CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT

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

		1 Filer ID (Ethics Commission Filers)	**2** Total pages filed:
The C/OH Instruction Guide explains how to complete this form.			**49**

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST **Melissa** MI	**OFFICE USE ONLY**
	NICKNAME LAST **Cabello Havrda** SUFFIX	Date Received **7/12/2024 4:03:24PM**

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ☐ Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **PO Box 769677** **San Antonio TX 78245**	

5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION ( ) -	Date Hand-delivered or Date Postmarked

6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST **Carlos** MI	Receipt # Amount $
	NICKNAME LAST **Cabello** SUFFIX	Date Processed **7/12/2024 4:03:24PM** Date Imaged

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE **PO Box 769677** **San Antonio TX 78245**

8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (**210**) **549-8620**

9 REPORT TYPE	**July 15: Semi-Annual**

10 PERIOD COVERED	Month Day Year Month Day Year **1/1/2024** THROUGH **6/30/2024**

11 ELECTION	ELECTION DATE Month Day Year	ELECTION TYPE ☐ Primary ☐ Runoff ☐ Other Description [X] General ☐ Special _____

12 OFFICE	OFFICE HELD (if any) **Council District 6**	**13** OFFICE SOUGHT (if known) **Council District 6**

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT

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.

COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

☐ Additional Pages

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)	$ 15800.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURES.	$ 0
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 20004.86
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 48480.39
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 __12th__ day of __July__ , 20__24__ , 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.	[X] SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	**$ 15800.00**
2.	[X] SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	**$ 0**
3.	[X] SCHEDULE B: PLEDGED CONTRIBUTIONS	**$ 0**
4.	[X] SCHEDULE E: LOANS	**$ 0**
5.	[X] SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	**$ 20004.86**
6.	[X] SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	**$ 0**
7.	[X] SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	**$ 0**
8.	[X] SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	**$ 0**
9.	[X] SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	**$ 0**
10.	[X] SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	**$ 0**
11.	[X] SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	**$ 0**
12.	[X] 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 10

2 FILER NAME
Melissa Cabello Havrda

3 Filer ID (Ethics Commission Filers)

4 Date	**5** Full name of contributor	☐ out-of-state PAC (ID#_____)	**7** Amount of contribution ($)
1/3/2024	**Krishna Ready**		**500.00**

6 Contributor address; City; State; Zip Code
13514 Able Creek Drive
San Antonio, TX 78231

8 Principal occupation / Job title (See instructions)
Attorney

9 Employer (See instructions)
Meritz Reddi

Date	Full name of contributor	☐ out-of-state PAC (ID#_____)	Amount of contribution ($)
2/21/2024	**Brad Carson**		**500.00**

Contributor address; City; State; Zip Code
128 West Mistletoe Ave
San Antonio, TX 78212

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
Kruger Carson PLLC

Date	Full name of contributor	☐ out-of-state PAC (ID#_____)	Amount of contribution ($)
4/3/2024	**Enrique Davila**		**500.00**

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

Principal occupation / Job title (See instructions)

Employer (See instructions)
Davila Electric

Date	Full name of contributor	☐ out-of-state PAC (ID#_____)	Amount of contribution ($)
4/3/2024	**Linda Davila**		**500.00**

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

Principal occupation / Job title (See instructions)

Employer (See instructions)
Davila 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: **2 of 10**

2 FILER NAME
Melissa Cabello Havrda

3 Filer ID (Ethics Commission Filers)

4 Date **4/11/2024**	**5** Full name of contributor ☐ out-of-state PAC (ID#_____) **Johnny W Stevens**	**7** Amount of contribution ($) **500.00**
	6 Contributor address; City; State; Zip Code **8120 Killarney Ct** **Wichita, KS 67206**	

8 Principal occupation / Job title (See instructions)
Small Business Owner

9 Employer (See instructions)
Self

Date **4/11/2024**	Full name of contributor ☐ out-of-state PAC (ID#_____) **San Antonio Land Fund**	Amount of contribution ($) **500.00**
	Contributor address; City; State; Zip Code **PO Box 782257** **Wichita, KS 67278**	

Principal occupation / Job title (See instructions)

Employer (See instructions)
San Antonio Land Fund

Date **4/11/2024**	Full name of contributor ☐ out-of-state PAC (ID#_____) **Vineyard Shopping Center**	Amount of contribution ($) **500.00**
	Contributor address; City; State; Zip Code **PO Box 782257** **Wichita, KS 67278**	

Principal occupation / Job title (See instructions)

Employer (See instructions)
Vineyard Shopping Center

Date **4/11/2024**	Full name of contributor ☐ out-of-state PAC (ID#_____) **Loop 1604 Group**	Amount of contribution ($) **500.00**
	Contributor address; City; State; Zip Code **PO Box 782257** **Wichita, KS 67278**	

Principal occupation / Job title (See instructions)

Employer (See instructions)
Loop 1604 Group

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 10

2 FILER NAME
Melissa Cabello Havrda

3 Filer ID (Ethics Commission Filers)

4 Date **4/30/2024**	**5** Full name of contributor **jorge herrera**	☐ out-of-state PAC (ID#_____)	**7** Amount of contribution ($) **250.00**

6 Contributor address;   City;   State;   Zip Code
1800 West Commerce St.
San Antonio, TX 78207

8 Principal occupation / Job title (See instructions)
Attorney

9 Employer (See instructions)
The Herrera Law Firm

Date **4/30/2024**	Full name of contributor **Jennifer Yantis**	☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **500.00**

Contributor address;   City;   State;   Zip Code
6812 West Avenue
San Antonio, TX 78213

Principal occupation / Job title (See instructions)
President

Employer (See instructions)
Mosaic Land Development

Date **4/30/2024**	Full name of contributor **Alice Viroslav**	☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **250.00**

Contributor address;   City;   State;   Zip Code
715 Elizabeth Road
San Antonio, TX 78209

Principal occupation / Job title (See instructions)
Physician

Employer (See instructions)
Radsource

Date **4/30/2024**	Full name of contributor **Blake Yantis**	☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **500.00**

Contributor address;   City;   State;   Zip Code
6812 West Avenue
San Antonio, TX 78213

