

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.				1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 72	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Melissa	MI	OFFICE USE ONLY		
	NICKNAME	LAST	SUFFIX			
				Cabello Havrda		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 769677 San Antonio TX 78245				Date Received 1/15/2025 3:26:02PM	
	AREA CODE (210)	PHONE NUMBER 549-8620	EXTENSION			
5 CANDIDATE / OFFICEHOLDER PHONE					Date Hand-delivered or Date Postmarked	
	AREA CODE (210)	PHONE NUMBER 549-8620	EXTENSION			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Ed	MI	Receipt #	Amount \$	
	NICKNAME	LAST	SUFFIX	Date Processed 1/15/2025 3:26:02PM		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)				STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 10000 I-H 10 San Antonio TX 78230		
8 CAMPAIGN TREASURER PHONE	AREA CODE (210)	PHONE NUMBER -	EXTENSION			
					Date Imaged	
9 REPORT TYPE	January 15: Semi-Annual					
10 PERIOD COVERED	Month 7/1/2024	Day	Year	Month 12/31/2024	Day	Year
				THROUGH		
11 ELECTION	ELECTION DATE		ELECTION TYPE			
	Month 5/3/2025	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description
12 OFFICE	OFFICE HELD (if any) Council Member			13 OFFICE SOUGHT (if known) Mayor		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Melissa Cabello Havrda		15 Filer ID (Ethics Commission Filers)	
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
	<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS EXPENDITURE TOTALS CONTRIBUTION BALANCE OUTSTANDING LOAN 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)	\$ 20365.00	
	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES.	\$ 0	
	4. TOTAL POLITICAL EXPENDITURES	\$ 36938.57	
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 38556.82	
	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 <u>Melissa Cabello Havrda</u> this the <u>15th</u> day of <u>January</u> , 2025, to certify which, witness my hand and seal of office.			
Signature of officer administering oath		Printed name of officer administering oath	
		Title of officer administering oath	

SUBTOTALS - COH**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME Melissa Cabello Havrda	20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 20365.00
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3. <input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 36938.57
6. <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7. <input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8. <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10. <input checked="" type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11. <input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12. <input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<p>The Instruction Guide explains how to complete this form.</p>			<p>1 Total pages Schedule A1: 1 of 18</p>
<p>2 FILER NAME Melissa Cabello Havrda</p>			<p>3 Filer ID (Ethics Commission Filers)</p>
<p>4 Date 7/1/2024</p>	<p>5 Full name of contributor Greg Kowalski</p> <p><input type="checkbox"/> out-of-state PAC (ID#_____)</p>		<p>7 Amount of contribution (\$) 500.00</p>
<p>6 Contributor address; PO Box 1361 San Antonio, TX 78295</p>			<p>City; State; Zip Code</p>
<p>8 Principal occupation / Job title (See instructions) President and CEO</p>		<p>9 Employer (See instructions) RK Group</p>	
<p>Date 7/1/2024</p>	<p>Full name of contributor Bekki Kowalski</p> <p><input type="checkbox"/> out-of-state PAC (ID#_____)</p>		<p>Amount of contribution (\$) 500.00</p>
<p>Contributor address; PO Box 1361 San Antonio, TX 78295</p>			<p>City; State; Zip Code</p>
<p>Principal occupation / Job title (See instructions) Attorney</p>		<p>Employer (See instructions) Martin & Drought, P.C.</p>	
<p>Date 7/11/2024</p>	<p>Full name of contributor Frank Burney</p> <p><input type="checkbox"/> out-of-state PAC (ID#_____)</p>		<p>Amount of contribution (\$) 500.00</p>
<p>Contributor address; 112 E. Pecan San Antonio, TX 78205</p>			<p>City; State; Zip Code</p>
<p>Principal occupation / Job title (See instructions) Attorney</p>		<p>Employer (See instructions) Martin & Drought, P.C.</p>	
<p>Date 8/16/2024</p>	<p>Full name of contributor SA Prof Firefighters</p> <p><input type="checkbox"/> out-of-state PAC (ID#_____)</p>		<p>Amount of contribution (\$) 500.00</p>
<p>Contributor address; PO Box 100455 San Antonio, TX 78201</p>			<p>City; State; Zip Code</p>
<p>Principal occupation / Job title (See instructions) Attorney</p>		<p>Employer (See instructions) Martin & Drought, P.C.</p>	
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<p>The Instruction Guide explains how to complete this form.</p>			1 Total pages Schedule A1: 2 of 18
2 FILER NAME Melissa Cabello Havrda			3 Filer ID (Ethics Commission Filers)
4 Date 8/21/2024	5 Full name of contributor Tillman Fertitta	<input type="checkbox"/> out-of-state PAC (ID#_____)	7 Amount of contribution (\$) 500.00
6 Contributor address; 1510 West Loop South Houston, TX 77027			City; State; Zip Code
8 Principal occupation / Job title (See instructions) CEO		9 Employer (See instructions) Landrys	
Date 8/31/2024	Full name of contributor Toni Marie Van Buren	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 250.00
Contributor address; 115 Schreiner PI San Antonio, TX 78212			City; State; Zip Code
Principal occupation / Job title (See instructions) retired		Employer (See instructions) Retired UWSA	
Date 9/4/2024	Full name of contributor Gabriela Rocha	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 50.00
Contributor address; 16333 Vance Jackson Road San Antonio, TX 78257			City; State; Zip Code
Principal occupation / Job title (See instructions) Personal Development		Employer (See instructions) Self	
Date 9/5/2024	Full name of contributor Jezzika Perez	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 100.00
Contributor address; 704 Clower San Antonio, TX 78212			City; State; Zip Code
Principal occupation / Job title (See instructions) Accountant		Employer (See instructions) Self Employed	
<p style="text-align: center;">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<p>The Instruction Guide explains how to complete this form.</p>			1 Total pages Schedule A1: 3 of 18
2 FILER NAME Melissa Cabello Havrda			3 Filer ID (Ethics Commission Filers)
4 Date 9/6/2024	5 Full name of contributor Myrl & Marjorie Britten	<input type="checkbox"/> out-of-state PAC (ID#_____)	7 Amount of contribution (\$) 100.00
6 Contributor address; 5415 Timber Post San Antonio, TX 78250			City; State; Zip Code
8 Principal occupation / Job title (See instructions) Retired		9 Employer (See instructions) Retired	
Date 9/6/2024	Full name of contributor Joyce Townsend	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 50.00
Contributor address; 15662 Robin Ridge Road San Antonio, TX 78248			City; State; Zip Code
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) Retired	
Date 9/6/2024	Full name of contributor Christina Castano	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 50.00
Contributor address; 927 Serenade Drive San Antonio, TX 78213			City; State; Zip Code
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) Retired	
Date 10/2/2024	Full name of contributor Christian Archer	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 500.00
Contributor address; 134 W Mistletoe Ave San Antonio, TX 78212			City; State; Zip Code
Principal occupation / Job title (See instructions) Self		Employer (See instructions) self	
<p style="text-align: center;">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<p>The Instruction Guide explains how to complete this form.</p>			1 Total pages Schedule A1: 4 of 18
2 FILER NAME Melissa Cabello Havrda			3 Filer ID (Ethics Commission Filers)
4 Date 10/5/2024	5 Full name of contributor Fernando Aguilar	<input type="checkbox"/> out-of-state PAC (ID# _____)	7 Amount of contribution (\$) 25.00
6 Contributor address; 206 Wake Forrest Dr San Antonio, TX 78228			City; State; Zip Code
8 Principal occupation / Job title (See instructions) Constituent Advocate		9 Employer (See instructions) US House of Representatives	
Date 10/5/2024	Full name of contributor Carlos RAYMOND	<input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$) 25.00
Contributor address; 7490 Culebra Road San Antonio, TX 78251			City; State; Zip Code
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) Retired	
Date 10/5/2024	Full name of contributor Wendy Black	<input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$) 50.00
Contributor address; 431 King William Street San Antonio, TX 78204			City; State; Zip Code
Principal occupation / Job title (See instructions) Nonprofit		Employer (See instructions) Footbridge Foundation	
Date 10/8/2024	Full name of contributor Oralia Lara-Vargas	<input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$) 20.00
Contributor address; 8311 Willow Creek Dr San Antonio, TX 78251			City; State; Zip Code
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) Retired	
<p style="text-align: center;">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<p>The Instruction Guide explains how to complete this form.</p>			1 Total pages Schedule A1: 5 of 18
2 FILER NAME Melissa Cabello Havrda			3 Filer ID (Ethics Commission Filers)
4 Date 10/8/2024	5 Full name of contributor Robert Vargas	<input type="checkbox"/> out-of-state PAC (ID#_____)	7 Amount of contribution (\$) 20.00
6 Contributor address; 8311 Willow Creek Dr San Antonio, TX 78251			City; State; Zip Code
8 Principal occupation / Job title (See instructions) Retired		9 Employer (See instructions) Retired	
Date 10/9/2024	Full name of contributor Filemon Vela	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 500.00
Contributor address; 2619 Eastgrove Lane Houston, TX 77027			City; State; Zip Code
Principal occupation / Job title (See instructions) Attorney		Employer (See instructions) Self	
Date 10/10/2024	Full name of contributor Daniel Rossiter	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 50.00
Contributor address; 4606 Lone Eagle St San Antonio, TX 78238			City; State; Zip Code
Principal occupation / Job title (See instructions) Rental operator		Employer (See instructions) Self	
Date 10/10/2024	Full name of contributor Mary Nancy Cardenas	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 100.00
Contributor address; 7919 Misty Park Street San Antonio, TX 78250			City; State; Zip Code
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

