ethics Commission Filers)
4 Date 9/30/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Krista Piferrer	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 5830 McNaughton Kyle, TX 78640		
8 Principal occupation / Job title (See instructions) Public Affairs		9 Employer (See instructions) First Day Foundation
Date 9/30/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Javier Paredes	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 163 Waxwood Lane San Antonio, TX 78216		
Principal occupation / Job title (See instructions) Architect		Employer (See instructions) Alta Architects
Date 9/30/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Summer Greathouse	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 300 Convent #270 San Antonio, TX 78205		
Principal occupation / Job title (See instructions) Attorney		Employer (See instructions) Bracewell
Date 9/30/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jennifer 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

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:
6 of 31

2 FILER NAME
Melissa Cabello Havrda

3 Filer ID (Ethics Commission Filers)

4 Date
9/30/2022

5 Full name of contributor out-of-state PAC (ID# _____)
Lukin Gilliland

7 Amount of contribution (\$)
250.00

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

8 Principal occupation / Job title (See instructions)
Investor

9 Employer (See instructions)
Self employed

Date
9/30/2022

Full name of contributor out-of-state PAC (ID# _____)
Eliot Lee

Amount of contribution (\$)
100.00

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

Principal occupation / Job title (See instructions)
Owner

Employer (See instructions)
MVHL Consulting, LLC

Date
10/10/2022

Full name of contributor out-of-state PAC (ID# _____)
Justin Rodriguez Campaign

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**PO Box 100153
San Antonio, TX 78201**

Principal occupation / Job title (See instructions)
County Commissioner

Employer (See instructions)
Bexar County

Date
10/11/2022

Full name of contributor out-of-state PAC (ID# _____)
Gordon Hartman

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**1202 W Bitters
San Antonio, TX 78216**

Principal occupation / Job title (See instructions)
President

Employer (See instructions)
Morgan Family Foundation

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:
7 of 31

2 FILER NAME
Melissa Cabello Havrda

3 Filer ID (Ethics Commission Filers)

4 Date
10/14/2022

5 Full name of contributor out-of-state PAC (ID# _____)
Robert Braubach

7 Amount of contribution (\$)
100.00

6 Contributor address; City; State; Zip Code
**106 South St Marys
San Antonio, TX 78205**

8 Principal occupation / Job title (See instructions)
Attorney

9 Employer (See instructions)
Self employed

Date
10/18/2022

Full name of contributor out-of-state PAC (ID# _____)
Bradley Carson

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**128 W. Mistletoe Ave
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
Krueger Carson

Date
10/20/2022

Full name of contributor out-of-state PAC (ID# _____)
John Heard

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**10715 Gulfdale
San Antonio, TX 78216**

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
Heard & Smith

Date
10/20/2022

Full name of contributor out-of-state PAC (ID# _____)
Patricia Heard

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**780 Terrell Rd
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)
Self employed

Employer (See instructions)
Self employed

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:
8 of 31

2 FILER NAME
Melissa Cabello Havrda

3 Filer ID (Ethics Commission Filers)

4 Date
10/20/2022

5 Full name of contributor out-of-state PAC (ID# _____)
Gary Stinnett

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**18422 Emerald Forest
San Antonio, TX 78259**

8 Principal occupation / Job title (See instructions)
CIO

9 Employer (See instructions)
Vizza Wash

Date
10/21/2022

Full name of contributor out-of-state PAC (ID# _____)
Joanna Weidman

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**7 Jordans Wood Circle
San Antonio, TX 78248**

Principal occupation / Job title (See instructions)
Executive

Employer (See instructions)
NuStar

Date
10/22/2022

Full name of contributor out-of-state PAC (ID# _____)
Kristi Sutterfield

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**18523 Wild Onion
San Antonio, TX 78258**

Principal occupation / Job title (See instructions)
Executive Director

Employer (See instructions)
GSABA

Date
10/24/2022

Full name of contributor out-of-state PAC (ID# _____)
Rick Cavender

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**21105 IH 10 West
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)
Auto Dealer

Employer (See instructions)
Audi Dominio

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: 9 of 31
2 FILER NAME Melissa Cabello Havrda		3 Filer ID (Ethics Commission Filers)
4 Date 10/25/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Christian Archer	7 Amount of contribution (\$) 500.00
6 Contributor address; City; State; Zip Code 134 W Mistletoe San Antonio, TX 78212		
8 Principal occupation / Job title (See instructions) Owner		9 Employer (See instructions) Mauro Archer
Date 10/26/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Walter Embrey	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 405 Wiltshire Ave San Antonio, TX 78209		
Principal occupation / Job title (See instructions) Developer		Employer (See instructions) Embry Partners
Date 10/26/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Edward Vargas	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 13527 Palatine Hill San Antonio, TX 78253		
Principal occupation / Job title (See instructions) VP		Employer (See instructions) Cano Health
Date 10/26/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Walter Embry Jr	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 1020 NE Loop 410 #700 San Antonio, TX 78209		
Principal occupation / Job title (See instructions) Consultant		Employer (See instructions) Embrey Partners

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: 10 of 31
2 FILER NAME Melissa Cabello Havrda		3 Filer ID (Ethics Commission Filers)
4 Date 10/27/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kacy Cigarroa	7 Amount of contribution (\$) 250.00
6 Contributor address; City; State; Zip Code 18 Gallery Ct San Antonio, TX 78209		
8 Principal occupation / Job title (See instructions) Attorney		9 Employer (See instructions) Kruger Carson
Date 10/27/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sonia Jasso	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 2627 Jade HI San Antonio, TX 78251		
Principal occupation / Job title (See instructions) Director		Employer (See instructions) St. Mary's
Date 10/28/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Michelle Carson	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 128 W. Mistletoe Ave San Antonio, TX 78212		
Principal occupation / Job title (See instructions) Self employed		Employer (See instructions) Self employed
Date 10/28/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Alice Viroslav	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 715 Elizabeth Rd San Antonio, TX 78209		
Principal occupation / Job title (See instructions) Rad Source		Employer (See instructions) Physician

