

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

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

<b>14 C/OH NAME</b> <b>Melissa Cabello Havrda</b>	<b>15 Filer ID</b> (Ethics Commission Filers)
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<b>16 NOTICE FROM POLITICAL COMMITTEE(S)</b>	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.
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COMMITTEE TYPE  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME  COMMITTEE ADDRESS  COMMITTEE CAMPAIGN TREASURER NAME  COMMITTEE CAMPAIGN TREASURER ADDRESS
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☐ Additional Pages

<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	<b>\$ 0</b>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	<b>\$ 20365.00</b>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES.	<b>\$ 0</b>
	4. TOTAL POLITICAL EXPENDITURES	<b>\$ 36938.57</b>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	<b>\$ 38556.82</b>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	<b>\$ 0</b>

<b>18 AFFIDAVIT</b>		
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.		
<b>*** Electronically Certified ***</b>		
_____ Signature of Candidate or Officeholder		
AFFIX NOTARY STAMP / SEAL ABOVE		
Sworn to and subscribed before me, by the said <b>Melissa Cabello Havrda</b> , this the <b>15th</b> day of <b>January</b> , <b>2025</b> , 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

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

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

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

2 FILER NAME

**Melissa Cabello Havrda**

3 Filer ID (Ethics Commission Filers)

4 Date  
**7/1/2024**

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Greg Kowalski**

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

6 Contributor address; City; State; Zip Code  
**PO Box 1361  
San Antonio, TX 78295**

8 Principal occupation / Job title (See instructions)  
**President and CEO**

9 Employer (See instructions)  
**RK Group**

Date  
**7/1/2024**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Bekki Kowalski**

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

Contributor address; City; State; Zip Code  
**PO Box 1361  
San Antonio, TX 78295**

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date  
**7/11/2024**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Frank Burney**

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

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

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

Employer (See instructions)  
**Martin & Drought, P.C.**

Date  
**8/16/2024**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**SA Prof Firefighters**

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

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

Principal occupation / Job title (See instructions)

Employer (See instructions)

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

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

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

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

2 FILER NAME  
**Melissa Cabello Havrda**

3 Filer ID (Ethics Commission Filers)

4 Date  
**8/21/2024**

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Tillman Fertitta**

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

6 Contributor address; City; State; Zip Code  
**1510 West Loop South  
Houston, TX 77027**

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

9 Employer (See instructions)  
**Landrys**

Date  
**8/31/2024**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Toni Marie Van Buren**

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

Contributor address; City; State; Zip Code  
**115 Schreiner Pl  
San Antonio, TX 78212**

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

Employer (See instructions)  
**Retired UWSA**

Date  
**9/4/2024**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Gabriela Rocha**

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

Contributor address; City; State; Zip Code  
**16333 Vance Jackson Road  
San Antonio, TX 78257**

Principal occupation / Job title (See instructions)  
**Personal Development**

Employer (See instructions)  
**Self**

Date  
**9/5/2024**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Jezzika Perez**

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

Contributor address; City; State; Zip Code  
**704 Clower  
San Antonio, TX 78212**

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

Employer (See instructions)  
**Self Employed**

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

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
**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 ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Myrl & Marjorie Britten**

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

**6** Contributor address; City; State; Zip Code  
**5415 Timber Post  
San Antonio, TX 78250**

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

**9** Employer (See instructions)  
**Retired**

Date  
**9/6/2024**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Joyce Townsend**

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

Contributor address; City; State; Zip Code  
**15662 Robin Ridge Road  
San Antonio, TX 78248**

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

Employer (See instructions)  
**Retired**

Date  
**9/6/2024**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Christina Castano**

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

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

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

Employer (See instructions)  
**Retired**

Date  
**10/2/2024**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Christian Archer**

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

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

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

Employer (See instructions)  
**self**

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

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

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

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

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

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 ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Robert Vargas**

7 Amount of contribution (\$)  
**20.00**

6 Contributor address; City; State; Zip Code  
**8311 Willow Creek Dr  
San Antonio, TX 78251**

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

9 Employer (See instructions)  
**Retired**

Date  
**10/9/2024**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Filemon Vela**

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

Contributor address; City; State; Zip Code  
**2619 Eastgrove Lane  
Houston, TX 77027**

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

Employer (See instructions)  
**Self**

Date  
**10/10/2024**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Daniel Rossiter**

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

Contributor address; City; State; Zip Code  
**4606 Lone Eagle St  
San Antonio, TX 78238**

Principal occupation / Job title (See instructions)  
**Rental operator**

Employer (See instructions)  
**Self**

Date  
**10/10/2024**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Mary Nancy Cardenas**

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

Contributor address; City; State; Zip Code  
**7919 Misty Park Street  
San Antonio, TX 78250**

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

Employer (See instructions)  
**Retired**

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# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