<p>The Instruction Guide explains how to complete this form.</p>			1 Total pages Schedule A1: 6 of 18
2 FILER NAME Melissa Cabello Havrda			3 Filer ID (Ethics Commission Filers)
4 Date 10/10/2024	5 Full name of contributor Kye Fox	<input type="checkbox"/> out-of-state PAC (ID# _____)	7 Amount of contribution (\$) 25.00
6 Contributor address; 34 Haverhill Way San Antonio, TX 78209			City; State; Zip Code
8 Principal occupation / Job title (See instructions) Retired		9 Employer (See instructions) Retired	
Date 10/11/2024	Full name of contributor Lea LaPort	<input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$) 25.00
Contributor address; 11614 Foxford San Antonio, TX 78253			City; State; Zip Code
Principal occupation / Job title (See instructions) Dental Hygienist		Employer (See instructions) Aspen Dentsl	
Date 10/11/2024	Full name of contributor Jason Arechiga	<input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$) 250.00
Contributor address; 22603 Impala Bend San Antonio, TX 78259			City; State; Zip Code
Principal occupation / Job title (See instructions) Developer		Employer (See instructions) The NRP Group	
Date 10/14/2024	Full name of contributor Ram Cabrera	<input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$) 100.00
Contributor address; 1210 Weston San Antonio, TX 78251			City; State; Zip Code
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

<p>The Instruction Guide explains how to complete this form.</p>			1 Total pages Schedule A1: 7 of 18
2 FILER NAME Melissa Cabello Havrda			3 Filer ID (Ethics Commission Filers)
4 Date 10/14/2024	5 Full name of contributor Lyssa Ochoa	<input type="checkbox"/> out-of-state PAC (ID#_____)	7 Amount of contribution (\$) 100.00
6 Contributor address; 708 Canterbury Hill San Antonio, TX 78209			City; State; Zip Code
8 Principal occupation / Job title (See instructions) Physician		9 Employer (See instructions) Self	
Date 10/15/2024	Full name of contributor Jen Galletti	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 25.00
Contributor address; 133 Lotus Street San Antonio, TX 78210			City; State; Zip Code
Principal occupation / Job title (See instructions) Animal rescue		Employer (See instructions) Na	
Date 10/15/2024	Full name of contributor Janie Gonzalez	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 50.00
Contributor address; 1710 North Main Avenue San Antonio, TX 78212			City; State; Zip Code
Principal occupation / Job title (See instructions) CEO		Employer (See instructions) Webhead	
Date 10/15/2024	Full name of contributor Chelsea Staley	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 100.00
Contributor address; 4230 Laterite Trail San Antonio, TX 78253			City; State; Zip Code
Principal occupation / Job title (See instructions) Director of Lifesaving		Employer (See instructions) Petco Love	
<p style="text-align: center;">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<p>The Instruction Guide explains how to complete this form.</p>			1 Total pages Schedule A1: 8 of 18
2 FILER NAME Melissa Cabello Havrda			3 Filer ID (Ethics Commission Filers)
4 Date 10/15/2024	5 Full name of contributor Adelfa Reyna	<input type="checkbox"/> out-of-state PAC (ID#_____)	7 Amount of contribution (\$) 50.00
	6 Contributor address; 655 Freiling San Antonio, TX 78213	City; State; Zip Code	
8 Principal occupation / Job title (See instructions) Retired		9 Employer (See instructions) Retired	
Date 10/15/2024	Full name of contributor Debra Guerrero	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 250.00
	Contributor address; 3915 Skylark San Antonio, TX 78210	City; State; Zip Code	
Principal occupation / Job title (See instructions) Real Estate		Employer (See instructions) The NRP Group	
Date 10/23/2024	Full name of contributor Silvestre Vasquez	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 500.00
	Contributor address; 16006 Ponderosa Pass Helotes, TX 78023	City; State; Zip Code	
Principal occupation / Job title (See instructions) Consultant		Employer (See instructions) Quattro Strategic Solutions	
Date 10/23/2024	Full name of contributor Andrew Turner	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 500.00
	Contributor address; 707 Ridgewood Drive Antioch, IL 60002	City; State; Zip Code	
Principal occupation / Job title (See instructions) Vice President of Business Development		Employer (See instructions) 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