Principal occupation / Job title (See instructions)
President

Employer (See instructions)
Mosaic Land Development

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
4 of 10

2 FILER NAME
Melissa Cabello Havrda

3 Filer ID (Ethics Commission Filers)

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#_____)	**7** Amount of contribution ($)
4/30/2024	**Herbeck Krumswick Rev Trus**	**500.00**

6 Contributor address; City; State; Zip Code
400 N Woodlawn #210
Wichita, KS 67208

8 Principal occupation / Job title (See instructions)

9 Employer (See instructions)
Herbeck Krumswick Rev Trus

Date	Full name of contributor ☐ out-of-state PAC (ID#_____)	Amount of contribution ($)
4/30/2024	**KBK, LLC**	**500.00**

Contributor address; City; State; Zip Code
400 N Woodlawn #210
Wichita, KS 67208

Principal occupation / Job title (See instructions)

Employer (See instructions)
KBK, LLC

Date	Full name of contributor ☐ out-of-state PAC (ID#_____)	Amount of contribution ($)
5/1/2024	**NuStar PAC**	**500.00**

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

Principal occupation / Job title (See instructions)

Employer (See instructions)
NuStar Pac

Date	Full name of contributor ☐ out-of-state PAC (ID#_____)	Amount of contribution ($)
5/1/2024	**Clifton Douglas**	**500.00**

Contributor address; City; State; Zip Code
606 Garraty Rd
San Antonio, TX 78209

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
Linebarger Goggan Blair & Sampson, 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**

1 Total pages Schedule A1:
5 of 10

2 FILER NAME
Melissa Cabello Havrda

3 Filer ID (Ethics Commission Filers)

4 Date **5/2/2024**	**5** Full name of contributor **pablo escamilla** ☐ out-of-state PAC (ID#_____)	**7** Amount of contribution ($) **500.00**

6 Contributor address;   City;   State;   Zip Code
1047 West 17th Street
Houston, TX 77008

8 Principal occupation / Job title (See instructions) **Attorney**	**9** Employer (See instructions) **Escamilla & Poneck, LLP**

Date **5/22/2024**	Full name of contributor **Christopher Callanen** ☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **50.00**

Contributor address;   City;   State;   Zip Code
7330 S Old Hammer Way
Aurora, CO 80016

Principal occupation / Job title (See instructions) **Technical specialist**	Employer (See instructions) **Wendorf Beward & Partners**

Date **5/22/2024**	Full name of contributor **William McDonough** ☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **100.00**

Contributor address;   City;   State;   Zip Code
8542 Timber Plain
San Antonio, TX 78250

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

Date **5/22/2024**	Full name of contributor **Carolyn Shaw** ☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **100.00**

Contributor address;   City;   State;   Zip Code
213 Mornignside Dr
San Antonio, TX 78209

Principal occupation / Job title (See instructions) **Real Estate**	Employer (See instructions) **Stream Realty 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:
6 of 10

2 FILER NAME
Melissa Cabello Havrda

3 Filer ID (Ethics Commission Filers)

4 Date **5/22/2024**	**5** Full name of contributor **Christina Castano** ☐ out-of-state PAC (ID#_____)	**7** Amount of contribution ($) **50.00**
	6 Contributor address; City; State; Zip Code **927 Serenade Dr** **San Antonio, TX 78213**	

8 Principal occupation / Job title (See instructions)
Retired

9 Employer (See instructions)
Retired

Date **6/18/2024**	Full name of contributor **Andrew Turner** ☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **500.00**
	Contributor address; City; State; Zip Code **707 Ridgewood Drive** **Antioch, IL 60002**	

Principal occupation / Job title (See instructions)
Vice President of Business Development

Employer (See instructions)
Dalkia Energy Solutions

Date **6/18/2024**	Full name of contributor **Ashley Turner** ☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **500.00**
	Contributor address; City; State; Zip Code **707 Ridgewood Drive** **Antioch, IL 60002**	

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date **6/18/2024**	Full name of contributor **Jean-Christophe Florensen** ☐ out-of-state PAC (ID#_____)	Amount of contribution ($) **500.00**
	Contributor address; City; State; Zip Code **1401 Fairview St. Unit A** **Houston, TX 77006**	

Principal occupation / Job title (See instructions)
Vice President, Smart Infrastructure Solutions

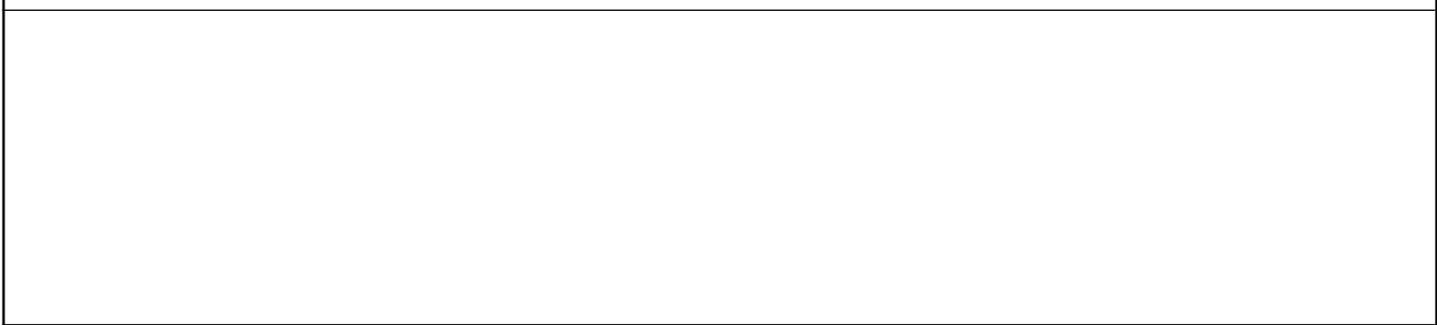Employer (See instructions)
Dalkia Energy Solutions

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
7 of 10

2 FILER NAME
Melissa Cabello Havrda

3 Filer ID (Ethics Commission Filers)

4 Date	**5** Full name of contributor	☐ out-of-state PAC (ID#_____)	**7** Amount of contribution ($)
6/18/2024	**Yuridia Quintanilla**		**500.00**