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

2 FILER NAME  
**Melissa Cabello Havrda**

3 Filer ID (Ethics Commission Filers)

4 Date  
**10/10/2024**

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Kye Fox**

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

6 Contributor address; City; State; Zip Code  
**34 Haverhill Way  
San Antonio, TX 78209**

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

9 Employer (See instructions)  
**Retired**

Date  
**10/11/2024**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Lea LaPort**

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

Contributor address; City; State; Zip Code  
**11614 Foxford  
San Antonio, TX 78253**

Principal occupation / Job title (See instructions)  
**Dental Hygienist**

Employer (See instructions)  
**Aspen Dentsl**

Date  
**10/11/2024**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Jason Arechiga**

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

Contributor address; City; State; Zip Code  
**22603 Impala Bend  
San Antonio, TX 78259**

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

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

Date  
**10/14/2024**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Ram Cabrera**

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

Contributor address; City; State; Zip Code  
**1210 Weston  
San Antonio, TX 78251**

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

Employer (See instructions)  
**Retired**

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# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

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

2 FILER NAME  
**Melissa Cabello Havrda**

3 Filer ID (Ethics Commission Filers)

4 Date  
**10/14/2024**

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Lyssa Ochoa**

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

6 Contributor address; City; State; Zip Code  
**708 Canterbury Hill  
San Antonio, TX 78209**

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

9 Employer (See instructions)  
**Self**

Date  
**10/15/2024**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Jen Galletti**

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

Contributor address; City; State; Zip Code  
**133 Lotus Street  
San Antonio, TX 78210**

Principal occupation / Job title (See instructions)  
**Animal rescue**

Employer (See instructions)  
**Na**

Date  
**10/15/2024**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Janie Gonzalez**

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

Contributor address; City; State; Zip Code  
**1710 North Main Avenue  
San Antonio, TX 78212**

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

Employer (See instructions)  
**Webhead**

Date  
**10/15/2024**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Chelsea Staley**

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

Contributor address; City; State; Zip Code  
**4230 Laterite Trail  
San Antonio, TX 78253**

Principal occupation / Job title (See instructions)  
**Director of Lifesaving**

Employer (See instructions)  
**Petco Love**

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

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

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

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

2 FILER NAME  
**Melissa Cabello Havrda**

3 Filer ID (Ethics Commission Filers)

4 Date  
**10/15/2024**

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Adelfa Reyna**

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

6 Contributor address; City; State; Zip Code  
**655 Freiling  
San Antonio, TX 78213**

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

9 Employer (See instructions)  
**Retired**

Date  
**10/15/2024**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Debra Guerrero**

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

Contributor address; City; State; Zip Code  
**3915 Skylark  
San Antonio, TX 78210**

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

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

Date  
**10/23/2024**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Silvestre Vasquez**

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

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

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

Employer (See instructions)  
**Quatro Strategic Solutions**

Date  
**10/23/2024**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Andrew Turner**

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

Contributor address; City; State; Zip Code  
**707 Ridgewood Drive  
Antioch, IL 60002**

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

Employer (See instructions)  
**Dalkia Energy Solutions**

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

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# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

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

2 FILER NAME

**Melissa Cabello Havrda**

3 Filer ID (Ethics Commission Filers)

4 Date  
**10/23/2024**

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Ashley Turner**

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

6 Contributor address; City; State; Zip Code  
**707 Ridgewood Drive  
Antioch, IL 60002**

8 Principal occupation / Job title (See instructions)

9 Employer (See instructions)

Date  
**10/23/2024**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Jean-Christophe Florensen**

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

Contributor address; City; State; Zip Code  
**1401 Fairview #A  
Houston, TX 77006**

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 ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Yuridia Quintanilla**

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

Contributor address; City; State; Zip Code  
**1401 Fairview #A  
Houston, TX 77006**

Principal occupation / Job title (See instructions)

Employer (See instructions)  
**Fortress Energy**

Date  
**10/24/2024**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Kevin Kaye**

Amount of contribution (\$)  
**1000.00**

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

Principal occupation / Job title (See instructions)  
**Senior Director of Operations**

Employer (See instructions)  
**Dalkia Energy Solutions**

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

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# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

**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 ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Clermont LLC**

**7** Amount of contribution (\$)  
**1000.00**

**6** Contributor address; City; State; Zip Code  
**7334 Blanco #200**  
**San Antonio, TX 78216**

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

**9** Employer (See instructions)

Date  
**10/30/2024**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Iron Gate Technology LLC**

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

Contributor address; City; State; Zip Code  
**PO Box 593277**  
**San Antonio, TX 78259**

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date  
**10/31/2024**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Habitat Investment Properties**

Amount of contribution (\$)  
**1000.00**

Contributor address; City; State; Zip Code  
**2902 Spider Lily**  
**San Antonio, TX 78258**

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date  
**11/17/2024**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Kristi Garza Villanueva**

Amount of contribution (\$)  
**1000.00**

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

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

Employer (See instructions)  
**Tru-Matrix**

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

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# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