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: 11 of 31
2 FILER NAME Melissa Cabello Havrda		3 Filer ID (Ethics Commission Filers)
4 Date 10/28/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Marcie Trevino Ripper	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 1002 N Flores San Antonio, TX 78212		
8 Principal occupation / Job title (See instructions) SATX Consultants		9 Employer (See instructions) CEO
Date 11/1/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Patrick Garcia	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 6649 US Hwy 90 San Antonio, TX 78227		
Principal occupation / Job title (See instructions) President		Employer (See instructions) Division Laundry
Date 11/1/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Patrick Garcia Jr	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 6649 US Hwy 90 San Antonio, TX 78227		
Principal occupation / Job title (See instructions) COO		Employer (See instructions) Division Launder
Date 11/1/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Javier Roman	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 243 Sunset Rd San Antonio, TX 78209		
Principal occupation / Job title (See instructions) Owner		Employer (See instructions) World Wide Languages & Communications LLC

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: 12 of 31
2 FILER NAME Melissa Cabello Havrda		3 Filer ID (Ethics Commission Filers)
4 Date 11/1/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Javier Roman	7 Amount of contribution (\$) 500.00
6 Contributor address; City; State; Zip Code 243 Sunset Rd San Antonio, TX 78209		
8 Principal occupation / Job title (See instructions) Executive		9 Employer (See instructions) The Wash Tub
Date 11/1/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Elizabeth Balli Van Sickle	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 210 Claywell Dr San Antonio, TX 78209		
Principal occupation / Job title (See instructions) FVPS		Employer (See instructions) Attorney
Date 11/1/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ada Ortega	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code 919 Gillett #3037 Houston, TX 77019		
Principal occupation / Job title (See instructions) Self employed		Employer (See instructions) Self employed
Date 11/1/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Girish Patel	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 6500 Enrique Barrera Pkwy San Antonio, TX 78227		
Principal occupation / Job title (See instructions) Owner		Employer (See instructions) BHAGVANHOSPITALITY

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: 13 of 31
2 FILER NAME Melissa Cabello Havrda		3 Filer ID (Ethics Commission Filers)
4 Date 11/1/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Andrea Rodriguez	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 222 E Houston San Antonio, TX 78205		
8 Principal occupation / Job title (See instructions) Self employed		9 Employer (See instructions) Self employed
Date 11/1/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gerald Lee	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 8127 N New Braunfels San Antonio, TX 78209		
Principal occupation / Job title (See instructions) Consultant		Employer (See instructions) Andrade Van de Putte
Date 11/1/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Carroll Schubert	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 17 17 Seaton Dr San Antonio, TX 78209		
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) Retired
Date 11/1/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sandi Wolff	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 938 Josephine St San Antonio, TX 78208		
Principal occupation / Job title (See instructions) Manager		Employer (See instructions) SAHCC

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:
14 of 31

2 FILER NAME
Melissa Cabello Havrda

3 Filer ID (Ethics Commission Filers)

4 Date
11/1/2022

5 Full name of contributor out-of-state PAC (ID# _____)
Camille Denton

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**1 Bitter Blue Ln
San Antonio, TX 78218**

8 Principal occupation / Job title (See instructions)
Self employed

9 Employer (See instructions)
Self employed

Date
11/1/2022

Full name of contributor out-of-state PAC (ID# _____)
Casandra Ortiz

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**9103 Mellbrook St
San Antonio, TX 78230**

Principal occupation / Job title (See instructions)
Self employed

Employer (See instructions)
Self employed

Date
11/1/2022

Full name of contributor out-of-state PAC (ID# _____)
Clif Douglas

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**112 E Pecan
San Antonio, TX 78205**

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
Linebarger Goggan Sampson & Blair

Date
11/1/2022

Full name of contributor out-of-state PAC (ID# _____)
Daniel Ortiz

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**9103 Mellbrook
San Antonio, TX 78230**

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
Brown & Ortiz

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:
15 of 31

2 FILER NAME
Melissa Cabello Havrda

3 Filer ID (Ethics Commission Filers)

4 Date
11/1/2022

5 Full name of contributor out-of-state PAC (ID# _____)
Ken Brown

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**2454 Toftrees Dr
San Antonio, TX 78209**

8 Principal occupation / Job title (See instructions)
Attorney

9 Employer (See instructions)
Brown & Ortiz

Date
11/1/2022

Full name of contributor out-of-state PAC (ID# _____)
Lloyd Denton Jr

Amount of contribution (\$)
500.00

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

Principal occupation / Job title (See instructions)
Developer

Employer (See instructions)
Bitterblue

Date
11/1/2022

Full name of contributor out-of-state PAC (ID# _____)
Colin Brown

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**2454 Toftrees Dr
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)
Self employed

Employer (See instructions)
Self employed

Date
11/1/2022

Full name of contributor out-of-state PAC (ID# _____)
Patrick Christensen

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**826 W Craig PI
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)
Attorney

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:
16 of 31

2 FILER NAME
Melissa Cabello Havrda

3 Filer ID (Ethics Commission Filers)

4 Date
11/1/2022

5 Full name of contributor out-of-state PAC (ID# _____)
Jamie Kowalski

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**21218 Harvest Hills
San Antonio, TX 78258**

8 Principal occupation / Job title (See instructions)
Executive

9 Employer (See instructions)
RK Group

Date
11/1/2022

Full name of contributor out-of-state PAC (ID# _____)
Travis Kowalski

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**21218 Harvest Hills
San Antonio, TX 78258**

Principal occupation / Job title (See instructions)
Executive

Employer (See instructions)
RK Group

Date
11/1/2022

Full name of contributor out-of-state PAC (ID# _____)
Lillian Riojas

Amount of contribution (\$)
200.00

Contributor address; City; State; Zip Code
**PO Box 90984
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)
Manager