6 Contributor address; City; State; Zip Code
1401 Fairview St. Unit A
houston, TX 77006

8 Principal occupation / Job title (See instructions)	**9** Employer (See instructions)
	Fortress Energy

Date	Full name of contributor	☐ out-of-state PAC (ID#_____)	Amount of contribution ($)
6/23/2024	**Kristi Garza Villanueva**		**500.00**

Contributor address; City; State; Zip Code
809 Wyoming St
San Antonio, TX 78203

Principal occupation / Job title (See instructions)	Employer (See instructions)
Government Affairs	**Dalkia Energy Solutions**

Date	Full name of contributor	☐ out-of-state PAC (ID#_____)	Amount of contribution ($)
6/23/2024	**Ronnie Viilanueva**		**500.00**

Contributor address; City; State; Zip Code
809 Wyoming St
San Antonio, TX 78203

Principal occupation / Job title (See instructions)	Employer (See instructions)
VP of Services	**Tru-Matrix Contracting**

Date	Full name of contributor	☐ out-of-state PAC (ID#_____)	Amount of contribution ($)
6/23/2024	**Kevin Kaye**		**500.00**

Contributor address; City; State; Zip Code
607 W Kings Hwy
San Antonio, TX 78212

Principal occupation / Job title (See instructions)	Employer (See instructions)
Senior Director of Operations	**Dalkia Energy Solutions**

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 10**	

2 FILER NAME
Melissa Cabello Havrda

3 Filer ID (Ethics Commission Filers)

---

4 Date
6/23/2024

5 Full name of contributor
Allyson Derosier

☐ out-of-state PAC (ID#_____)

7 Amount of contribution ($)
500.00

6 Contributor address;   City;   State;   Zip Code
607 W Kings Hwy
San Antonio, TX 78212

8 Principal occupation / Job title (See instructions)
Fitness Coach

9 Employer (See instructions)
Orangetheory

Date
6/24/2024

Full name of contributor
Gary Stinnett

☐ out-of-state PAC (ID#_____)

Amount of contribution ($)
500.00

Contributor address;   City;   State;   Zip Code
18422 Emerald Forest Dr.
San Antonio, TX 78259

Principal occupation / Job title (See instructions)
CIO

Employer (See instructions)
Vizza Wash, LP

Date
6/24/2024

Full name of contributor
Laura Stinnett

☐ out-of-state PAC (ID#_____)

Amount of contribution ($)
500.00

Contributor address;   City;   State;   Zip Code
18422 Emerald Forest Dr.
San Antonio, TX 78259

Principal occupation / Job title (See instructions)
Accountant

Employer (See instructions)
Vizza Wash, LP

Date
6/24/2024

Full name of contributor
Silvestre Vasquez

☐ out-of-state PAC (ID#_____)

Amount of contribution ($)
500.00

Contributor address;   City;   State;   Zip Code
16006 Ponderosa Pass
Helotes, TX 78023

Principal occupation / Job title (See instructions)
Real Estate

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

1 Total pages Schedule A1:
9 of 10

2 FILER NAME
Melissa Cabello Havrda

3 Filer ID (Ethics Commission Filers)

4 Date **6/25/2024**	**5** Full name of contributor ☐ out-of-state PAC (ID#_____) **Debra Guerrero**	**7** Amount of contribution ($) **250.00**
	6 Contributor address; City; State; Zip Code **3915 Skylark** **San Antonio, TX 78210**	

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

9 Employer (See instructions)
The NRP Group

Date **6/25/2024**	Full name of contributor ☐ out-of-state PAC (ID#_____) **Rob Saenz**	Amount of contribution ($) **500.00**
	Contributor address; City; State; Zip Code **11211 Raw Sienna** **Helotes, TX 78023**	

Principal occupation / Job title (See instructions)
Broker

Employer (See instructions)
Xsellence Realty

Date **6/25/2024**	Full name of contributor ☐ out-of-state PAC (ID#_____) **Maria Mendoza**	Amount of contribution ($) **500.00**
	Contributor address; City; State; Zip Code **506 Hillside Court** **San Antonio, TX 78258**	

Principal occupation / Job title (See instructions)
Owner

Employer (See instructions)
Paseo Real

Date **6/25/2024**	Full name of contributor ☐ out-of-state PAC (ID#_____) **John Agather**	Amount of contribution ($) **500.00**
	Contributor address; City; State; Zip Code **300 West French Place** **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**

1 Total pages Schedule A1:
10 of 10

2 FILER NAME
Melissa Cabello Havrda

3 Filer ID (Ethics Commission Filers)

4 Date **6/25/2024**	**5** Full name of contributor **Jason Arechiga** ☐ out-of-state PAC (ID#_____)	**7** Amount of contribution ($) **250.00**
	6 Contributor address; City; State; Zip Code **22603 Impala Bend** **San Antonio, TX 78259**	

8 Principal occupation / Job title (See instructions)
Developer

9 Employer (See instructions)
The NRP Group

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)

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)

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**

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 ☐ out-of-state PAC (ID#_____)	**8** Amount of Contribution $
	7 Contributor address; City; State; Zip Code	**9** In-kind contribution description
		☐ 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 ☐ out-of-state PAC (ID#_____)	Amount of Contribution $
	Contributor address; City; State; Zip Code	In-kind contribution description
		☐ 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

PLEDGED 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 ☐ out-of-state PAC (ID#_____)	**8** Amount of Pledge $
	7 Pledgor address; City; State; Zip Code	**9** In-kind contribution description
		☐ 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 ☐ out-of-state PAC (ID#_____)	Amount of Pledge $
	Pledgor address; City; State; Zip Code	In-kind contribution description
		☐ Check if travel outside of Texas, complete Schedule T

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date	Full name of pledgor ☐ out-of-state PAC (ID#_____)	Amount of Pledge $
	Pledgor address; City; State; Zip Code	In-kind contribution description
		☐ Check if travel outside of Texas, complete Schedule T

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date	Full name of pledgor ☐ out-of-state PAC (ID#_____)	Amount of Pledge $
	Pledgor address; City; State; Zip Code	In-kind contribution description
		☐ 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**

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 ☐ 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 ☐ none	**15** ☐ Check if personal funds were deposited into political account (See instructions)