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 ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Emily Garza**

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

6 Contributor address; City; State; Zip Code  
**757 Treaty Oak  
San Antonio, TX 78258**

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

9 Employer (See instructions)  
**HSCSS**

Date  
**11/18/2024**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Nicole Trevino**

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

Contributor address; City; State; Zip Code  
**8039 Eagle peak  
Helotes, TX 78023**

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

Employer (See instructions)  
**One Seven Transport**

Date  
**12/4/2024**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Fakhrudin Valibhai**

Amount of contribution (\$)  
**1000.00**

Contributor address; City; State; Zip Code  
**8710 Sandia Circle  
Helotes, TX 78023**

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

Employer (See instructions)  
**Dept of Defense**

Date  
**12/4/2024**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Suzanne Kaufman-McNamara**

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

Contributor address; City; State; Zip Code  
**8515 Oak Fence St  
San Antonio, TX 78251**

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

Employer (See instructions)  
**retired**

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

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
**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 ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Raul Tijerina**

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

**6** Contributor address; City; State; Zip Code  
**2715 Grosenbacher  
San Antonio, TX 78245**

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

**9** Employer (See instructions)  
**SAPD**

Date  
**12/4/2024**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Christopher Callanen**

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

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

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

Employer (See instructions)  
**retired**

Date  
**12/4/2024**

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

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

Contributor address; City; State; Zip Code  
**132 Seaton PI NW  
Washington, DC 20001**

Principal occupation / Job title (See instructions)  
**SAP for Domestic Agency Personnel**

Employer (See instructions)  
**EOP**

Date  
**12/4/2024**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**April Atkinson**

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

Contributor address; City; State; Zip Code  
**207 SW 25th Street  
San Antonio, TX 78207**

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

Employer (See instructions)  
**retired**

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

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

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

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



# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

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 ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Myrl Britten**

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

6 Contributor address; City; State; Zip Code  
**5415 Timber Post St  
San Antonio, TX 78250**

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

9 Employer (See instructions)  
**retired**

Date  
**12/8/2024**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Lawrence Romo**

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

Contributor address; City; State; Zip Code  
**4811 Isaac Ryan  
San Antonio, TX 78253**

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

Employer (See instructions)  
**retired**

Date  
**12/8/2024**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Guillermina Reyna**

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

Contributor address; City; State; Zip Code  
**9035 Wellwood St  
San Antonio, TX 78250**

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

Employer (See instructions)  
**Kairoi Residential**

Date  
**12/10/2024**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Raul Tijerina**

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

Contributor address; City; State; Zip Code  
**2715 Grosenbacher Rd.  
San antonio, TX 78245**

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

Employer (See instructions)  
**SAPD**

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

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

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

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

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

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

**4** Date  
**12/15/2024**

**5** Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Mary Campos**

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

Contributor address; City; State; Zip Code  
**4547 Shavano Peak**  
**San Antonio, TX 78230**

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

**9** Employer (See instructions)  
**Vantage Bank**

Date  
**12/19/2024**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Robert Ramirez**

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

Contributor address; City; State; Zip Code  
**414 Resurrection**  
**San Antonio, TX 78227**

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

Employer (See instructions)  
**Self**

Date  
**12/19/2024**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Lawrence Romo**

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

Contributor address; City; State; Zip Code  
**4811 Isaac Ryan**  
**San Antonio, TX 78253**

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

Employer (See instructions)  
**retired**

Date  
**12/20/2024**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Raul Tijerina**

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

Contributor address; City; State; Zip Code  
**2715 Grosenbacher Rd.**  
**San antonio, TX 78245**

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**

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE **A1**

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

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

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

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

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

**4** Date  
**12/31/2024**

**5** Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Marion Williams**

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

**6** Contributor address; City; State; Zip Code  
**PO Box 90298**  
**San antonio, TX 78209**

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

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

Date  
**12/31/2024**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Rose Caballero**

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

Contributor address; City; State; Zip Code  
**5918 Winterhaven Drive**  
**Windcrest, TX 78239**

Principal occupation / Job title (See instructions)  
**Registered Nurse**

Employer (See instructions)  
**Galen college of Nursing**

Date  
**12/31/2024**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Roman Pena**

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

Contributor address; City; State; Zip Code  
**514 w. Commerce**  
**San Antonio, TX 78221**

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

Employer (See instructions)  
**retired**

Date

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See instructions)

Employer (See instructions)

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

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

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A2:  
**1 of 1**

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

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

**4** TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

**\$ 0**

**5** Date

**6** Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)

**8** Amount of Contribution \$

**9** In-kind contribution description

**7** Contributor address; City; State; Zip Code

☐ Check if travel outside of Texas, complete Schedule T

**10** Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)

**11** Employer (FOR NON-JUDICIAL) (See instructions)

**12** Contributor's principal occupation (FOR JUDICIAL)

**13** Contributor's job title (FOR JUDICIAL) (See instructions)

**14** Contributor's employer/law firm (FOR JUDICIAL)

**15** Law firm of contributor's spouse (if any) (FOR JUDICIAL)

**16** If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Date

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)