Employer (See instructions)
NuStar

Date
11/1/2022

Full name of contributor out-of-state PAC (ID# _____)
NuStar PAC

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**PO Box 781609
San Antonio, TX 78278**

Principal occupation / Job title (See instructions)

Employer (See instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 17 of 31
2 FILER NAME Melissa Cabello Havrda		3 Filer ID (Ethics Commission Filers)
4 Date 11/1/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hope Andrade	7 Amount of contribution (\$) 250.00
6 Contributor address; City; State; Zip Code 680 E Basse #128 San antonio, TX 78209		
8 Principal occupation / Job title (See instructions) Consultant		9 Employer (See instructions) Andrade Van de Putte
Date 11/1/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mary Rose Brown	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 48 Vineyard San Antonio, TX 78257		
Principal occupation / Job title (See instructions) Vice President		Employer (See instructions) NuStar
Date 11/1/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Edward Cross	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 2 Laurel Place San Antonio, TX 78209		
Principal occupation / Job title (See instructions) Developer		Employer (See instructions) San Antonio Realstate Developers
Date 11/1/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bekki Kowalski	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code PO Box 1361 San Antonio, TX 78295		
Principal occupation / Job title (See instructions) Self employed		Employer (See instructions) Self employed

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: 18 of 31
2 FILER NAME Melissa Cabello Havrda		3 Filer ID (Ethics Commission Filers)
4 Date 11/1/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Davidson Troilo Ream & Garza PC	7 Amount of contribution (\$) 250.00
6 Contributor address; City; State; Zip Code 601 NW Loop #100 San Antonio, TX 78216		
8 Principal occupation / Job title (See instructions)		9 Employer (See instructions)
Date 11/1/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Greg Kowalski	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code PO Box 1361 San Antonio, TX 78295		
Principal occupation / Job title (See instructions) CEO		Employer (See instructions) RK Group
Date 11/1/2022	Full name of contributor <input type="checkbox"/> 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 11/1/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Matthew Starr	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 7334 Blanco Road #200 San Antonio, TX 78216		
Principal occupation / Job title (See instructions) Developer		Employer (See instructions) Self Employed

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:
19 of 31

2 FILER NAME
Melissa Cabello Havrda

3 Filer ID (Ethics Commission Filers)

4 Date
11/2/2022

5 Full name of contributor out-of-state PAC (ID# _____)
Kin Hui

7 Amount of contribution (\$)
250.00

6 Contributor address; City; State; Zip Code
**7134 Quail Garden
San Antonio, TX 78250**

8 Principal occupation / Job title (See instructions)
Engineer

9 Employer (See instructions)
Self

Date
11/2/2022

Full name of contributor out-of-state PAC (ID# _____)
Bo Jean Lim

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**5123 Casbury
San Antonio, TX 78249**

Principal occupation / Job title (See instructions)
Self employed

Employer (See instructions)
Self employed

Date
11/2/2022

Full name of contributor out-of-state PAC (ID# _____)
Melanie Mendez-Gonzales

Amount of contribution (\$)
25.00

Contributor address; City; State; Zip Code
**410 East Rampart
San Antonio, TX 78216**

Principal occupation / Job title (See instructions)
Self employed

Employer (See instructions)
Self employed

Date
11/3/2022

Full name of contributor out-of-state PAC (ID# _____)
Katherine Rocha

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**323 Beverly Drive
San Antonio, TX 78228**

Principal occupation / Job title (See instructions)
Executive Director

Employer (See instructions)
NEISD

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: 20 of 31
2 FILER NAME Melissa Cabello Havrda		3 Filer ID (Ethics Commission Filers)
4 Date 11/5/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sara Gerrish	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 107 Peters Ct San Antonio, TX 78205		
8 Principal occupation / Job title (See instructions) Agent		9 Employer (See instructions) ReMax
Date 11/6/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) KJ Feder	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 1401 E Crockett San Antonio, TX 78292		
Principal occupation / Job title (See instructions) VP		Employer (See instructions) CPS Energy
Date 11/7/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lauralynn Arellano	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code 5711 Cardinal Falls San Antonio, TX 78239		
Principal occupation / Job title (See instructions) Business Development		Employer (See instructions) ISEC
Date 11/7/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Amanda James	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 700 N St Marys #1700 San Antonio, TX 78205		
Principal occupation / Job title (See instructions) Attorney		Employer (See instructions) Lindow Stephens Schultz LLP

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: 21 of 31
2 FILER NAME Melissa Cabello Havrda		3 Filer ID (Ethics Commission Filers)
4 Date 11/7/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lily Garcia	7 Amount of contribution (\$) 25.00
	6 Contributor address; City; State; Zip Code 4523 Echo Grove San Antonio, TX 78259	
8 Principal occupation / Job title (See instructions) Director		9 Employer (See instructions) Robert Garcia CPA
Date 11/7/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Carolina Bilano	Amount of contribution (\$) 250.00
	Contributor address; City; State; Zip Code 6227 Cypress Circle San Antonio, TX 78240	
Principal occupation / Job title (See instructions) Student		Employer (See instructions) TAMUSA
Date 11/7/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Claudia Guzman	Amount of contribution (\$) 50.00
	Contributor address; City; State; Zip Code 1219 El Riachuelo San Antonio, TX 78258	
Principal occupation / Job title (See instructions) Researcher		Employer (See instructions) HEB
Date 11/7/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sukhdeep Kaur	Amount of contribution (\$) 100.00
	Contributor address; City; State; Zip Code 814 W Craig PI San Antonio, TX 78212	
Principal occupation / Job title (See instructions) Consultant		Employer (See instructions) EDreimagined