<p>The Instruction Guide explains how to complete this form.</p>			1 Total pages Schedule A1: 9 of 18
2 FILER NAME Melissa Cabello Havrda			3 Filer ID (Ethics Commission Filers)
4 Date 10/23/2024	5 Full name of contributor Ashley Turner	<input type="checkbox"/> out-of-state PAC (ID#_____)	7 Amount of contribution (\$) 500.00
6 Contributor address; 707 Ridgewood Drive Antioch, IL 60002			City; State; Zip Code
8 Principal occupation / Job title (See instructions) Vice President, Smart Infrastructure Solutions		9 Employer (See instructions) Dalkia Energy Solutions	
Date 10/23/2024	Full name of contributor Jean-Christophe Florensen	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 500.00
Contributor address; 1401 Fairview #A Houston, TX 77006			City; State; Zip Code
Principal occupation / Job title (See instructions) Vice President, Smart Infrastructure Solutions		Employer (See instructions) Dalkia Energy Solutions	
Date 10/23/2024	Full name of contributor Yuridia Quintanilla	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 500.00
Contributor address; 1401 Fairview #A Houston, TX 77006			City; State; Zip Code
Principal occupation / Job title (See instructions) Vice President, Smart Infrastructure Solutions		Employer (See instructions) Fortress Energy	
Date 10/24/2024	Full name of contributor Kevin Kaye	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 1000.00
Contributor address; 607 W Kings Hwy San Antonio, TX 78212			City; State; Zip Code
Principal occupation / Job title (See instructions) Senior Director of Operations		Employer (See instructions) 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

<p>The Instruction Guide explains how to complete this form.</p>			1 Total pages Schedule A1: 10 of 18
2 FILER NAME Melissa Cabello Havrda			3 Filer ID (Ethics Commission Filers)
4 Date 10/30/2024	5 Full name of contributor Clermont LLC	<input type="checkbox"/> out-of-state PAC (ID#_____)	7 Amount of contribution (\$) 1000.00
6 Contributor address; 7334 Blanco #200 San Antonio, TX 78216			City; State; Zip Code
8 Principal occupation / Job title (See instructions)		9 Employer (See instructions)	
Date 10/30/2024	Full name of contributor Iron Gate Technology LLC	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 500.00
Contributor address; PO Box 593277 San Antonio, TX 78259			City; State; Zip Code
Principal occupation / Job title (See instructions)		Employer (See instructions)	
Date 10/31/2024	Full name of contributor Habitat Investment Properties	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 1000.00
Contributor address; 2902 Spider Lily San Antonio, TX 78258			City; State; Zip Code
Principal occupation / Job title (See instructions)		Employer (See instructions)	
Date 11/17/2024	Full name of contributor Kristi Garza Villanueva	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 1000.00
Contributor address; 809 Wyoming St San Antonio, TX 78203			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			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<p>The Instruction Guide explains how to complete this form.</p>			1 Total pages Schedule A1: 11 of 18
2 FILER NAME Melissa Cabello Havrda			3 Filer ID (Ethics Commission Filers)
4 Date 11/18/2024	5 Full name of contributor Emily Garza	<input type="checkbox"/> out-of-state PAC (ID#_____)	7 Amount of contribution (\$) 500.00
6 Contributor address; 757 Treaty Oak San Antonio, TX 78258			City; State; Zip Code
8 Principal occupation / Job title (See instructions) Educator		9 Employer (See instructions) HSCSs	
Date 11/18/2024	Full name of contributor Nicole Trevino	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 500.00
Contributor address; 8039 Eagle peak Helotes, TX 78023			City; State; Zip Code
Principal occupation / Job title (See instructions) Owner		Employer (See instructions) One Seven Transport	
Date 12/4/2024	Full name of contributor Fakhrudin Valibhai	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 1000.00
Contributor address; 8710 Sandia Circle Helotes, TX 78023			City; State; Zip Code
Principal occupation / Job title (See instructions) Pharmacist		Employer (See instructions) Dept of Defense	
Date 12/4/2024	Full name of contributor Suzanne Kaufman-McNamara	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 25.00
Contributor address; 8515 Oak Fence St San Antonio, TX 78251			City; State; Zip Code
Principal occupation / Job title (See instructions) retired		Employer (See instructions) retired	
<p style="text-align: center;">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<p>The Instruction Guide explains how to complete this form.</p>			1 Total pages Schedule A1: 12 of 18
2 FILER NAME Melissa Cabello Havrda			3 Filer ID (Ethics Commission Filers)
4 Date 12/4/2024	5 Full name of contributor Raul Tijerina	<input type="checkbox"/> out-of-state PAC (ID#_____)	7 Amount of contribution (\$) 50.00
6 Contributor address; 2715 Grosenbacher San Antonio, TX 78245			City; State; Zip Code
8 Principal occupation / Job title (See instructions) Detective		9 Employer (See instructions) SAPD	
Date 12/4/2024	Full name of contributor Christopher Callanen	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 100.00
Contributor address; 7330 S Old Hammer Aurora, CO 80016			City; State; Zip Code
Principal occupation / Job title (See instructions) retired		Employer (See instructions) retired	
Date 12/4/2024	Full name of contributor Analysse Escobar	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 25.00
Contributor address; 132 Seaton PI NW Washington, DC 20001			City; State; Zip Code
Principal occupation / Job title (See instructions) SAP for Domestic Agency Personnel		Employer (See instructions) EOP	
Date 12/4/2024	Full name of contributor April Atkinson	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 25.00
Contributor address; 207 SW 25th Street San Antonio, TX 78207			City; State; Zip Code
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