16 GUARANTOR INFORMATION ☐ not applicable	**17** Name of guarantor **18** Guarantor address; City; State; Zip Code	**19** Amount Guaranteed ($)

20 Principal occupation (See instructions)	**21** Employer (See instructions)

Date of loan	Name of lender ☐ 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 ☐ none	☐ Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION ☐ not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed ($)

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 24**	**2** FILER NAME **Melissa Cabello Havrda**	**3** Filer ID (Ethics Commission Filers)

4 Date **1/2/2024**	**5** Payee name **Google Suite**

6 Amount ($) **12.79**	**7** Payee address; City; State; Zip Code **1600 Amphitheatre Parkway** **Mountainview, CA 94043**

8 **PURPOSE** **OF** **EXPENDITURE**	**(a)** Category (See categories listed at the top of this schedule) **Office Overhead/Rental Expense**	**(b)** Description **Dues and Subscriptions**

(c) ☐   Check if travel outside of Texas, complete schedule T   ☐   Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name **Melissa Cabello Havrda**	Office sought **Council District 6**	Office held **Council District 6**

Date **1/2/2024**	Payee name **Anedot Inc.**

Amount ($) **20.30**	Payee address; City; State; Zip Code **1340 Poydras Street #1770** **New Orleans, LA 70112**

   PURPOSE **OF** **EXPENDITURE**	Category (See categories listed at the top of this schedule) **Solicitation/Fundraising Expense**	Description **Fundraising fee**

☐   Check if travel outside of Texas, complete schedule T   ☐   Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name **Melissa Cabello Havrda**	Office sought **Council District 6**	Office held **Council District 6**

Date **1/3/2024**	Payee name **Veronica Boyle**

Amount ($) **26.65**	Payee address; City; State; Zip Code **PO Box 760656** **San Antonio, TX 78245**

   PURPOSE **OF** **EXPENDITURE**	Category (See categories listed at the top of this schedule) **Office Overhead/Rental Expense**	Description **Supplies: Heater**

☐   Check if travel outside of Texas, complete schedule T   ☐   Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name **Melissa Cabello Havrda**	Office sought **Council District 6**	Office held **Council District 6**

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

1 Total pages Schedule F1: **2 of 24**	**2** FILER NAME **Melissa Cabello Havrda**	**3** Filer ID (Ethics Commission Filers)

4 Date **1/10/2024**	**5** Payee name **ACTBlue**	

| **6** Amount ($) **500.00** | **7** Payee address;   City;   State;   Zip Code **366 Summer Street** **Somerville, MA 02144** | |

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 **Kristian Carranza**
	(c) ☐ Check if travel outside of Texas, complete schedule T ☐ Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name **Melissa Cabello Havrda**	Office sought **Council District 6**	Office held **Council District 6**

Date **1/11/2024**	Payee name **Constant Contact**	

| Amount ($) **278.22** | 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 **Email Database**
	☐ Check if travel outside of Texas, complete schedule T ☐ Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name **Melissa Cabello Havrda**	Office sought **Council District 6**	Office held **Council District 6**

Date **1/12/2024**	Payee name **Square Space**	

| Amount ($) **30.91** | 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**
	☐ Check if travel outside of Texas, complete schedule T ☐ Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name **Melissa Cabello Havrda**	Office sought **Council District 6**	Office held **Council District 6**

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POLITICAL EXPENDITURES MADE
FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

1 Total pages Schedule F1: **3 of 24**	**2** FILER NAME **Melissa Cabello Havrda**	**3** Filer ID (Ethics Commission Filers)

4 Date **1/17/2024**	**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) ☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name **Melissa Cabello Havrda**	Office sought **Council District 6**	Office held **Council District 6**

Date **1/19/2024**	Payee name **Square Space**

Amount ($) **35.18**	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**

☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name **Melissa Cabello Havrda**	Office sought **Council District 6**	Office held **Council District 6**

Date **1/29/2024**	Payee name **GoDaddy**

Amount ($) **15.98**	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**

☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name **Melissa Cabello Havrda**	Office sought **Council District 6**	Office held **Council District 6**

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE **F1**

1 Total pages Schedule F1: **4 of 24**	2 FILER NAME **Melissa Cabello Havrda**	3 Filer ID (Ethics Commission Filers)

4 Date **1/29/2024**	5 Payee name **Adobe Inc**

6 Amount ($) **21.64**	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) ☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name **Melissa Cabello Havrda**	Office sought **Council District 6**	Office held **Council District 6**

Date **1/29/2024**	Payee name **Monarch Trophy Studio**

Amount ($) **1531.74**	Payee address; City; State; Zip Code **16227 San Pedro Ave** **San Antonio, TX 78232**

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule) **Advertising Expense**

Description **Advertisement**

☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name **Melissa Cabello Havrda**	Office sought **Council District 6**	Office held **Council District 6**

Date **2/2/2024**	Payee name **Google Suite**

Amount ($) **12.79**	Payee address; City; State; Zip Code **1600 Amphitheatre Parkway** **Mountainview, CA 94043**

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule) **Office Overhead/Rental Expense**

Description **Dues and Subscriptions**

☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name **Melissa Cabello Havrda**	Office sought **Council District 6**	Office held **Council District 6**

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE **F1**

1 Total pages Schedule F1: **5 of 24**	**2** FILER NAME **Melissa Cabello Havrda**	**3** Filer ID (Ethics Commission Filers)

4 Date **2/9/2024**	**5** Payee name **Amazon**

6 Amount ($) **20.51**	**7** Payee address; City; State; Zip Code **410 Terry Ave N** **Seattle, WA 98109**

8 PURPOSE OF EXPENDITURE

(a) Category (See categories listed at the top of this schedule) **Office Overhead/Rental Expense**

(b) Description **Supplies**

(c) ☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name **Melissa Cabello Havrda**	Office sought **Council District 6**	Office held **Council District 6**

Date **2/12/2024**	Payee name **Constant Contact**

Amount ($) **278.22**	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 **Email Database**

☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name **Melissa Cabello Havrda**	Office sought **Council District 6**	Office held **Council District 6**

Date **2/12/2024**	Payee name **Square Space**

Amount ($) **30.91**	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**

☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name **Melissa Cabello Havrda**	Office sought **Council District 6**	Office held **Council District 6**