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:
22 of 31

2 FILER NAME
Melissa Cabello Havrda

3 Filer ID (Ethics Commission Filers)

4 Date
11/7/2022

5 Full name of contributor out-of-state PAC (ID# _____)
Elizabeth Balli Van Sickle

7 Amount of contribution (\$)
100.00

6 Contributor address; City; State; Zip Code
**210 Claywell Dr
San Antonio, TX 78209**

8 Principal occupation / Job title (See instructions)
Attorney

9 Employer (See instructions)
FVPS

Date
11/8/2022

Full name of contributor out-of-state PAC (ID# _____)
Melessa Rodriguez

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**2717 N Pine
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)
USAA

Employer (See instructions)
Marketing

Date
11/8/2022

Full name of contributor out-of-state PAC (ID# _____)
Christina Castano

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
**927 Serenade
San Antonio, TX 78213**

Principal occupation / Job title (See instructions)
Planner

Employer (See instructions)
VIA

Date
11/8/2022

Full name of contributor out-of-state PAC (ID# _____)
Mary Campos

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
**6639 Country Field Dr
San Antonio, TX 78240**

Principal occupation / Job title (See instructions)
Banker

Employer (See instructions)
Vantage Bank

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:
23 of 31

2 FILER NAME
Melissa Cabello Havrda

3 Filer ID (Ethics Commission Filers)

4 Date
11/11/2022

5 Full name of contributor out-of-state PAC (ID# _____)
Adriana El-Farrah

7 Amount of contribution (\$)
250.00

6 Contributor address; City; State; Zip Code
**4330 Diamondhead
San Antonio, TX 78218**

8 Principal occupation / Job title (See instructions)
Attorney

9 Employer (See instructions)
Self employed

Date
11/11/2022

Full name of contributor out-of-state PAC (ID# _____)
Meghan Cano

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**2 Amber Glen
San Antonio, TX 78257**

Principal occupation / Job title (See instructions)
CEO

Employer (See instructions)
CHR Partners

Date
11/12/2022

Full name of contributor out-of-state PAC (ID# _____)
Enrique Davila

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**215 N Center St #1808
San Antonio, TX 78202**

Principal occupation / Job title (See instructions)
Owner

Employer (See instructions)
Capital Electric

Date
11/12/2022

Full name of contributor out-of-state PAC (ID# _____)
Linda Davila

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**215 N Center St #1808
San Antonio, TX 78202**

Principal occupation / Job title (See instructions)
Owner

Employer (See instructions)
Capital Electric

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:
24 of 31

2 FILER NAME
Melissa Cabello Havrda

3 Filer ID (Ethics Commission Filers)

4 Date
11/17/2022

5 Full name of contributor out-of-state PAC (ID# _____)
USAA Employee PAC

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**9800 Fredericksburg Rd
San Antonio, TX 78254**

8 Principal occupation / Job title (See instructions)

9 Employer (See instructions)

Date
11/18/2022

Full name of contributor out-of-state PAC (ID# _____)
Valero PAC

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**PO Box 696000
San Antonio, TX 78269**

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date
11/20/2022

Full name of contributor out-of-state PAC (ID# _____)
Frank Whiteaker

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**PO Box 6788
Corpus Christi, TX 78468**

Principal occupation / Job title (See instructions)
Self employed

Employer (See instructions)
Self employed

Date
11/22/2022

Full name of contributor out-of-state PAC (ID# _____)
Kevin Corcoran

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**9723 Garden Way
St John, IN 46373**

Principal occupation / Job title (See instructions)
Self employed

Employer (See instructions)
Self employed

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:
25 of 31

2 FILER NAME
Melissa Cabello Havrda

3 Filer ID (Ethics Commission Filers)

4 Date
11/23/2022

5 Full name of contributor out-of-state PAC (ID# _____)
Caleb Jonkman

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**136 N Jay Street
Griffin, IN 46319**

8 Principal occupation / Job title (See instructions)
Self employed

9 Employer (See instructions)
Self employed

Date
11/28/2022

Full name of contributor out-of-state PAC (ID# _____)
Willis Mackey

Amount of contribution (\$)
400.00

Contributor address; City; State; Zip Code
**14711 Hermes Dr
Selma, TX 78154**

Principal occupation / Job title (See instructions)
Self employed

Employer (See instructions)
Self employed

Date
11/29/2022

Full name of contributor out-of-state PAC (ID# _____)
Charles Wender

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**700 E Hildebrand #1401
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)
Developer

Employer (See instructions)
Self Employed

Date
11/29/2022

Full name of contributor out-of-state PAC (ID# _____)
Rene Wender

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**700 E Hildebrand
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

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: 26 of 31
2 FILER NAME Melissa Cabello Havrda		3 Filer ID (Ethics Commission Filers)
4 Date 11/30/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) William Hunter	7 Amount of contribution (\$) 500.00
6 Contributor address; City; State; Zip Code 4848 Sinclair Rd San Antonio, TX 78222		
8 Principal occupation / Job title (See instructions) President		9 Employer (See instructions) BHH Properties
Date 11/30/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Traci Hunter	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 4848 Sinclair San Antonio, TX 78222		
Principal occupation / Job title (See instructions) Self employed		Employer (See instructions) Self employed
Date 11/30/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) James Hiser	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 10319 Castello Canyon San Antonio, TX 78264		
Principal occupation / Job title (See instructions) Self employed		Employer (See instructions) Self employed
Date 12/5/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sundt PAC	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 2620 55th Street Tempe, AZ 85282		
Principal occupation / Job title (See instructions)		Employer (See instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
27 of 31

2 FILER NAME
Melissa Cabello Havrda

3 Filer ID (Ethics Commission Filers)

4 Date
12/6/2022

5 Full name of contributor out-of-state PAC (ID# _____)
William Greehey

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**PO Box 780489
San Antonio, TX 78278**