<p>The Instruction Guide explains how to complete this form.</p>			1 Total pages Schedule A1: 13 of 18
2 FILER NAME Melissa Cabello Havrda			3 Filer ID (Ethics Commission Filers)
4 Date 12/4/2024	5 Full name of contributor Luis Gomez	<input type="checkbox"/> out-of-state PAC (ID#_____)	7 Amount of contribution (\$) 100.00
6 Contributor address; 4443 Eldridge Ave San Antonio, TX 78237			
8 Principal occupation / Job title (See instructions) retired		9 Employer (See instructions) retired	
Date 12/4/2024	Full name of contributor Hector Santos	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 100.00
Contributor address; 734 Sawtooth Dr San Antonio, TX 78245			
Principal occupation / Job title (See instructions) Contractor		Employer (See instructions) self	
Date 12/5/2024	Full name of contributor Myfe Moore	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 100.00
Contributor address; 11409 Mountain Climb Helotes, TX 78023			
Principal occupation / Job title (See instructions) Mgr		Employer (See instructions) Self	
Date 12/6/2024	Full name of contributor Louis Ortega	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 25.00
Contributor address; 8814 Ansley Bend Dr San Antonio, TX 78251			
Principal occupation / Job title (See instructions) Project Manager		Employer (See instructions) ABM	
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

<p>The Instruction Guide explains how to complete this form.</p>			1 Total pages Schedule A1: 14 of 18
2 FILER NAME Melissa Cabello Havrda			3 Filer ID (Ethics Commission Filers)
4 Date 12/6/2024	5 Full name of contributor Myrl Britten	<input type="checkbox"/> out-of-state PAC (ID#_____)	7 Amount of contribution (\$) 50.00
6 Contributor address; 5415 Timber Post St San Antonio, TX 78250			City; State; Zip Code
8 Principal occupation / Job title (See instructions) retired		9 Employer (See instructions) retired	
Date 12/8/2024	Full name of contributor Lawrence Romo	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 250.00
Contributor address; 4811 Isaac Ryan San Antonio, TX 78253			City; State; Zip Code
Principal occupation / Job title (See instructions) retired		Employer (See instructions) retired	
Date 12/8/2024	Full name of contributor Guillermina Reyna	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 25.00
Contributor address; 9035 Wellwood St San Antonio, TX 78250			City; State; Zip Code
Principal occupation / Job title (See instructions) Housekeeping		Employer (See instructions) Kairoi Residential	
Date 12/10/2024	Full name of contributor Raul Tijerina	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 50.00
Contributor address; 2715 Grosenbacher Rd. San antonio, TX 78245			City; State; Zip Code
Principal occupation / Job title (See instructions) Detective		Employer (See instructions) SAPD	
<p style="text-align: center;">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<p>The Instruction Guide explains how to complete this form.</p>			1 Total pages Schedule A1: 15 of 18
2 FILER NAME Melissa Cabello Havrda			3 Filer ID (Ethics Commission Filers)
4 Date 12/15/2024	5 Full name of contributor Mary Campos	<input type="checkbox"/> out-of-state PAC (ID#_____)	7 Amount of contribution (\$) 250.00
	6 Contributor address; 4547 Shavano Peak San Antonio, TX 78230	City; State; Zip Code	
8 Principal occupation / Job title (See instructions) Management		9 Employer (See instructions) Vantage Bank	
Date 12/19/2024	Full name of contributor Robert Ramirez	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 50.00
	Contributor address; 414 Resurrection San Antonio, TX 78227	City; State; Zip Code	
Principal occupation / Job title (See instructions) Attorney		Employer (See instructions) Self	
Date 12/19/2024	Full name of contributor Lawrence Romo	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 100.00
	Contributor address; 4811 Isaac Ryan San Antonio, TX 78253	City; State; Zip Code	
Principal occupation / Job title (See instructions) retired		Employer (See instructions) retired	
Date 12/20/2024	Full name of contributor Raul Tijerina	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 100.00
	Contributor address; 2715 Grosenbacher Rd. San antonio, TX 78245	City; State; Zip Code	
Principal occupation / Job title (See instructions) Police Detective		Employer (See instructions) Raúl Tijerina	
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

<p>The Instruction Guide explains how to complete this form.</p>			1 Total pages Schedule A1: 16 of 18
2 FILER NAME Melissa Cabello Havrda			3 Filer ID (Ethics Commission Filers)
4 Date 12/20/2024	5 Full name of contributor IBEW PAC Voluntary Fund	<input type="checkbox"/> out-of-state PAC (ID#_____)	7 Amount of contribution (\$) 1000.00
6 Contributor address; 900 Seventh St., NW Washington, DC 20001			City; State; Zip Code
8 Principal occupation / Job title (See instructions) Attorney		9 Employer (See instructions)	
Date 12/23/2024	Full name of contributor Linebarger Goggan Blair & Sampson LLC	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 1000.00
Contributor address; PO Box 17428 Austin, TX 78760			City; State; Zip Code
Principal occupation / Job title (See instructions) Attorney		Employer (See instructions)	
Date 12/26/2024	Full name of contributor Joseph Caldwell	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 1000.00
Contributor address; 111 Piazza Vetta Dr #B Austin, TX 78734			City; State; Zip Code
Principal occupation / Job title (See instructions) retired		Employer (See instructions) Pina Partners	
Date 12/27/2024	Full name of contributor Paul ruiz	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 250.00
Contributor address; 634 Spacious Sky San Antonio, TX 78260			City; State; Zip Code
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

<p>The Instruction Guide explains how to complete this form.</p>			1 Total pages Schedule A1: 17 of 18
2 FILER NAME Melissa Cabello Havrda			3 Filer ID (Ethics Commission Filers)
4 Date 12/28/2024	5 Full name of contributor Suzanne Carpenter	<input type="checkbox"/> out-of-state PAC (ID#_____)	7 Amount of contribution (\$) 100.00
6 Contributor address; 2115 Jim Bowie Dr San Antonio, TX 78238			City; State; Zip Code
8 Principal occupation / Job title (See instructions) retired		9 Employer (See instructions) retired	
Date 12/30/2024	Full name of contributor Toni-Marie V Buren	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 500.00
Contributor address; 115 Schreiner Place San Antonio, TX 78212			City; State; Zip Code
Principal occupation / Job title (See instructions) retired		Employer (See instructions) retired	
Date 12/31/2024	Full name of contributor Teresa Frogge	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 100.00
Contributor address; 8931 Fabens San Antonio, TX 78251			City; State; Zip Code
Principal occupation / Job title (See instructions) retired		Employer (See instructions) retired	
Date 12/31/2024	Full name of contributor PATRICIA STOUT	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 50.00
Contributor address; 8930 Wurzbach Rd San Antonio, TX 78240			City; State; Zip Code
Principal occupation / Job title (See instructions) Business Owner		Employer (See instructions) Alamo Travel	
<p style="text-align: center;">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<p>The Instruction Guide explains how to complete this form.</p>			1 Total pages Schedule A1: 18 of 18
2 FILER NAME Melissa Cabello Havrda			3 Filer ID (Ethics Commission Filers)
4 Date 12/31/2024	5 Full name of contributor Marion Williams	<input type="checkbox"/> out-of-state PAC (ID#_____)	7 Amount of contribution (\$) 500.00
6 Contributor address; PO Box 90298 San antonio, TX 78209			City; State; Zip Code
8 Principal occupation / Job title (See instructions) Real Estate		9 Employer (See instructions) Self	
Date 12/31/2024	Full name of contributor Rose Caballero	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 25.00
Contributor address; 5918 Winterhaven Drive Windcrest, TX 78239			City; State; Zip Code
Principal occupation / Job title (See instructions) Registered Nurse		Employer (See instructions) Galen college of Nursing	
Date 12/31/2024	Full name of contributor Roman Pena	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 50.00
Contributor address; 514 w. Commerce San Antonio, TX 78221			City; State; Zip Code
Principal occupation / Job title (See instructions) retired		Employer (See instructions) retired	
Date	Full name of contributor	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$)
Contributor address;			City; State; Zip Code
Principal occupation / Job title (See instructions)		Employer (See instructions)	