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE
FROM POLITICAL CONTRIBUTIONS

SCHEDULE **F1**

1 Total pages Schedule F1: **6 of 24**	**2** FILER NAME **Melissa Cabello Havrda**	**3** Filer ID (Ethics Commission Filers)

4 Date **2/16/2024**	**5** Payee name **Anedot Inc.**

6 Amount ($) **20.30**	**7** Payee address; City; State; Zip Code **1340 Poydras Street #1770** **New Orleans, LA 70112**

8 **PURPOSE OF EXPENDITURE**	**(a)** Category (See categories listed at the top of this schedule) **Solicitation/Fundraising Expense**	**(b)** Description **Fundraising fee**

(c) ☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name **Melissa Cabello Havrda**	Office sought **Council District 6**	Office held **Council District 6**

Date **2/20/2024**	Payee name **Soundcloud**

Amount ($) **105.34**	Payee address; City; State; Zip Code **71 5th Ave** **New York, NY 10003**

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) **Office Overhead/Rental Expense**	Description **Dues and Subscriptions**

☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name **Melissa Cabello Havrda**	Office sought **Council District 6**	Office held **Council District 6**

Date **2/20/2024**	Payee name **Square Space**

Amount ($) **35.18**	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**

☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name **Melissa Cabello Havrda**	Office sought **Council District 6**	Office held **Council District 6**

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE **F1**

1 Total pages Schedule F1: **7 of 24**	**2** FILER NAME **Melissa Cabello Havrda**	**3** Filer ID (Ethics Commission Filers)

4 Date **2/20/2024**	**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) ☐ Check if travel outside of Texas, complete schedule T ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name **Melissa Cabello Havrda**	Office sought **Council District 6**	Office held **Council District 6**

Date **2/22/2024**	Payee name **American Paper Optics**

Amount ($) **999.00**	Payee address; City; State; Zip Code **2995 Appling Rd #106** **Bartlett, TN 38133**

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule) **Advertising Expense**

Description **Printing**

☐ Check if travel outside of Texas, complete schedule T ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name **Melissa Cabello Havrda**	Office sought **Council District 6**	Office held **Council District 6**

Date **2/26/2024**	Payee name **ACTBlue**

Amount ($) **500.00**	Payee address; City; State; Zip Code **366 Summer Street** **Somerville, MA 02144**

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule) **Contributions/Donations Made By Candidate/Officeholder/Political Committee**

Description **Jalen McKee Rodriguez**

☐ Check if travel outside of Texas, complete schedule T ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name **Melissa Cabello Havrda**	Office sought **Council District 6**	Office held **Council District 6**

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POLITICAL EXPENDITURES MADE
FROM POLITICAL CONTRIBUTIONS

SCHEDULE **F1**

1 Total pages Schedule F1: **8 of 24**	**2** FILER NAME **Melissa Cabello Havrda**	**3** Filer ID (Ethics Commission Filers)

4 Date **2/28/2024**	**5** Payee name **Adobe Inc**

6 Amount ($) **21.64**	**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) ☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name **Melissa Cabello Havrda**	Office sought **Council District 6**	Office held **Council District 6**

Date **2/29/2024**	Payee name **GoDaddy**

Amount ($) **15.98**	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**

☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name **Melissa Cabello Havrda**	Office sought **Council District 6**	Office held **Council District 6**

Date **2/29/2024**	Payee name **Society of Professional Journalists**

Amount ($) **400.00**	Payee address; City; State; Zip Code **2161 West Summit** **San Antonio, TX 78201**

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule) **Advertising Expense**

Description **Advertisement**

☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name **Melissa Cabello Havrda**	Office sought **Council District 6**	Office held **Council District 6**

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POLITICAL EXPENDITURES MADE
FROM POLITICAL CONTRIBUTIONS

SCHEDULE **F1**

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: **9 of 24**	**2** FILER NAME **Melissa Cabello Havrda**	**3** Filer ID (Ethics Commission Filers)

4 Date **3/1/2024**	**5** Payee name **San Antonio Womens Hall of Fame**

6 Amount ($) **522.50**	**7** Payee address; City; State; Zip Code **PO Box 461104** **San Antonio, TX 78246**

8 **PURPOSE OF EXPENDITURE**	**(a)** Category (See categories listed at the top of this schedule) **Advertising Expense**	**(b)** Description **Advertisement**

(c) ☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name **Melissa Cabello Havrda**	Office sought **Council District 6**	Office held **Council District 6**

Date **3/1/2024**	Payee name **Google Suite**

Amount ($) **12.79**	Payee address; City; State; Zip Code **1600 Amphitheatre Parkway** **Mountainview, CA 94043**

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) **Office Overhead/Rental Expense**	Description **Dues and Subscriptions**

☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name **Melissa Cabello Havrda**	Office sought **Council District 6**	Office held **Council District 6**

Date **3/7/2024**	Payee name **Static Shock**

Amount ($) **2500.00**	Payee address; City; State; Zip Code **10601 Clarence Dr #250** **Frisco, TX 75033**

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) **Office Overhead/Rental Expense**	Description **Marketing**

☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name **Melissa Cabello Havrda**	Office sought **Council District 6**	Office held **Council District 6**

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POLITICAL EXPENDITURES MADE
FROM POLITICAL CONTRIBUTIONS

SCHEDULE **F1**

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: **10 of 24**	**2** FILER NAME **Melissa Cabello Havrda**	**3** Filer ID (Ethics Commission Filers)

4 Date **3/11/2024**	**5** Payee name **Tiffs Treats**

6 Amount ($) **43.53**	**7** Payee address; City; State; Zip Code **8310 N Capital of Texas Highway** **Austin, TX 78731**

8 **PURPOSE** **OF** **EXPENDITURE**	**(a)** Category (See categories listed at the top of this schedule) **Food/Beverage Expense**	**(b)** Description **Meal**

(c) ☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name **Melissa Cabello Havrda**	Office sought **Council District 6**	Office held **Council District 6**

Date **3/11/2024**	Payee name **Constant Contact**

Amount ($) **278.22**	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 **Email Database**

☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name **Melissa Cabello Havrda**	Office sought **Council District 6**	Office held **Council District 6**