8 Principal occupation / Job title (See instructions)
CEO

9 Employer (See instructions)
NuStar

Date
12/11/2022

Full name of contributor out-of-state PAC (ID# _____)
Jorge Herrera

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**1800 E Commerce
San Antonio, TX 78207**

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
The Herrera Law Firm

Date
12/16/2022

Full name of contributor out-of-state PAC (ID# _____)
San Antonio Professional Firefighters PAC

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**PO Box 100455
San Antonio, TX 78201**

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date
12/19/2022

Full name of contributor out-of-state PAC (ID# _____)
Michael Hogan

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**1535 Yosemite Oaks Cir
San Antonio, TX 78213**

Principal occupation / Job title (See instructions)
Owner

Employer (See instructions)
Hogan Homes

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 28 of 31
2 FILER NAME Melissa Cabello Havrda		3 Filer ID (Ethics Commission Filers)
4 Date 12/19/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Julie Barrett Poppoon	7 Amount of contribution (\$) 500.00
6 Contributor address; City; State; Zip Code 145 Grand St San Antonio, TX 78232		
8 Principal occupation / Job title (See instructions) Self employed		9 Employer (See instructions) Self employed
Date 12/29/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Michelle Martinez	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code 618 Sacramento San Antonio, TX 78212		
Principal occupation / Job title (See instructions) PR		Employer (See instructions) Self employed
Date 12/31/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) David Starr	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 7334 Blanco #200 San Antonio, TX 78216		
Principal occupation / Job title (See instructions) President		Employer (See instructions) Clermont LLC
Date 12/31/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Arlene Starr	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 7334 Blanco Rd #200 San Antonio, TX 78216		
Principal occupation / Job title (See instructions) Self Employed		Employer (See instructions) Self Employed



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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
29 of 31

2 FILER NAME
Melissa Cabello Havrda

3 Filer ID (Ethics Commission Filers)

4 Date
12/31/2022

5 Full name of contributor out-of-state PAC (ID# _____)
Vernon Oliver

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**PO Box 961
Converse, TX 78109**

8 Principal occupation / Job title (See instructions)
Manager

9 Employer (See instructions)
Mission Wrecker

Date
12/31/2022

Full name of contributor out-of-state PAC (ID# _____)
Sarah Shakil

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**1507 Palmer View
San Antonio, TX 78260**

Principal occupation / Job title (See instructions)
Executive

Employer (See instructions)
Mission Wrecker

Date
12/31/2022

Full name of contributor out-of-state PAC (ID# _____)
Matthew Oliver

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**1224 County Rd 218
Hobson, TX 78117**

Principal occupation / Job title (See instructions)
Manger

Employer (See instructions)
Mission Wrecker

Date
12/31/2022

Full name of contributor out-of-state PAC (ID# _____)
Muhammad Amin Choudary

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**4535 FM 1516 N
Converse, TX 78109**

Principal occupation / Job title (See instructions)
Manager

Employer (See instructions)
Mission Wrecker

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: 30 of 31
2 FILER NAME Melissa Cabello Havrda		3 Filer ID (Ethics Commission Filers)
4 Date 12/31/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Leah Jacobson	7 Amount of contribution (\$) 500.00
6 Contributor address; City; State; Zip Code 124 E Edgewood San Antonio, TX 78209		
8 Principal occupation / Job title (See instructions) Self employed		9 Employer (See instructions) Self employed
Date 12/31/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Amy Oliver	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 1224 County Rd 218 Hobson, TX 78117		
Principal occupation / Job title (See instructions) Self Employed		Employer (See instructions) Self Employed
Date 12/31/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Khurshid Choudary	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 4535 FM1516 N Converse, TX 78109		
Principal occupation / Job title (See instructions) Manager		Employer (See instructions) Mission Wrecker
Date 12/31/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Janie Gonzalez	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 318 Menefee Blvd San Antonio, TX 78207		
Principal occupation / Job title (See instructions) CEO		Employer (See instructions) Webhead

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:
31 of 31

2 FILER NAME
Melissa Cabello Havrda

3 Filer ID (Ethics Commission Filers)

4 Date
12/31/2022

5 Full name of contributor out-of-state PAC (ID# _____)
Vernon Oliver Jr

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**PO Box 961
Converse, TX 78109**

8 Principal occupation / Job title (See instructions)
Manager

9 Employer (See instructions)
Mission Wrecker

Date
12/31/2022

Full name of contributor out-of-state PAC (ID# _____)
Jim Condit

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**13418 Vista Del Rey
San Antonio, TX 78216**

Principal occupation / Job title (See instructions)
Real Estate Agent

Employer (See instructions)
Self Employed

Date
12/31/2022

Full name of contributor out-of-state PAC (ID# _____)
Carlos Clavijo

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**11618 Wood Harbor
San Antonio, TX 78249**

Principal occupation / Job title (See instructions)
Director

Employer (See instructions)
Foresight Asset Management

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See instructions)

Employer (See instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 1 of 1
2 FILER NAME Melissa Cabello Havrda		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0
5 Date	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) 7 Contributor address; City; State; Zip Code	8 Amount of Contribution \$ 9 In-kind contribution description <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# _____) Contributor address; City; State; Zip Code	Amount of Contribution \$ In-kind contribution description <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: 1 of 1
2 FILER NAME Melissa Cabello Havrda		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED PLEDGES		\$ 0
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) 7 Pledgor address; City; State; Zip Code	8 Amount of Pledge \$ 9 In-kind contribution description <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# _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$ In-kind contribution description <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# _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$ In-kind contribution description <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# _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$ In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
Principal occupation / Job title (See instructions)		Employer (See instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

LOANS

SCHEDULE E

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

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 1 of 21	2 FILER NAME Melissa Cabello Havrda	3 Filer ID (Ethics Commission Filers)
---	--	--

4 Date 7/5/2022	5 Payee name G Suite
----------------------------------	---------------------------------------

6 Amount (\$) 25.58	7 Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Mountain View, CA 94043
--------------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Office software
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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