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

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

PLEDGED CONTRIBUTIONS

SCHEDULE B

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

LOANS**SCHEDULE E**

The Instruction Guide explains how to complete this form.			1 Total pages Schedule E: 1 of 1
2 FILER NAME Melissa Cabello Havrda			3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS			\$ 0
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____)		9 Loan Amount (\$)
6 Is lender a financial institution?	8 Lender address; City; State; Zip Code		10 Interest rate
			11 Maturity date
12 Principal occupation / Job title (See instructions)		13 Employer (See instructions)	
14 Description of Collateral <input type="checkbox"/> none		15 <input type="checkbox"/> Check if personal funds were deposited into political account (See instructions)	
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor 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 <input type="checkbox"/> out-of-state PAC (ID# _____)	Loan Amount (\$)	
Is lender a financial institution?	Lender address; City; State; Zip Code		Interest rate
			Maturity date
Principal occupation / Job title (See instructions)		Employer (See instructions)	
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)	
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor 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 Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 1 of 39	2 FILER NAME Melissa Cabello Havrda	3 Filer ID (Ethics Commission Filers)	
4 Date 7/1/2024	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) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6
Date 7/2/2024	Payee name Google Suite		
Amount (\$) 15.35	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	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6
Date 7/3/2024	Payee name Anedot Inc.		
Amount (\$) 121.00	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	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	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 Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 2 of 39	2 FILER NAME Melissa Cabello Havrda	3 Filer ID (Ethics Commission Filers)	
4 Date 7/8/2024	5 Payee name AAAA Mini Storage		
6 Amount (\$) 229.42	7 Payee address; 8611 Potranco Road San Antonio, TX 78251	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Storage	
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6

Date 7/8/2024	Payee name AAAA Mini Storage		
Amount (\$) 1140.00	Payee address; 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	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6
Date 7/8/2024	Payee name Southwest Voter Registration Project		
Amount (\$) 2000.00	Payee address; 320 El Paso St San Antonio, TX 78207		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description Political Committee	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	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 Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 3 of 39	2 FILER NAME Melissa Cabello Havrda	3 Filer ID (Ethics Commission Filers)	
4 Date 7/11/2024	5 Payee name Constant Contact		
6 Amount (\$) 278.22	7 Payee address; 3675 Precision Dr Loveland, CO 80538	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Email Database	
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6

Date 7/12/2024	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	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6
Date 7/15/2024	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	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	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 Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 4 of 39	2 FILER NAME Melissa Cabello Havrda	3 Filer ID (Ethics Commission Filers)	
4 Date 7/16/2024	5 Payee name Adobe Inc		
6 Amount (\$) 10.81	7 Payee address; 345 Park Ave San Jose, CA 95110	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Software	
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6
Date 7/19/2024	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	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6
Date 7/19/2024	Payee name Alpha Graphics		
Amount (\$) 350.00	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	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	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 Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 5 of 39	2 FILER NAME Melissa Cabello Havrda	3 Filer ID (Ethics Commission Filers)	
4 Date 7/25/2024	5 Payee name Duable		
6 Amount (\$) 3500.00	7 Payee address; 110 Broadway #170 San Antonio, TX 78205	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Consulting Expense	(b) Description Consulting	
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6
Date 7/29/2024	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	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6
Date 7/30/2024	Payee name GoDaddy		
Amount (\$) 294.09	Payee address; City; State; Zip Code 14455 N Hayden Rd #226 Scottsdale, AZ 85260		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Domain Hosting	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	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 Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 6 of 39	2 FILER NAME Melissa Cabello Havrda	3 Filer ID (Ethics Commission Filers)	
4 Date 7/31/2024	5 Payee name IBC bank		
6 Amount (\$) 25.00	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) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6
Date 7/31/2024	Payee name GoDaddy		
Amount (\$) 35.16	Payee address; City; State; Zip Code 14455 N Hayden Rd #226 Scottsdale, AZ 85260		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Domain Hosting	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6
Date 8/2/2024	Payee name Google Suite		
Amount (\$) 15.35	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	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	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 Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 7 of 39	2 FILER NAME Melissa Cabello Havrda	3 Filer ID (Ethics Commission Filers)	
4 Date 8/12/2024	5 Payee name Constant Contact		
6 Amount (\$) 278.22	7 Payee address; 3675 Precision Dr Loveland, CO 80538	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Email Database	
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6