Amount of Contribution \$

In-kind contribution description

Contributor address; City; State; Zip Code

☐ Check if travel outside of Texas, complete Schedule T

Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)

Employer (FOR NON-JUDICIAL) (See instructions)

Contributor's principal occupation (FOR JUDICIAL)

Contributor's job title (FOR JUDICIAL) (See instructions)

Contributor's employer/law firm (FOR JUDICIAL)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

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

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

# PLEDGED CONTRIBUTIONS

## SCHEDULE B

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

# LOANS

# SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:  
1 of 1

2 FILER NAME  
Melissa Cabello Havrda

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$ 0

5 Date of loan

7 Name of lender ☐ out-of-state PAC (ID# \_\_\_\_\_)

9 Loan Amount (\$)

6 Is lender a  
financial  
institution?

8 Lender address; City; State; Zip Code

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See instructions)

13 Employer (See instructions)

14 Description of Collateral  
☐ none

15 ☐ Check if personal funds were deposited into political  
account (See instructions)

16 GUARANTOR  
INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address; City; State; Zip Code

☐ not applicable

20 Principal occupation (See instructions)

21 Employer (See instructions)

Date of loan

Name of lender ☐ out-of-state PAC (ID# \_\_\_\_\_)

Loan Amount (\$)

Is lender a  
financial  
institution?

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See instructions)

Employer (See instructions)

Description of Collateral  
☐ none

☐ Check if personal funds were deposited into political  
account (See Instructions)

GUARANTOR  
INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address; City; State; Zip Code

☐ not applicable

Principal occupation (See instructions)

Employer (See instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>1 of 39</b>	<b>2</b> FILER NAME <b>Melissa Cabello Havrda</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>7/1/2024</b>	<b>5</b> Payee name <b>GoDaddy</b>		
<b>6</b> Amount (\$) <b>15.98</b>	<b>7</b> Payee address; City; State; Zip Code <b>14455 N Hayden Rd #226 Scottsdale, AZ 85260</b>		
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Office Overhead/Rental Expense</b>		<b>(b)</b> Description <b>Domain Hosting</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name <b>Melissa Cabello Havrda</b> Office sought <b>Mayor</b> Office held <b>Council District 6</b>			
Date <b>7/2/2024</b>	Payee name <b>Google Suite</b>		
Amount (\$) <b>15.35</b>	Payee address; City; State; Zip Code <b>1600 Amphitheatre Parkway Mountainview, CA 94043</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Office Overhead/Rental Expense</b>		Description <b>Dues and Subscriptions</b>
	<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 <b>Melissa Cabello Havrda</b> Office sought <b>Mayor</b> Office held <b>Council District 6</b>			
Date <b>7/3/2024</b>	Payee name <b>Anedot Inc.</b>		
Amount (\$) <b>121.00</b>	Payee address; City; State; Zip Code <b>1340 Poydras Street #1770 New Orleans, LA 70112</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Solicitation/Fundraising Expense</b>		Description <b>Fundraising fee</b>
	<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 <b>Melissa Cabello Havrda</b> Office sought <b>Mayor</b> Office held <b>Council District 6</b>			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>2 of 39</b>	<b>2</b> FILER NAME <b>Melissa Cabello Havrda</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>7/8/2024</b>	<b>5</b> Payee name <b>AAAA Mini Storage</b>		
<b>6</b> Amount (\$) <b>229.42</b>	<b>7</b> Payee address; City; State; Zip Code <b>8611 Potranco Road San Antonio, TX 78251</b>		
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Office Overhead/Rental Expense</b>		<b>(b)</b> Description <b>Storage</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH         Candidate / Officeholder name <b>Melissa Cabello Havrda</b> Office sought <b>Mayor</b> Office held <b>Council District 6</b>			
Date <b>7/8/2024</b>	Payee name <b>AAAA Mini Storage</b>		
Amount (\$) <b>1140.00</b>	Payee address; City; State; Zip Code <b>8611 Potranco Road San Antonio, TX 78251</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Office Overhead/Rental Expense</b>		Description <b>Storage</b>
	<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 <b>Melissa Cabello Havrda</b> Office sought <b>Mayor</b> Office held <b>Council District 6</b>			
Date <b>7/8/2024</b>	Payee name <b>Southwest Voter Registration Project</b>		
Amount (\$) <b>2000.00</b>	Payee address; City; State; Zip Code <b>320 El Paso St San Antonio, TX 78207</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Contributions/Donations Made By Candidate/Officeholder/Political Committee</b>		Description <b>Political Committee</b>
	<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 <b>Melissa Cabello Havrda</b> Office sought <b>Mayor</b> Office held <b>Council District 6</b>			