Date **3/12/2024**	Payee name **Square Space**

Amount ($) **30.91**	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**

☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name **Melissa Cabello Havrda**	Office sought **Council District 6**	Office held **Council District 6**

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POLITICAL EXPENDITURES MADE
FROM POLITICAL CONTRIBUTIONS

SCHEDULE **F1**

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: **11 of 24**	**2** FILER NAME **Melissa Cabello Havrda**	**3** Filer ID (Ethics Commission Filers)

4 Date **3/12/2024**	**5** Payee name **Everest**

6 Amount ($) **2500.00**	**7** Payee address; City; State; Zip Code **10601 Clarence Dr #250** **Frisco, TX 75033**

8 **PURPOSE OF EXPENDITURE**	**(a)** Category (See categories listed at the top of this schedule) **Office Overhead/Rental Expense**	**(b)** Description **Data mining**

(c) ☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name **Melissa Cabello Havrda**	Office sought **Council District 6**	Office held **Council District 6**

Date **3/18/2024**	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**

☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name **Melissa Cabello Havrda**	Office sought **Council District 6**	Office held **Council District 6**

Date **3/19/2024**	Payee name **Square Space**

Amount ($) **35.18**	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**

☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name **Melissa Cabello Havrda**	Office sought **Council District 6**	Office held **Council District 6**

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POLITICAL EXPENDITURES MADE
FROM POLITICAL CONTRIBUTIONS

SCHEDULE **F1**

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: **12 of 24**	**2** FILER NAME **Melissa Cabello Havrda**	**3** Filer ID (Ethics Commission Filers)

4 Date **3/19/2024**	**5** Payee name **Cesar Chavez Legacy and Educational Foundation**	
6 Amount ($) **500.00**	**7** Payee address; City; State; Zip Code **1504 E Commerce St** **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 **Charitable Contributions**
	(c) ☐ Check if travel outside of Texas, complete schedule T ☐ Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name **Melissa Cabello Havrda**	Office sought **Council District 6**	Office held **Council District 6**

Date **3/27/2024**	Payee name **Monarch Trophy Studio**	
Amount ($) **1531.74**	Payee address; City; State; Zip Code **16227 San Pedro Ave** **San Antonio, TX 78232**	

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) **Advertising Expense**	Description **Advertisement**
	☐ Check if travel outside of Texas, complete schedule T ☐ Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name **Melissa Cabello Havrda**	Office sought **Council District 6**	Office held **Council District 6**

Date **3/27/2024**	Payee name **Adobe Inc**	
Amount ($) **21.64**	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**
	☐ Check if travel outside of Texas, complete schedule T ☐ Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name **Melissa Cabello Havrda**	Office sought **Council District 6**	Office held **Council District 6**

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: **13 of 24**	**2** FILER NAME **Melissa Cabello Havrda**	**3** Filer ID (Ethics Commission Filers)

4 Date **3/29/2024**	**5** Payee name **GoDaddy**

6 Amount ($) **15.98**	**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) ☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH

Candidate / Officeholder name **Melissa Cabello Havrda**	Office sought **Council District 6**	Office held **Council District 6**

Date **3/31/2024**	Payee name **IBC bank**

Amount ($) **22.36**	Payee address; City; State; Zip Code **130 East Travis** **San Antonio, TX 78205**

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule) **Accounting/Banking**

Description **Bank Fee**

☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH

Candidate / Officeholder name **Melissa Cabello Havrda**	Office sought **Council District 6**	Office held **Council District 6**

Date **4/1/2024**	Payee name **Google Suite**

Amount ($) **13.78**	Payee address; City; State; Zip Code **1600 Amphitheatre Parkway** **Mountainview, CA 94043**

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule) **Office Overhead/Rental Expense**

Description **Dues and Subscriptions**

☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH

Candidate / Officeholder name **Melissa Cabello Havrda**	Office sought **Council District 6**	Office held **Council District 6**

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE
FROM POLITICAL CONTRIBUTIONS

SCHEDULE **F1**

1 Total pages Schedule F1: **14 of 24**	**2** FILER NAME **Melissa Cabello Havrda**	**3** Filer ID (Ethics Commission Filers)

4 Date **4/4/2024**	**5** Payee name **Alpha Graphics**	

| **6** Amount ($)
 81.19 | **7** Payee address;   City;   State;   Zip Code
 12077 Starcrest Drive
 San Antonio, TX 78247 | |

8 PURPOSE OF EXPENDITURE	**(a)** Category (See categories listed at the top of this schedule) **Advertising Expense**	**(b)** Description **Printing**
	(c) ☐ Check if travel outside of Texas, complete schedule T	☐ Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name **Melissa Cabello Havrda**	Office sought **Council District 6**	Office held **Council District 6**

Date **4/11/2024**	Payee name **Constant Contact**	

| Amount ($)
 278.22 | 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 **Email Database**
	☐ Check if travel outside of Texas, complete schedule T	☐ Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name **Melissa Cabello Havrda**	Office sought **Council District 6**	Office held **Council District 6**

Date **4/12/2024**	Payee name **Square Space**	

| Amount ($)
 30.91 | 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**
	☐ Check if travel outside of Texas, complete schedule T	☐ Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name **Melissa Cabello Havrda**	Office sought **Council District 6**	Office held **Council District 6**

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: **15 of 24**	**2** FILER NAME **Melissa Cabello Havrda**	**3** Filer ID (Ethics Commission Filers)

4 Date **4/16/2024**	**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) ☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name **Melissa Cabello Havrda**	Office sought **Council District 6**	Office held **Council District 6**

Date **4/19/2024**	Payee name **Square Space**	
Amount ($) **35.18**	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**

☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name **Melissa Cabello Havrda**	Office sought **Council District 6**	Office held **Council District 6**

Date **4/29/2024**	Payee name **GoDaddy**	
Amount ($) **15.98**	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**

☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name **Melissa Cabello Havrda**	Office sought **Council District 6**	Office held **Council District 6**

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: **16 of 24**	**2** FILER NAME **Melissa Cabello Havrda**	**3** Filer ID (Ethics Commission Filers)

4 Date **4/29/2024**	**5** Payee name **Adobe Inc**

6 Amount ($) **21.64**	**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) ☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name **Melissa Cabello Havrda**	Office sought **Council District 6**	Office held **Council District 6**