Date 8/12/2024	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	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6
Date 8/12/2024	Payee name Adobe Inc		
Amount (\$) 25.46	Payee address; City; State; Zip Code 345 Park Ave San Jose, CA 95110		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Software	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	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 Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 8 of 39	2 FILER NAME Melissa Cabello Havrda	3 Filer ID (Ethics Commission Filers)	
4 Date 8/13/2024	5 Payee name Domain Networks		
6 Amount (\$) 289.00	7 Payee address; City; State; Zip Code PO Box 1280 Henderson, NC 28793		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Domain Hosting	
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6
Date 8/14/2024	Payee name Duable		
Amount (\$) 3500.00	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	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6
Date 8/15/2024	Payee name Nancy Reyna		
Amount (\$) 21.65	Payee address; City; State; Zip Code 7806 Coral Elm San Antonio, TX 78251		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description Advertisement	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	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 Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 9 of 39	2 FILER NAME Melissa Cabello Havrda	3 Filer ID (Ethics Commission Filers)	
4 Date 8/15/2024	5 Payee name San Antonio AFL-CIO		
6 Amount (\$) 750.00	7 Payee address; City; State; Zip Code 9502 Computer Dr #201 San Antonio, TX 78229		
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) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6
Date 8/16/2024	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	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6
Date 8/18/2024	Payee name San Antonio Alliance Local 67		
Amount (\$) 100.00	Payee address; City; State; Zip Code 120 Adams St San Antonio, TX 78210		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description Charitable Contributions	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	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 Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 10 of 39	2 FILER NAME Melissa Cabello Havrda	3 Filer ID (Ethics Commission Filers)	
4 Date 8/19/2024	5 Payee name Square Space		
6 Amount (\$) 38.38	7 Payee address; 8 Clarkson St New York, NY 10014	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Website Hosting	
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6
Date 8/28/2024	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	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6
Date 8/30/2024	Payee name Facebook		
Amount (\$) 10.00	Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description Advertisement	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	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 Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 11 of 39	2 FILER NAME Melissa Cabello Havrda	3 Filer ID (Ethics Commission Filers)	
4 Date 8/31/2024	5 Payee name IBC bank		
6 Amount (\$) 24.12	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) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6
Date 9/3/2024	Payee name Facebook		
Amount (\$) 10.00	Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description Advertisement	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6
Date 9/3/2024	Payee name Facebook		
Amount (\$) 10.00	Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description Advertisement	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	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 Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 12 of 39	2 FILER NAME Melissa Cabello Havrda	3 Filer ID (Ethics Commission Filers)	
4 Date 9/3/2024	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) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6
Date 9/5/2024	Payee name Facebook		
Amount (\$) 15.00	Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description Advertisement	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6
Date 9/6/2024	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	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	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 Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 13 of 39	2 FILER NAME Melissa Cabello Havrda	3 Filer ID (Ethics Commission Filers)	
4 Date 9/9/2024	5 Payee name Facebook		
6 Amount (\$) 15.00	7 Payee address; 1 Hacker Way Menlo Park, CA 94025	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description Advertisement	
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6
Date 9/11/2024	Payee name Facebook		
Amount (\$) 17.00	Payee address; 1 Hacker Way Menlo Park, CA 94025	City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description Advertisement	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6
Date 9/11/2024	Payee name Constant Contact		
Amount (\$) 300.61	Payee address; 3675 Precision Dr Loveland, CO 80538	City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Email Database	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	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 Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 14 of 39	2 FILER NAME Melissa Cabello Havrda	3 Filer ID (Ethics Commission Filers)	
4 Date 9/12/2024	5 Payee name Square Space		
6 Amount (\$) 35.18	7 Payee address; 8 Clarkson St New York, NY 10014	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Website Hosting	
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6
Date 9/16/2024	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	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6
Date 9/17/2024	Payee name Duable		
Amount (\$) 6500.00	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	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	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 Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 15 of 39	2 FILER NAME Melissa Cabello Havrda	3 Filer ID (Ethics Commission Filers)	
4 Date 9/19/2024	5 Payee name Square Space		
6 Amount (\$) 38.38	7 Payee address; 8 Clarkson St New York, NY 10014	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Website Hosting	
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6
Date 9/25/2024	Payee name Society of professional journalists SA		
Amount (\$) 412.41	Payee address; 3909 N Meridian St Indianapolis, IN 46208		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description Advertisement	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6
Date 9/30/2024	Payee name Adobe Inc		
Amount (\$) 21.64	Payee address; 345 Park Ave San Jose, CA 95110		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Software	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	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 Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 16 of 39	2 FILER NAME Melissa Cabello Havrda	3 Filer ID (Ethics Commission Filers)	
4 Date 9/30/2024	5 Payee name IBC bank		
6 Amount (\$) 24.61	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) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6

Date 9/30/2024	Payee name Anedot Inc.		
Amount (\$) 25.80	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	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6
Date 10/1/2024	Payee name Google Suite		
Amount (\$) 15.35	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	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	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 Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 17 of 39	2 FILER NAME Melissa Cabello Havrda	3 Filer ID (Ethics Commission Filers)	
4 Date 10/1/2024	5 Payee name Vanessa Velasquez Photography		
6 Amount (\$) 324.75	7 Payee address; PO Box 23224 San Antonio, TX 78223	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description Photography	
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6
Date 10/1/2024	Payee name Facebook		
Amount (\$) 6.51	Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense		Description Advertisement
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6
Date 10/3/2024	Payee name Facebook		
Amount (\$) 19.00	Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense		Description Advertisement
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	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 Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 18 of 39	2 FILER NAME Melissa Cabello Havrda	3 Filer ID (Ethics Commission Filers)	
4 Date 10/4/2024	5 Payee name Facebook		
6 Amount (\$) 21.00	7 Payee address; 1 Hacker Way Menlo Park, CA 94025	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description Advertisement	
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6
Date 10/8/2024	Payee name Facebook		
Amount (\$) 24.00	Payee address; 1 Hacker Way Menlo Park, CA 94025	City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description Advertisement	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6
Date 10/11/2024	Payee name Facebook		
Amount (\$) 27.00	Payee address; 1 Hacker Way Menlo Park, CA 94025	City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description Advertisement	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	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 Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 19 of 39	2 FILER NAME Melissa Cabello Havrda	3 Filer ID (Ethics Commission Filers)	
4 Date 10/11/2024	5 Payee name Constant Contact		
6 Amount (\$) 300.61	7 Payee address; 3675 Precision Dr Loveland, CO 80538	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Email Database	
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6