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>3 of 39</b>	<b>2</b> FILER NAME <b>Melissa Cabello Havrda</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>7/11/2024</b>	<b>5</b> Payee name <b>Constant Contact</b>		
<b>6</b> Amount (\$) <b>278.22</b>	<b>7</b> Payee address; City; State; Zip Code <b>3675 Precision Dr Loveland, CO 80538</b>		
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Office Overhead/Rental Expense</b>		<b>(b)</b> Description <b>Email Database</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH         Candidate / Officeholder name <b>Melissa Cabello Havrda</b> Office sought <b>Mayor</b> Office held <b>Council District 6</b>			
Date <b>7/12/2024</b>	Payee name <b>Square Space</b>		
Amount (\$) <b>30.91</b>	Payee address; City; State; Zip Code <b>8 Clarkson St New York, NY 10014</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Office Overhead/Rental Expense</b>		Description <b>Website Hosting</b>
	<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 <b>Melissa Cabello Havrda</b> Office sought <b>Mayor</b> Office held <b>Council District 6</b>			
Date <b>7/15/2024</b>	Payee name <b>Anedot Inc.</b>		
Amount (\$) <b>20.30</b>	Payee address; City; State; Zip Code <b>1340 Poydras Street #1770 New Orleans, LA 70112</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Solicitation/Fundraising Expense</b>		Description <b>Fundraising fee</b>
	<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 <b>Melissa Cabello Havrda</b> Office sought <b>Mayor</b> Office held <b>Council District 6</b>			

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>4 of 39</b>	<b>2</b> FILER NAME <b>Melissa Cabello Havrda</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>7/16/2024</b>	<b>5</b> Payee name <b>Adobe Inc</b>		
<b>6</b> Amount (\$) <b>10.81</b>	<b>7</b> Payee address; City; State; Zip Code <b>345 Park Ave San Jose, CA 95110</b>		
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Office Overhead/Rental Expense</b>		<b>(b)</b> Description <b>Software</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH         Candidate / Officeholder name <b>Melissa Cabello Havrda</b> Office sought <b>Mayor</b> Office held <b>Council District 6</b>			
Date <b>7/19/2024</b>	Payee name <b>Square Space</b>		
Amount (\$) <b>35.18</b>	Payee address; City; State; Zip Code <b>8 Clarkson St New York, NY 10014</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Office Overhead/Rental Expense</b>		Description <b>Website Hosting</b>
	<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 <b>Melissa Cabello Havrda</b> Office sought <b>Mayor</b> Office held <b>Council District 6</b>			
Date <b>7/19/2024</b>	Payee name <b>Alpha Graphics</b>		
Amount (\$) <b>350.00</b>	Payee address; City; State; Zip Code <b>12077 Starcrest Drive San Antonio, TX 78247</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>		Description <b>Printing</b>
	<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 <b>Melissa Cabello Havrda</b> Office sought <b>Mayor</b> Office held <b>Council District 6</b>			

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>5 of 39</b>	<b>2</b> FILER NAME <b>Melissa Cabello Havrda</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>7/25/2024</b>	<b>5</b> Payee name <b>Duabie</b>		
<b>6</b> Amount (\$) <b>3500.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>110 Broadway #170 San Antonio, TX 78205</b>		
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Consulting Expense</b>		<b>(b)</b> Description <b>Consulting</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
	Candidate / Officeholder name <b>Melissa Cabello Havrda</b>	Office sought <b>Mayor</b>	Office held <b>Council District 6</b>
Date <b>7/29/2024</b>	Payee name <b>Adobe Inc</b>		
Amount (\$) <b>21.64</b>	Payee address; City; State; Zip Code <b>345 Park Ave San Jose, CA 95110</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Office Overhead/Rental Expense</b>		Description <b>Software</b>
	<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 <b>Melissa Cabello Havrda</b>	Office sought <b>Mayor</b>	Office held <b>Council District 6</b>
Date <b>7/30/2024</b>	Payee name <b>GoDaddy</b>		
Amount (\$) <b>294.09</b>	Payee address; City; State; Zip Code <b>14455 N Hayden Rd #226 Scottsdale, AZ 85260</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Office Overhead/Rental Expense</b>		Description <b>Domain Hosting</b>
	<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 <b>Melissa Cabello Havrda</b>	Office sought <b>Mayor</b>	Office held <b>Council District 6</b>