Date 7/11/2022	Payee name Squarespace Inc.
--------------------------	---------------------------------------

Amount (\$) 28.15	Payee address; City; State; Zip Code 8 Clarkson St. New York, NY 10014
-----------------------------	---

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

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

Date 7/11/2022	Payee name Constant Contact
--------------------------	---------------------------------------

Amount (\$) 239.85	Payee address; City; State; Zip Code 3675 Precision Dr Loveland, CO 80538
------------------------------	--

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

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

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 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

1 Total pages Schedule F1: 2 of 21	2 FILER NAME Melissa Cabello Havrda	3 Filer ID (Ethics Commission Filers)
4 Date 7/15/2022	5 Payee name Adobe Inc	
6 Amount (\$) 10.81	7 Payee address; City; State; Zip Code 345 Park Ave San Jose, CA 95110	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Office software
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
		Office held

Date 7/20/2022	Payee name San Antonio AFL CIO		
Amount (\$) 600.00	Payee address; City; State; Zip Code 1017 N Main San Antonio, TX 78212		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description Donation	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date 7/27/2022	Payee name Adobe Inc		
Amount (\$) 16.23	Payee address; City; State; Zip Code 345 Park Ave San Jose, CA 95110		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Office software	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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 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

1 Total pages Schedule F1: 3 of 21	2 FILER NAME Melissa Cabello Havrda	3 Filer ID (Ethics Commission Filers)
4 Date 7/29/2022	5 Payee name GoDaddy.com	
6 Amount (\$) 12.78	7 Payee address; City; State; Zip Code 14455 N Hayden Rd #226 Scottsdale, AZ 85260	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Domain hosting
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name	Office sought	Office held

Date 7/31/2022	Payee name IBC Bank		
Amount (\$) 5.32	Payee address; City; State; Zip Code 300 E Travis San Antonio , TX 78205		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description Bank fees	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name		Office sought	Office held

Date 8/1/2022	Payee name GoDaddy.com		
Amount (\$) 30.16	Payee address; City; State; Zip Code 14455 N Hayden Rd #226 Scottsdale, AZ 85260		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Domain hosting	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name		Office sought	Office held

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 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

1 Total pages Schedule F1: 4 of 21	2 FILER NAME Melissa Cabello Havrda	3 Filer ID (Ethics Commission Filers)
4 Date 8/1/2022	5 Payee name GoDaddy.com	
6 Amount (\$) 204.54	7 Payee address; City; State; Zip Code 14455 N Hayden Rd #226 Scottsdale, AZ 85260	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Domain renewal
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
		Office held

Date 8/2/2022	Payee name G Suite		
Amount (\$) 25.57	Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Mountain View, CA 94043		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Office software	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date 8/4/2022	Payee name CVS		
Amount (\$) 255.95	Payee address; City; State; Zip Code 7603 Culebra San Antonio, TX 78251		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Office supplies	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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 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

1 Total pages Schedule F1: 5 of 21	2 FILER NAME Melissa Cabello Havrda	3 Filer ID (Ethics Commission Filers)
4 Date 8/11/2022	5 Payee name Adobe Inc	
6 Amount (\$) 25.46	7 Payee address; City; State; Zip Code 345 Park Ave San Jose, CA 95110	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Office software
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
		Office held

Date 8/11/2022	Payee name Constant Contact		
Amount (\$) 239.85	Payee address; City; State; Zip Code 3675 Precision Dr Loveland, CO 80538		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	Description 239.85	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date 8/12/2022	Payee name Squarespace Inc.		
Amount (\$) 28.15	Payee address; City; State; Zip Code 8 Clarkson St. New York, NY 10014		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Website hosting	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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 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

1 Total pages Schedule F1: 6 of 21	2 FILER NAME Melissa Cabello Havrda	3 Filer ID (Ethics Commission Filers)
4 Date 8/15/2022	5 Payee name Adobe Inc	
6 Amount (\$) 25.46	7 Payee address; City; State; Zip Code 345 Park Ave San Jose, CA 95110	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Office software
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
		Office held

Date 8/29/2022	Payee name Adobe Inc		
Amount (\$) 16.23	Payee address; City; State; Zip Code 345 Park Ave San Jose, CA 95110		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Office software	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date 8/29/2022	Payee name GoDaddy.com		
Amount (\$) 12.78	Payee address; City; State; Zip Code 14455 N Hayden Rd #226 Scottsdale, AZ 85260		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Domain hosting	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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 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

1 Total pages Schedule F1: 7 of 21	2 FILER NAME Melissa Cabello Havrda	3 Filer ID (Ethics Commission Filers)
4 Date 8/31/2022	5 Payee name IBC Bank	
6 Amount (\$) 6.06	7 Payee address; City; State; Zip Code 300 E Travis San Antonio , TX 78205	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description Bank fees
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name	Office sought	Office held

Date 9/1/2022	Payee name G Suite	
Amount (\$) 25.58	Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Mountain View, CA 94043	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Office software
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name	Office sought	Office held

Date 9/7/2022	Payee name Roberts Flower Shop	
Amount (\$) 72.46	Payee address; City; State; Zip Code 423 Castroville Rd San Antonio, TX 78207	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Gift/Awards/Memorials Expense	Description Gift
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name	Office sought	Office held

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 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

1 Total pages Schedule F1: 8 of 21	2 FILER NAME Melissa Cabello Havrda	3 Filer ID (Ethics Commission Filers)
4 Date 9/12/2022	5 Payee name Constant Contact	
6 Amount (\$) 239.85	7 Payee address; City; State; Zip Code 3675 Precision Dr Loveland, CO 80538	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Office software
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
		Office held