Date 10/15/2024	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	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6
Date 10/15/2024	Payee name Facebook		
Amount (\$) 30.00	Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description Advertisement	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	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 Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 20 of 39	2 FILER NAME Melissa Cabello Havrda	3 Filer ID (Ethics Commission Filers)	
4 Date 10/16/2024	5 Payee name Adobe Inc		
6 Amount (\$) 10.81	7 Payee address; 345 Park Ave San Jose, CA 95110	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Software	
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6
Date 10/21/2024	Payee name Square Space		
Amount (\$) 38.38	Payee address; City; State; Zip Code 8 Clarkson St New York, NY 10014		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Website Hosting	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6
Date 10/21/2024	Payee name Facebook		
Amount (\$) 33.00	Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description Advertisement	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	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 Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 21 of 39	2 FILER NAME Melissa Cabello Havrda	3 Filer ID (Ethics Commission Filers)	
4 Date 10/22/2024	5 Payee name Alpha Graphics		
6 Amount (\$) 350.00	7 Payee address; 12077 Starcrest Drive San Antonio, TX 78247	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description Printing	
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6
Date 10/23/2024	Payee name J Alexander S		
Amount (\$) 53.79	Payee address; 255 E Basse Rd San Antonio, TX 78209		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage Expense	Description Meal	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6
Date 10/23/2024	Payee name La Panaderia		
Amount (\$) 21.23	Payee address; 8305 Broadway San Antonio, TX 78209		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage Expense	Description Meal	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	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 Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 22 of 39	2 FILER NAME Melissa Cabello Havrda	3 Filer ID (Ethics Commission Filers)	
4 Date 10/23/2024	5 Payee name Duable		
6 Amount (\$) 4810.00	7 Payee address; 110 Broadway #170 San Antonio, TX 78205	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Consulting Expense	(b) Description Consulting	
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6
Date 10/24/2024	Payee name Facebook		
Amount (\$) 37.00	Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description Advertisement	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6
Date 10/25/2024	Payee name Alamedas Cafe		
Amount (\$) 13.23	Payee address; City; State; Zip Code 342 W Houston San Antonio, TX 78205		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage Expense	Description Meal	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	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 Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 23 of 39	2 FILER NAME Melissa Cabello Havrda	3 Filer ID (Ethics Commission Filers)	
4 Date 10/25/2024	5 Payee name Walgreens		
6 Amount (\$) 25.73	7 Payee address; 10718 Bandera San Antonio, TX 78250	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Supplies	
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6
Date 10/28/2024	Payee name Facebook		
Amount (\$) 28.08	Payee address; 1 Hacker Way Menlo Park, CA 94025	City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description Advertisement	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6
Date 10/28/2024	Payee name Adobe Inc		
Amount (\$) 21.64	Payee address; 345 Park Ave San Jose, CA 95110	City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Software	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	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 Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 24 of 39	2 FILER NAME Melissa Cabello Havrda	3 Filer ID (Ethics Commission Filers)	
4 Date 10/28/2024	5 Payee name Facebook		
6 Amount (\$) 8.46	7 Payee address; 1 Hacker Way Menlo Park, CA 94025	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description Advertisement	
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6
Date 10/31/2024	Payee name IBC bank		
Amount (\$) 27.85	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	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6
Date 10/31/2024	Payee name Anedot Inc.		
Amount (\$) 116.60	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	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	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 Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 25 of 39	2 FILER NAME Melissa Cabello Havrda	3 Filer ID (Ethics Commission Filers)	
4 Date 11/1/2024	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) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6
Date 11/4/2024	Payee name Facebook		
Amount (\$) 41.00	Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description Advertisement	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6
Date 11/12/2024	Payee name Constant Contact		
Amount (\$) 300.61	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	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	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 Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 26 of 39	2 FILER NAME Melissa Cabello Havrda	3 Filer ID (Ethics Commission Filers)	
4 Date 11/12/2024	5 Payee name Square Space		
6 Amount (\$) 35.18	7 Payee address; 8 Clarkson St New York, NY 10014	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Website Hosting	
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6
Date 11/18/2024	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	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6
Date 11/18/2024	Payee name Facebook		
Amount (\$) 62.00	Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description Advertisement	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	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 Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 27 of 39	2 FILER NAME Melissa Cabello Havrda	3 Filer ID (Ethics Commission Filers)	
4 Date 11/18/2024	5 Payee name Facebook		
6 Amount (\$) 69.00	7 Payee address; 1 Hacker Way Menlo Park, CA 94025	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description Advertisement	
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6
Date 11/18/2024	Payee name Facebook		
Amount (\$) 76.00	Payee address; 1 Hacker Way Menlo Park, CA 94025	City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description Advertisement	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6
Date 11/18/2024	Payee name Facebook		
Amount (\$) 84.00	Payee address; 1 Hacker Way Menlo Park, CA 94025	City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description Advertisement	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	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 Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 28 of 39	2 FILER NAME Melissa Cabello Havrda	3 Filer ID (Ethics Commission Filers)	
4 Date 11/18/2024	5 Payee name Facebook		
6 Amount (\$) 93.00	7 Payee address; 1 Hacker Way Menlo Park, CA 94025	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description Advertisement	
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6
Date 11/18/2024	Payee name Facebook		
Amount (\$) 103.00	Payee address; 1 Hacker Way Menlo Park, CA 94025	City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description Advertisement	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6
Date 11/19/2024	Payee name Facebook		
Amount (\$) 114.00	Payee address; 1 Hacker Way Menlo Park, CA 94025	City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description Advertisement	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	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 Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 29 of 39	2 FILER NAME Melissa Cabello Havrda	3 Filer ID (Ethics Commission Filers)	
4 Date 11/19/2024	5 Payee name Square Space		
6 Amount (\$) 38.38	7 Payee address; 8 Clarkson St New York, NY 10014	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Website Hosting	
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6
Date 11/20/2024	Payee name AAAA Mini Storage		
Amount (\$) 19.49	Payee address; 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	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6
Date 11/20/2024	Payee name Facebook		
Amount (\$) 126.00	Payee address; 1 Hacker Way Menlo Park, CA 94025		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description Advertisement	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	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 Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 30 of 39	2 FILER NAME Melissa Cabello Havrda	3 Filer ID (Ethics Commission Filers)	
4 Date 11/21/2024	5 Payee name Facebook		
6 Amount (\$) 139.00	7 Payee address; 1 Hacker Way Menlo Park, CA 94025	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description Advertisement	
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6