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>6 of 39</b>	<b>2</b> FILER NAME <b>Melissa Cabello Havrda</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>7/31/2024</b>	<b>5</b> Payee name <b>IBC bank</b>		
<b>6</b> Amount (\$) <b>25.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>130 East Travis San Antonio, TX 78205</b>		
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Accounting/Banking</b>		<b>(b)</b> Description <b>Bank Fee</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
	Candidate / Officeholder name <b>Melissa Cabello Havrda</b>	Office sought <b>Mayor</b>	Office held <b>Council District 6</b>
Date <b>7/31/2024</b>	Payee name <b>GoDaddy</b>		
Amount (\$) <b>35.16</b>	Payee address; City; State; Zip Code <b>14455 N Hayden Rd #226 Scottsdale, AZ 85260</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Office Overhead/Rental Expense</b>		Description <b>Domain Hosting</b>
	<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 <b>Melissa Cabello Havrda</b>	Office sought <b>Mayor</b>	Office held <b>Council District 6</b>
Date <b>8/2/2024</b>	Payee name <b>Google Suite</b>		
Amount (\$) <b>15.35</b>	Payee address; City; State; Zip Code <b>1600 Amphitheatre Parkway Mountainview, CA 94043</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Office Overhead/Rental Expense</b>		Description <b>Dues and Subscriptions</b>
	<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 <b>Melissa Cabello Havrda</b>	Office sought <b>Mayor</b>	Office held <b>Council District 6</b>

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>7 of 39</b>	<b>2</b> FILER NAME <b>Melissa Cabello Havrda</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>8/12/2024</b>	<b>5</b> Payee name <b>Constant Contact</b>		
<b>6</b> Amount (\$) <b>278.22</b>	<b>7</b> Payee address; City; State; Zip Code <b>3675 Precision Dr Loveland, CO 80538</b>		
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Office Overhead/Rental Expense</b>		<b>(b)</b> Description <b>Email Database</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH         Candidate / Officeholder name <b>Melissa Cabello Havrda</b> Office sought <b>Mayor</b> Office held <b>Council District 6</b>			
Date <b>8/12/2024</b>	Payee name <b>Square Space</b>		
Amount (\$) <b>30.91</b>	Payee address; City; State; Zip Code <b>8 Clarkson St New York, NY 10014</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Office Overhead/Rental Expense</b>		Description <b>Website Hosting</b>
	<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 <b>Melissa Cabello Havrda</b> Office sought <b>Mayor</b> Office held <b>Council District 6</b>			
Date <b>8/12/2024</b>	Payee name <b>Adobe Inc</b>		
Amount (\$) <b>25.46</b>	Payee address; City; State; Zip Code <b>345 Park Ave San Jose, CA 95110</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Office Overhead/Rental Expense</b>		Description <b>Software</b>
	<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 <b>Melissa Cabello Havrda</b> Office sought <b>Mayor</b> Office held <b>Council District 6</b>			

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>8 of 39</b>	<b>2</b> FILER NAME <b>Melissa Cabello Havrda</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>8/13/2024</b>	<b>5</b> Payee name <b>Domain Networks</b>		
<b>6</b> Amount (\$) <b>289.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>PO Box 1280 Henderson, NC 28793</b>		
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Office Overhead/Rental Expense</b>		<b>(b)</b> Description <b>Domain Hosting</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH         Candidate / Officeholder name <b>Melissa Cabello Havrda</b> Office sought <b>Mayor</b> Office held <b>Council District 6</b>			
Date <b>8/14/2024</b>	Payee name <b>Duabe</b>		
Amount (\$) <b>3500.00</b>	Payee address; City; State; Zip Code <b>110 Broadway #170 San Antonio, TX 78205</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Consulting Expense</b>		Description <b>Consulting</b>
	<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 <b>Melissa Cabello Havrda</b> Office sought <b>Mayor</b> Office held <b>Council District 6</b>			
Date <b>8/15/2024</b>	Payee name <b>Nancy Reyna</b>		
Amount (\$) <b>21.65</b>	Payee address; City; State; Zip Code <b>7806 Coral Elm San Antonio, TX 78251</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>		Description <b>Advertisement</b>
	<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 <b>Melissa Cabello Havrda</b> Office sought <b>Mayor</b> Office held <b>Council District 6</b>			

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>9 of 39</b>	<b>2</b> FILER NAME <b>Melissa Cabello Havrda</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>8/15/2024</b>	<b>5</b> Payee name <b>San Antonio AFL-CIO</b>		
<b>6</b> Amount (\$) <b>750.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>9502 Computer Dr #201 San Antonio, TX 78229</b>		
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Contributions/Donations Made By Candidate/Officeholder/Political Committee</b>		<b>(b)</b> Description <b>Charitable Contributions</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name <b>Melissa Cabello Havrda</b> Office sought <b>Mayor</b> Office held <b>Council District 6</b>			

  

Date <b>8/16/2024</b>	Payee name <b>Adobe Inc</b>		
Amount (\$) <b>10.81</b>	Payee address; City; State; Zip Code <b>345 Park Ave San Jose, CA 95110</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Office Overhead/Rental Expense</b>		Description <b>Software</b>
	<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 <b>Melissa Cabello Havrda</b> Office sought <b>Mayor</b> Office held <b>Council District 6</b>			

  