Date 9/12/2022	Payee name Squarespace Inc.		
Amount (\$) 31.39	Payee address; City; State; Zip Code 8 Clarkson St. New York, NY 10014		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Website hosting	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date 9/15/2022	Payee name Adobe Inc		
Amount (\$) 10.81	Payee address; City; State; Zip Code 345 Park Ave San Jose, CA 95110		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Office software	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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 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

1 Total pages Schedule F1: 9 of 21	2 FILER NAME Melissa Cabello Havrda	3 Filer ID (Ethics Commission Filers)
4 Date 9/22/2022	5 Payee name Crockett Tavern	
6 Amount (\$) 67.27	7 Payee address; City; State; Zip Code 320 Bonham San Antonio, TX 78205	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Staff meeting
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought Office held

Date 9/23/2022	Payee name Mi Tierra	
Amount (\$) 72.61	Payee address; City; State; Zip Code 218 Produce Row San Antonio, TX 78205	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage Expense	Description Staff meeting
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought Office held

Date 9/27/2022	Payee name Adobe Inc	
Amount (\$) 16.23	Payee address; City; State; Zip Code 345 Park Ave San Jose, CA 95110	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Office software
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought Office held

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 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

1 Total pages Schedule F1: 10 of 21	2 FILER NAME Melissa Cabello Havrda	3 Filer ID (Ethics Commission Filers)
4 Date 9/29/2022	5 Payee name GoDaddy.com	
6 Amount (\$) 12.78	7 Payee address; City; State; Zip Code 14455 N Hayden Rd #226 Scottsdale, AZ 85260	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Domain hosting
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
		Office held

Date 9/30/2022	Payee name Anedot		
Amount (\$) 190.80	Payee address; City; State; Zip Code 1920 McKinney Ave Dallas, TX 75201		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description Card processing fees	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date 9/30/2022	Payee name IBC Bank		
Amount (\$) 3.40	Payee address; City; State; Zip Code 300 E Travis San Antonio , TX 78205		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description Bank fees	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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 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

1 Total pages Schedule F1: 11 of 21	2 FILER NAME Melissa Cabello Havrda	3 Filer ID (Ethics Commission Filers)
4 Date 10/3/2022	5 Payee name G Suite	
6 Amount (\$) 25.58	7 Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Mountain View, CA 94043	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Softwar
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
		Office held

Date 10/7/2022	Payee name Down on Grayson		
Amount (\$) 102.22	Payee address; City; State; Zip Code 303 E Grayson San Antonio, TX 78212		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage Expense	Description Staff lunch	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date 10/11/2022	Payee name Constant Contact		
Amount (\$) 239.85	Payee address; City; State; Zip Code 3675 Precision Dr Loveland, CO 80538		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Database	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 12 of 21	2 FILER NAME Melissa Cabello Havrda	3 Filer ID (Ethics Commission Filers)
4 Date 10/12/2022	5 Payee name Squarespace Inc.	
6 Amount (\$) 31.39	7 Payee address; City; State; Zip Code 8 Clarkson St. New York, NY 10014	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Website hosting
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
		Office held

Date 10/17/2022	Payee name Adobe Inc		
Amount (\$) 10.81	Payee address; City; State; Zip Code 345 Park Ave San Jose, CA 95110		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Software	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date 10/24/2022	Payee name Monarch Trophy		
Amount (\$) 80.00	Payee address; City; State; Zip Code 16227 San Pedro San Antonio, TX 78259		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Gift/Awards/Memorials Expense	Description Award	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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 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

1 Total pages Schedule F1: 13 of 21	2 FILER NAME Melissa Cabello Havrda	3 Filer ID (Ethics Commission Filers)
4 Date 10/27/2022	5 Payee name Adobe Inc	
6 Amount (\$) 10.81	7 Payee address; City; State; Zip Code 345 Park Ave San Jose, CA 95110	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Software
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name	Office sought	Office held

Date 10/31/2022	Payee name GoDaddy.com	
Amount (\$) 12.78	Payee address; City; State; Zip Code 14455 N Hayden Rd #226 Scottsdale, AZ 85260	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Domain hosting
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name	Office sought	Office held

Date 10/31/2022	Payee name IBC Bank	
Amount (\$) 5.66	Payee address; City; State; Zip Code 300 E Travis San Antonio , TX 78205	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description Bank fees
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name	Office sought	Office held

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 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

1 Total pages Schedule F1: 14 of 21	2 FILER NAME Melissa Cabello Havrda	3 Filer ID (Ethics Commission Filers)
4 Date 11/1/2022	5 Payee name G Suite	
6 Amount (\$) 25.58	7 Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Mountain View, CA 94043	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Software
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name	Office sought	Office held

Date 11/2/2022	Payee name Office Max		
Amount (\$) 43.29	Payee address; City; State; Zip Code 255 E Basse San Antonio, TX 78209		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Office supplies	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name		Office sought	Office held

Date 11/14/2022	Payee name Constant Contact		
Amount (\$) 239.85	Payee address; City; State; Zip Code 3675 Precision Dr Loveland, CO 80538		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Database	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name		Office sought	Office held

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 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

1 Total pages Schedule F1: 15 of 21	2 FILER NAME Melissa Cabello Havrda	3 Filer ID (Ethics Commission Filers)
4 Date 11/14/2022	5 Payee name Squarespace Inc.	
6 Amount (\$) 31.39	7 Payee address; City; State; Zip Code 8 Clarkson St. New York, NY 10014	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Database
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name	Office sought	Office held

Date 11/22/2022	Payee name Bethel United Methodist Church		
Amount (\$) 100.00	Payee address; City; State; Zip Code 227 S Acme Rd San Antonio, TX 78237		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description Donation	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name		Office sought	Office held

Date 11/29/2022	Payee name Adobe Inc		
Amount (\$) 10.81	Payee address; City; State; Zip Code 345 Park Ave San Jose, CA 95110		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Software	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name		Office sought	Office held

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 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