Date **4/30/2024**	Payee name **IBC bank**

Amount ($) **22.11**	Payee address; City; State; Zip Code **130 East Travis** **San Antonio, TX 78205**

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) **Accounting/Banking**	Description **Bank Fee**

☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name **Melissa Cabello Havrda**	Office sought **Council District 6**	Office held **Council District 6**

Date **5/2/2024**	Payee name **Anedot Inc.**

Amount ($) **60.90**	Payee address; City; State; Zip Code **1340 Poydras Street #1770** **New Orleans, LA 70112**

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) **Solicitation/Fundraising Expense**	Description **Fundraising fee**

☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name **Melissa Cabello Havrda**	Office sought **Council District 6**	Office held **Council District 6**

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: **17 of 24**	**2** FILER NAME **Melissa Cabello Havrda**	**3** Filer ID (Ethics Commission Filers)

4 Date **5/2/2024**	**5** Payee name **Google Suite**

6 Amount ($) **15.35**	**7** Payee address; City; State; Zip Code **1600 Amphitheatre Parkway** **Mountainview, CA 94043**

8 PURPOSE OF EXPENDITURE

(a) Category (See categories listed at the top of this schedule)
Office Overhead/Rental Expense

(b) Description
Dues and Subscriptions

(c) ☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name **Melissa Cabello Havrda**	Office sought **Council District 6**	Office held **Council District 6**

Date **5/6/2024**	Payee name **Anedot Inc.**

Amount ($) **20.30**	Payee address; City; State; Zip Code **1340 Poydras Street #1770** **New Orleans, LA 70112**

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule)
Solicitation/Fundraising Expense

Description
Fundraising fee

☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name **Melissa Cabello Havrda**	Office sought **Council District 6**	Office held **Council District 6**

Date **5/10/2024**	Payee name **IBC bank**

Amount ($) **12.00**	Payee address; City; State; Zip Code **130 East Travis** **San Antonio, TX 78205**

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule)
Accounting/Banking

Description
Bank Fee

☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name **Melissa Cabello Havrda**	Office sought **Council District 6**	Office held **Council District 6**

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POLITICAL EXPENDITURES MADE
FROM POLITICAL CONTRIBUTIONS

SCHEDULE **F1**

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: **18 of 24**	**2** FILER NAME **Melissa Cabello Havrda**	**3** Filer ID (Ethics Commission Filers)

4 Date **5/13/2024**	**5** Payee name **Square Space**

6 Amount ($) **30.91**	**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) ☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name **Melissa Cabello Havrda**	Office sought **Council District 6**	Office held **Council District 6**

Date **5/13/2024**	Payee name **Constant Contact**

Amount ($) **278.22**	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 **Email Database**

☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name **Melissa Cabello Havrda**	Office sought **Council District 6**	Office held **Council District 6**

Date **5/13/2024**	Payee name **Duable**

Amount ($) **2500.00**	Payee address; City; State; Zip Code **110 Broadway #170** **San Antonio, TX 78205**

PURPOSE OF EXPENDITURE

Category *(See categories listed at the top of this schedule)* **Consulting Expense**

Description **Consulting**

☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name **Melissa Cabello Havrda**	Office sought **Council District 6**	Office held **Council District 6**

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 24**	**2** FILER NAME **Melissa Cabello Havrda**	**3** Filer ID (Ethics Commission Filers)

4 Date **5/16/2024**	**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) ☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

9 Complete _ONLY_ if direct expenditure to benefit C/OH	Candidate / Officeholder name **Melissa Cabello Havrda**	Office sought **Council District 6**	Office held **Council District 6**

Date **5/20/2024**	Payee name **Square Space**

Amount ($) **35.18**	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**

☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

Complete _ONLY_ if direct expenditure to benefit C/OH	Candidate / Officeholder name **Melissa Cabello Havrda**	Office sought **Council District 6**	Office held **Council District 6**

Date **5/24/2024**	Payee name **Anedot Inc.**

Amount ($) **13.20**	Payee address; City; State; Zip Code **1340 Poydras Street #1770** **New Orleans, LA 70112**

PURPOSE OF EXPENDITURE	Category *(See categories listed at the top of this schedule)* **Solicitation/Fundraising Expense**	Description **Fundraising fee**

☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

Complete _ONLY_ if direct expenditure to benefit C/OH	Candidate / Officeholder name **Melissa Cabello Havrda**	Office sought **Council District 6**	Office held **Council District 6**

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: **20 of 24**	**2** FILER NAME **Melissa Cabello Havrda**	**3** Filer ID (Ethics Commission Filers)

4 Date **5/28/2024**	**5** Payee name **Adobe Inc**

6 Amount ($) **21.64**	**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) ☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name **Melissa Cabello Havrda**	Office sought **Council District 6**	Office held **Council District 6**

Date **5/29/2024**	Payee name **GoDaddy**

Amount ($) **15.98**	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**

☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name **Melissa Cabello Havrda**	Office sought **Council District 6**	Office held **Council District 6**

Date **5/31/2024**	Payee name **IBC bank**

Amount ($) **23.33**	Payee address; City; State; Zip Code **130 East Travis** **San Antonio, TX 78205**

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) **Accounting/Banking**	Description **Bank Fee**

☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name **Melissa Cabello Havrda**	Office sought **Council District 6**	Office held **Council District 6**

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 24**	**2** FILER NAME **Melissa Cabello Havrda**	**3** Filer ID (Ethics Commission Filers)

4 Date **6/3/2024**	**5** Payee name **Google Suite**

6 Amount ($) **15.35**	**7** Payee address;　　　City;　　State;　　Zip Code **1600 Amphitheatre Parkway** **Mountainview, CA 94043**

8 PURPOSE OF EXPENDITURE

(a) Category (See categories listed at the top of this schedule)
Office Overhead/Rental Expense

(b) Description
Dues and Subscriptions

(c) ☐ Check if travel outside of Texas, complete schedule T　　☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name **Melissa Cabello Havrda**	Office sought **Council District 6**	Office held **Council District 6**