Date 11/21/2024	Payee name Facebook		
Amount (\$) 153.00	Payee address; 1 Hacker Way Menlo Park, CA 94025		
 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description Advertisement	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6
Date 11/25/2024	Payee name Duable		
Amount (\$) 4500.00	Payee address; 110 Broadway #170 San Antonio, TX 78205		
 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting Expense	Description Consulting	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	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 Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 31 of 39	2 FILER NAME Melissa Cabello Havrda	3 Filer ID (Ethics Commission Filers)	
4 Date 11/29/2024	5 Payee name Square Space		
6 Amount (\$) 20.00	7 Payee address; 8 Clarkson St New York, NY 10014	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Website Hosting	
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6
Date 11/29/2024	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	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6
Date 11/29/2024	Payee name Facebook		
Amount (\$) 169.00	Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description Advertisement	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	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 Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 32 of 39	2 FILER NAME Melissa Cabello Havrda	3 Filer ID (Ethics Commission Filers)	
4 Date 11/29/2024	5 Payee name Facebook		
6 Amount (\$) 51.15	7 Payee address; 1 Hacker Way Menlo Park, CA 94025	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description Advertisement	
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6
Date 11/30/2024	Payee name Anedot Inc.		
Amount (\$) 40.60	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	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6
Date 11/30/2024	Payee name IBC bank		
Amount (\$) 25.99	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	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	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 Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 33 of 39	2 FILER NAME Melissa Cabello Havrda	3 Filer ID (Ethics Commission Filers)	
4 Date 12/2/2024	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) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6
Date 12/2/2024	Payee name Facebook		
Amount (\$) 186.00	Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description Advertisement	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6
Date 12/2/2024	Payee name Facebook		
Amount (\$) 205.00	Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description Advertisement	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	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 Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 34 of 39	2 FILER NAME Melissa Cabello Havrda	3 Filer ID (Ethics Commission Filers)	
4 Date 12/2/2024	5 Payee name Facebook		
6 Amount (\$) 226.00	7 Payee address; 1 Hacker Way Menlo Park, CA 94025	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description Advertisement	
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6
Date 12/6/2024	Payee name Flower Bucket		
Amount (\$) 56.25	Payee address; 11305 West Ave San Antonio, TX 78213	City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Gifts/Awards/Memorials Expense	Description Gifts	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6
Date 12/9/2024	Payee name Facebook		
Amount (\$) 251.92	Payee address; 1 Hacker Way Menlo Park, CA 94025	City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description Advertisement	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	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 Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 35 of 39	2 FILER NAME Melissa Cabello Havrda	3 Filer ID (Ethics Commission Filers)	
4 Date 12/9/2024	5 Payee name Personalization Mall		
6 Amount (\$) 28.24	7 Payee address; 850 Veterans Parkway Bolingbrook, IL 60440	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Gifts/Awards/Memorials Expense	(b) Description Gifts	
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6
Date 12/9/2024	Payee name Personalization Mall		
Amount (\$) 363.78	Payee address; 850 Veterans Parkway Bolingbrook, IL 60440		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Gifts/Awards/Memorials Expense		Description Gifts
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6
Date 12/10/2024	Payee name X corp		
Amount (\$) 8.64	Payee address; 1355 Market St #900 San Francisco, CA 94103		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense		Description Advertisement
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	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 Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 36 of 39	2 FILER NAME Melissa Cabello Havrda	3 Filer ID (Ethics Commission Filers)	
4 Date 12/11/2024	5 Payee name Dollar Tree		
6 Amount (\$) 9.47	7 Payee address; 6511 W Loop 1604 San Antonio, TX 78254	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Supplies	
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6
Date 12/11/2024	Payee name Constant Contact		
Amount (\$) 300.61	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	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6
Date 12/12/2024	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	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	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 Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 37 of 39	2 FILER NAME Melissa Cabello Havrda	3 Filer ID (Ethics Commission Filers)	
4 Date 12/12/2024	5 Payee name Square Space		
6 Amount (\$) 35.18	7 Payee address; 8 Clarkson St New York, NY 10014	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Website Hosting	
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6

Date 12/12/2024	Payee name Texas Democratic Party		
Amount (\$) 840.00	Payee address; City; State; Zip Code 4818 E Ben White #104 Austin, TX 78741		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description Political Committee	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6
Date 12/18/2024	Payee name Alpha Graphics		
Amount (\$) 560.00	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	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	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 Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 38 of 39	2 FILER NAME Melissa Cabello Havrda	3 Filer ID (Ethics Commission Filers)	
4 Date 12/19/2024	5 Payee name Square Space		
6 Amount (\$) 38.38	7 Payee address; 8 Clarkson St New York, NY 10014	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Website Hosting	
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6

Date 12/19/2024	Payee name GoDaddy		
Amount (\$) 48.34	Payee address; City; State; Zip Code 14455 N Hayden Rd #226 Scottsdale, AZ 85260		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Domain Hosting	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6
Date 12/27/2024	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	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	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 Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 39 of 39	2 FILER NAME Melissa Cabello Havrda	3 Filer ID (Ethics Commission Filers)	
4 Date 12/30/2024	5 Payee name Facebook		
6 Amount (\$) 208.28	7 Payee address; 1 Hacker Way Menlo Park, CA 94025	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description Advertisement	
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6
Date 12/31/2024	Payee name Anedot Inc.		
Amount (\$) 102.40	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	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6
Date 12/31/2024	Payee name IBC bank		
Amount (\$) 12.49	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	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F2: 1 of 1	2 FILER NAME Melissa Cabello Havrda	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$ 0
5 Date	6 Payee name	
7 Amount (\$)	8 Payee address; City; State; Zip Code	
9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought Office held

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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 (\$)		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F4: 1 of 1	2 FILER NAME Melissa Cabello Havrda	3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 0	
5 Date	6 Payee name		
7 Amount (\$)	8 Payee address; City; State; Zip Code		
9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political		
10 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description	
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)		Description
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

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

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

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

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

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

SCHEDULE K

<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule K: 1 of 1</p>
<p>2 FILER NAME Melissa Cabello Havrda</p>		<p>3 Filer ID (Ethics Commission Filers)</p>
<p>4 Date</p>	<p>5 Name of person from whom amount is received</p> <p>.....</p> <p>6 Address of person from whom amount is received; City; State; Zip Code</p>	<p>8 Amount (\$)</p>
	<p>7 Purpose for which amount is received</p>	<input type="checkbox"/> Check if political contribution returned to filer
	<p>Name of person from whom amount is received</p> <p>.....</p> <p>Address of person from whom amount is received; City; State; Zip Code</p>	
<p>Date</p>	<p>Name of person from whom amount is received</p> <p>.....</p> <p>Address of person from whom amount is received; City; State; Zip Code</p>	<p>Amount (\$)</p>
	<p>Purpose for which amount is received</p>	<input type="checkbox"/> Check if political contribution returned to filer
	<p>Name of person from whom amount is received</p> <p>.....</p> <p>Address of person from whom amount is received; City; State; Zip Code</p>	
<p>Date</p>	<p>Name of person from whom amount is received</p> <p>.....</p> <p>Address of person from whom amount is received; City; State; Zip Code</p>	<p>Amount (\$)</p>
	<p>Purpose for which amount is received</p>	<input type="checkbox"/> Check if political contribution returned to filer
	<p>Name of person from whom amount is received</p> <p>.....</p> <p>Address of person from whom amount is received; City; State; Zip Code</p>	
<p>Date</p>	<p>Name of person from whom amount is received</p> <p>.....</p> <p>Address of person from whom amount is received; City; State; Zip Code</p>	<p>Amount (\$)</p>
	<p>Purpose for which amount is received</p>	<input type="checkbox"/> Check if political contribution returned to filer
	<p>Name of person from whom amount is received</p> <p>.....</p> <p>Address of person from whom amount is received; City; State; Zip Code</p>	

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

SCHEDULE T

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

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

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

C/OH NAME
Melissa Cabello Havrda

Filer ID (Ethics Commission Filers)

SIGNATURE

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

Signature of Candidate / Officeholder

FILER WHO IS NOT AN OFFICEHOLDER

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

A. CAMPAIGN FUNDS

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

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

B. ASSETS

Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions.

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

Signature of Candidate

OFFICEHOLDER

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

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

Signature of Officeholder