1 Total pages Schedule F1: 16 of 21	2 FILER NAME Melissa Cabello Havrda	3 Filer ID (Ethics Commission Filers)
4 Date 11/30/2022	5 Payee name GoDaddy.com	
6 Amount (\$) 12.78	7 Payee address; City; State; Zip Code 14455 N Hayden Rd #226 Scottsdale, AZ 85260	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Domain hosting
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name	Office sought	Office held

Date 11/30/2022	Payee name IBC Bank		
Amount (\$) 3.71	Payee address; City; State; Zip Code 300 E Travis San Antonio , TX 78205		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description Bank fees	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name	Office sought	Office held	

Date 12/2/2022	Payee name G Suite		
Amount (\$) 25.58	Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Mountain View, CA 94043		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Software	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name	Office sought	Office held	

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 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

1 Total pages Schedule F1: 17 of 21	2 FILER NAME Melissa Cabello Havrda	3 Filer ID (Ethics Commission Filers)
4 Date 12/5/2022	5 Payee name San Antonio Journalist Assoc	
6 Amount (\$) 390.00	7 Payee address; City; State; Zip Code PO Box 245 San Antonio, TX 78205	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description Donation
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name	Office sought	Office held

Date 12/12/2022	Payee name Constant Contact	
Amount (\$) 239.85	Payee address; City; State; Zip Code 3675 Precision Dr Loveland, CO 80538	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Database
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name	Office sought	Office held

Date 12/12/2022	Payee name Walgreens	
Amount (\$) 70.95	Payee address; City; State; Zip Code 8202 Culebra Rd San Antonio, TX 78251	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Office supplies
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 18 of 21	2 FILER NAME Melissa Cabello Havrda	3 Filer ID (Ethics Commission Filers)
4 Date 12/12/2022	5 Payee name Squarespace Inc.	
6 Amount (\$) 31.39	7 Payee address; City; State; Zip Code 8 Clarkson St. New York, NY 10014	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Website hosting
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name	Office sought	Office held

Date 12/14/2022	Payee name Walmart		
Amount (\$) 17.55	Payee address; City; State; Zip Code 9526 W Military Dr San Antonio, TX 78251		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Office supplies	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name		Office sought	Office held

Date 12/15/2022	Payee name Walmart		
Amount (\$) 203.74	Payee address; City; State; Zip Code 9526 W Military Dr San Antonio, TX 78251		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Office supplies	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name		Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 19 of 21	2 FILER NAME Melissa Cabello Havrda	3 Filer ID (Ethics Commission Filers)
4 Date 12/15/2022	5 Payee name GoDaddy.com	
6 Amount (\$) 20.27	7 Payee address; City; State; Zip Code 14455 N Hayden Rd #226 Scottsdale, AZ 85260	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Domain hosting
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name	Office sought	Office held

Date 12/15/2022	Payee name San Antonio Missions		
Amount (\$) 32.48	Payee address; City; State; Zip Code 6701 San Jose Dr San Antonio, TX 78214		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Gift/Awards/Memorials Expense	Description Sponsorship	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name		Office sought	Office held

Date 12/16/2022	Payee name Del Bravo Records		
Amount (\$) 250.00	Payee address; City; State; Zip Code 554 Old Hwy 90 San Antonio, TX 78237		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Gift/Awards/Memorials Expense	Description Gifts	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name		Office sought	Office held

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 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

1 Total pages Schedule F1: 20 of 21	2 FILER NAME Melissa Cabello Havrda	3 Filer ID (Ethics Commission Filers)
4 Date 12/16/2022	5 Payee name Bed Bath & Beyond	
6 Amount (\$) 95.27	7 Payee address; City; State; Zip Code 6001 NW Loop San Antonio , TX 78238	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description Gifts
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name	Office sought	Office held

Date 12/16/2022	Payee name Adobe Inc		
Amount (\$) 10.81	Payee address; City; State; Zip Code 345 Park Ave San Jose, CA 95110		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Software	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name		Office sought	Office held

Date 12/19/2022	Payee name GoDaddy.com		
Amount (\$) 44.34	Payee address; City; State; Zip Code 14455 N Hayden Rd #226 Scottsdale, AZ 85260		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Domain renewal	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name		Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 21 of 21	2 FILER NAME Melissa Cabello Havrda	3 Filer ID (Ethics Commission Filers)
4 Date 12/28/2022	5 Payee name Adobe Inc	
6 Amount (\$) 16.23	7 Payee address; City; State; Zip Code 345 Park Ave San Jose, CA 95110	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Software
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name	Office sought	Office held

Date 12/29/2022	Payee name GoDaddy.com		
Amount (\$) 12.78	Payee address; City; State; Zip Code 14455 N Hayden Rd #226 Scottsdale, AZ 85260		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Domain hosting	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name	Office sought	Office held	

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

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

1 Total pages Schedule F2: 1 of 1	2 FILER NAME Melissa Cabello Havrda	3 Filer ID (Ethics Commission Filers)
--	--	--

4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$ 0
--	-------------

5 Date	6 Payee name
---------------	---------------------

7 Amount (\$)	8 Payee address; City; State; Zip Code
----------------------	---

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

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

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

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

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

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

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

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

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 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

1 Total pages Schedule F4: 1 of 1	2 FILER NAME Melissa Cabello Havrda	3 Filer ID (Ethics Commission Filers)
--	--	--

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 0
--	-------------

5 Date	6 Payee name
---------------	---------------------

7 Amount (\$)	8 Payee address; City; State; Zip Code
----------------------	---

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

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

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

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

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

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

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

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

--	--	--	--

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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

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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:
1 of 1

2 FILER NAME

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE T

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T: 1 of 1
2 FILER NAME Melissa Cabello Havrda		3 Filer ID (Ethics Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
5 Contribution / Expenditure reported on: <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 <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: <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 <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: <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 <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)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

FORM C/OH - FR

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

C/OH NAME
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