Date <b>8/18/2024</b>	Payee name <b>San Antonio Alliance Local 67</b>		
Amount (\$) <b>100.00</b>	Payee address; City; State; Zip Code <b>120 Adams St San Antonio, TX 78210</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Contributions/Donations Made By Candidate/Officeholder/Political Committee</b>		Description <b>Charitable Contributions</b>
	<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 <b>Melissa Cabello Havrda</b> Office sought <b>Mayor</b> Office held <b>Council District 6</b>			

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>10 of 39</b>	<b>2</b> FILER NAME <b>Melissa Cabello Havrda</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>8/19/2024</b>	<b>5</b> Payee name <b>Square Space</b>		
<b>6</b> Amount (\$) <b>38.38</b>	<b>7</b> Payee address; City; State; Zip Code <b>8 Clarkson St New York, NY 10014</b>		
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Office Overhead/Rental Expense</b>		<b>(b)</b> Description <b>Website Hosting</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH         Candidate / Officeholder name <b>Melissa Cabello Havrda</b> Office sought <b>Mayor</b> Office held <b>Council District 6</b>			
Date <b>8/28/2024</b>	Payee name <b>Adobe Inc</b>		
Amount (\$) <b>21.64</b>	Payee address; City; State; Zip Code <b>345 Park Ave San Jose, CA 95110</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Office Overhead/Rental Expense</b>		Description <b>Software</b>
	<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 <b>Melissa Cabello Havrda</b> Office sought <b>Mayor</b> Office held <b>Council District 6</b>			
Date <b>8/30/2024</b>	Payee name <b>Facebook</b>		
Amount (\$) <b>10.00</b>	Payee address; City; State; Zip Code <b>1 Hacker Way Menlo Park, CA 94025</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>		Description <b>Advertisement</b>
	<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 <b>Melissa Cabello Havrda</b> Office sought <b>Mayor</b> Office held <b>Council District 6</b>			

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>11 of 39</b>	<b>2</b> FILER NAME <b>Melissa Cabello Havrda</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>8/31/2024</b>	<b>5</b> Payee name <b>IBC bank</b>		
<b>6</b> Amount (\$) <b>24.12</b>	<b>7</b> Payee address; City; State; Zip Code <b>130 East Travis San Antonio, TX 78205</b>		
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Accounting/Banking</b>		<b>(b)</b> Description <b>Bank Fee</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH         Candidate / Officeholder name <b>Melissa Cabello Havrda</b> Office sought <b>Mayor</b> Office held <b>Council District 6</b>			
Date <b>9/3/2024</b>	Payee name <b>Facebook</b>		
Amount (\$) <b>10.00</b>	Payee address; City; State; Zip Code <b>1 Hacker Way Menlo Park, CA 94025</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>		Description <b>Advertisement</b>
	<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 <b>Melissa Cabello Havrda</b> Office sought <b>Mayor</b> Office held <b>Council District 6</b>			
Date <b>9/3/2024</b>	Payee name <b>Facebook</b>		
Amount (\$) <b>10.00</b>	Payee address; City; State; Zip Code <b>1 Hacker Way Menlo Park, CA 94025</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>		Description <b>Advertisement</b>
	<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 <b>Melissa Cabello Havrda</b> Office sought <b>Mayor</b> Office held <b>Council District 6</b>			

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>12 of 39</b>	<b>2</b> FILER NAME <b>Melissa Cabello Havrda</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>9/3/2024</b>	<b>5</b> Payee name <b>Google Suite</b>		
<b>6</b> Amount (\$) <b>15.35</b>	<b>7</b> Payee address; City; State; Zip Code <b>1600 Amphitheatre Parkway Mountainview, CA 94043</b>		
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Office Overhead/Rental Expense</b>		<b>(b)</b> Description <b>Dues and Subscriptions</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH         Candidate / Officeholder name <b>Melissa Cabello Havrda</b> Office sought <b>Mayor</b> Office held <b>Council District 6</b>			
Date <b>9/5/2024</b>	Payee name <b>Facebook</b>		
Amount (\$) <b>15.00</b>	Payee address; City; State; Zip Code <b>1 Hacker Way Menlo Park, CA 94025</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>		Description <b>Advertisement</b>
	<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 <b>Melissa Cabello Havrda</b> Office sought <b>Mayor</b> Office held <b>Council District 6</b>			
Date <b>9/6/2024</b>	Payee name <b>IBC bank</b>		
Amount (\$) <b>12.00</b>	Payee address; City; State; Zip Code <b>130 East Travis San Antonio, TX 78205</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Accounting/Banking</b>		Description <b>Bank Fee</b>
	<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 <b>Melissa Cabello Havrda</b> Office sought <b>Mayor</b> Office held <b>Council District 6</b>			