Date **6/4/2024**	Payee name **AAAA Mini Storage**

Amount ($) **98.23**	Payee address;　　　City;　　State;　　Zip Code **8611 Potranco Road** **San Antonio, TX 78251**

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule)
Office Overhead/Rental Expense

Description
Storage

☐ Check if travel outside of Texas, complete schedule T　　☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name **Melissa Cabello Havrda**	Office sought **Council District 6**	Office held **Council District 6**

Date **6/4/2024**	Payee name **Alpha Graphics**

Amount ($) **361.33**	Payee address;　　　City;　　State;　　Zip Code **12077 Starcrest Drive** **San Antonio, TX 78247**

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule)
Advertising Expense

Description
Printing

☐ Check if travel outside of Texas, complete schedule T　　☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name **Melissa Cabello Havrda**	Office sought **Council District 6**	Office held **Council District 6**

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: **22 of 24**	**2** FILER NAME **Melissa Cabello Havrda**	**3** Filer ID (Ethics Commission Filers)

4 Date **6/11/2024**	**5** Payee name **Constant Contact**

6 Amount ($) **278.22**	**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 **Email Database**

(c) ☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name **Melissa Cabello Havrda**	Office sought **Council District 6**	Office held **Council District 6**

Date **6/12/2024**	Payee name **Square Space**

Amount ($) **30.91**	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**

☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name **Melissa Cabello Havrda**	Office sought **Council District 6**	Office held **Council District 6**

Date **6/17/2024**	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**

☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name **Melissa Cabello Havrda**	Office sought **Council District 6**	Office held **Council District 6**

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE
FROM POLITICAL CONTRIBUTIONS

SCHEDULE **F1**

1 Total pages Schedule F1: **23 of 24**	**2** FILER NAME **Melissa Cabello Havrda**	**3** Filer ID (Ethics Commission Filers)

4 Date **6/20/2024**	**5** Payee name **Square Space**	

| **6** Amount ($)
35.18 | **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) ☐ Check if travel outside of Texas, complete schedule T ☐ Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name **Melissa Cabello Havrda**	Office sought **Council District 6**	Office held **Council District 6**

Date **6/27/2024**	Payee name **Duable**	

| Amount ($)
2500.00 | Payee address;   City;   State;   Zip Code
110 Broadway #170
San Antonio, TX 78205 | |

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) **Consulting Expense**	Description **Consulting**
	☐ Check if travel outside of Texas, complete schedule T ☐ Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name **Melissa Cabello Havrda**	Office sought **Council District 6**	Office held **Council District 6**

Date **6/28/2024**	Payee name **Adobe Inc**	

| Amount ($)
21.64 | 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**
	☐ Check if travel outside of Texas, complete schedule T ☐ Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name **Melissa Cabello Havrda**	Office sought **Council District 6**	Office held **Council District 6**

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

1 Total pages Schedule F1: **24 of 24**	**2** FILER NAME **Melissa Cabello Havrda**	**3** Filer ID (Ethics Commission Filers)

4 Date **6/30/2024**	**5** Payee name **IBC bank**

6 Amount ($) **23.19**	**7** Payee address; City; State; Zip Code **130 East Travis** **San Antonio, TX 78205**

8 PURPOSE OF EXPENDITURE

(a) Category (See categories listed at the top of this schedule) **Accounting/Banking**

(b) Description **Bank Fee**

(c) ☐ Check if travel outside of Texas, complete schedule T ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name **Melissa Cabello Havrda**	Office sought **Council District 6**	Office held **Council District 6**

Date **6/30/2024**	Payee name **Anedot Inc.**

Amount ($) **121.80**	Payee address; City; State; Zip Code **1340 Poydras Street #1770** **New Orleans, LA 70112**

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule) **Solicitation/Fundraising Expense**

Description **Fundraising fee**

☐ Check if travel outside of Texas, complete schedule T ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name **Melissa Cabello Havrda**	Office sought **Council District 6**	Office held **Council District 6**

Date	Payee name

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

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule)

Description

☐ Check if travel outside of Texas, complete schedule T ☐ Check if Austin, TX, officeholder living expense

Complete ONLY 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

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	☐ Political ☐ Non-Political

10 PURPOSE OF EXPENDITURE

(a) Category (See categories listed at the top of this schedule)   **(b)** Description

(c) ☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

11 Complete __ONLY__ 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	☐ Political ☐ Non-Political

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule)   Description

☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

Complete __ONLY__ if direct expenditure to benefit C/OH   Candidate / Officeholder name   Office sought   Office held

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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**

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**	☐ Political ☐ Non-Political

10 **PURPOSE OF EXPENDITURE**	**(a)** Category (See categories listed at the top of this schedule)	**(b)** Description

(c) ☐ Check if travel outside of Texas, complete schedule T   ☐ 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	☐ Political ☐ Non-Political

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description

☐ Check if travel outside of Texas, complete schedule T   ☐ 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

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 ($) ☐ 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) ☐ Check if travel outside of Texas, complete schedule T   ☐ 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 ($) ☐ 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

☐ Check if travel outside of Texas, complete schedule T   ☐ 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 ($) ☐ 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

☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

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

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

SCHEDULE **H**

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) ☐ Check if travel outside of Texas, complete schedule T   ☐ 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

☐ Check if travel outside of Texas, complete schedule T   ☐ 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

☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

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

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

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:

☐ Schedule A2 ☐ Schedule B ☐ Schedule B(J) ☐ Schedule C2 ☐ Schedule D ☐ Schedule F1

☐ Schedule F2 ☐ Schedule F4 ☐ Schedule G ☐ Schedule H ☐ Schedule COH-UC ☐ 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:

☐ Schedule A2 ☐ Schedule B ☐ Schedule B(J) ☐ Schedule C2 ☐ Schedule D ☐ Schedule F1

☐ Schedule F2 ☐ Schedule F4 ☐ Schedule G ☐ Schedule H ☐ Schedule COH-UC ☐ 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:

☐ Schedule A2 ☐ Schedule B ☐ Schedule B(J) ☐ Schedule C2 ☐ Schedule D ☐ Schedule F1

☐ Schedule F2 ☐ Schedule F4 ☐ Schedule G ☐ Schedule H ☐ Schedule COH-UC ☐ 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 of other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

_____
Signature of Officeholder