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>13 of 39</b>	<b>2</b> FILER NAME <b>Melissa Cabello Havrda</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>9/9/2024</b>	<b>5</b> Payee name <b>Facebook</b>		
<b>6</b> Amount (\$) <b>15.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>1 Hacker Way Menlo Park, CA 94025</b>		
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>		<b>(b)</b> Description <b>Advertisement</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH         Candidate / Officeholder name <b>Melissa Cabello Havrda</b> Office sought <b>Mayor</b> Office held <b>Council District 6</b>			
Date <b>9/11/2024</b>	Payee name <b>Facebook</b>		
Amount (\$) <b>17.00</b>	Payee address; City; State; Zip Code <b>1 Hacker Way Menlo Park, CA 94025</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>		Description <b>Advertisement</b>
	<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 <b>Melissa Cabello Havrda</b> Office sought <b>Mayor</b> Office held <b>Council District 6</b>			
Date <b>9/11/2024</b>	Payee name <b>Constant Contact</b>		
Amount (\$) <b>300.61</b>	Payee address; City; State; Zip Code <b>3675 Precision Dr Loveland, CO 80538</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Office Overhead/Rental Expense</b>		Description <b>Email Database</b>
	<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 <b>Melissa Cabello Havrda</b> Office sought <b>Mayor</b> Office held <b>Council District 6</b>			

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>14 of 39</b>	<b>2</b> FILER NAME <b>Melissa Cabello Havrda</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>9/12/2024</b>	<b>5</b> Payee name <b>Square Space</b>		
<b>6</b> Amount (\$) <b>35.18</b>	<b>7</b> Payee address; City; State; Zip Code <b>8 Clarkson St New York, NY 10014</b>		
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Office Overhead/Rental Expense</b>		<b>(b)</b> Description <b>Website Hosting</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH         Candidate / Officeholder name <b>Melissa Cabello Havrda</b> Office sought <b>Mayor</b> Office held <b>Council District 6</b>			
Date <b>9/16/2024</b>	Payee name <b>Adobe Inc</b>		
Amount (\$) <b>10.81</b>	Payee address; City; State; Zip Code <b>345 Park Ave San Jose, CA 95110</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Office Overhead/Rental Expense</b>		Description <b>Software</b>
	<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 <b>Melissa Cabello Havrda</b> Office sought <b>Mayor</b> Office held <b>Council District 6</b>			
Date <b>9/17/2024</b>	Payee name <b>Duable</b>		
Amount (\$) <b>6500.00</b>	Payee address; City; State; Zip Code <b>110 Broadway #170 San Antonio, TX 78205</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Consulting Expense</b>		Description <b>Consulting</b>
	<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 <b>Melissa Cabello Havrda</b> Office sought <b>Mayor</b> Office held <b>Council District 6</b>			

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>15 of 39</b>	<b>2</b> FILER NAME <b>Melissa Cabello Havrda</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>9/19/2024</b>	<b>5</b> Payee name <b>Square Space</b>		
<b>6</b> Amount (\$) <b>38.38</b>	<b>7</b> Payee address; City; State; Zip Code <b>8 Clarkson St New York, NY 10014</b>		
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Office Overhead/Rental Expense</b>		<b>(b)</b> Description <b>Website Hosting</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH         Candidate / Officeholder name <b>Melissa Cabello Havrda</b> Office sought <b>Mayor</b> Office held <b>Council District 6</b>			
Date <b>9/25/2024</b>	Payee name <b>Society of professional journalists SA</b>		
Amount (\$) <b>412.41</b>	Payee address; City; State; Zip Code <b>3909 N Meridian St Indianapolis, IN 46208</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>		Description <b>Advertisement</b>
	<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 <b>Melissa Cabello Havrda</b> Office sought <b>Mayor</b> Office held <b>Council District 6</b>			
Date <b>9/30/2024</b>	Payee name <b>Adobe Inc</b>		
Amount (\$) <b>21.64</b>	Payee address; City; State; Zip Code <b>345 Park Ave San Jose, CA 95110</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Office Overhead/Rental Expense</b>		Description <b>Software</b>
	<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 <b>Melissa Cabello Havrda</b> Office sought <b>Mayor</b> Office held <b>Council District 6</b>			

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>16 of 39</b>	<b>2</b> FILER NAME <b>Melissa Cabello Havrda</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>9/30/2024</b>	<b>5</b> Payee name <b>IBC bank</b>		
<b>6</b> Amount (\$) <b>24.61</b>	<b>7</b> Payee address; City; State; Zip Code <b>130 East Travis San Antonio, TX 78205</b>		
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Accounting/Banking</b>		<b>(b)</b> Description <b>Bank Fee</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH         Candidate / Officeholder name <b>Melissa Cabello Havrda</b> Office sought <b>Mayor</b> Office held <b>Council District 6</b>			
Date <b>9/30/2024</b>	Payee name <b>Anedot Inc.</b>		
Amount (\$) <b>25.80</b>	Payee address; City; State; Zip Code <b>1340 Poydras Street #1770 New Orleans, LA 70112</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Solicitation/Fundraising Expense</b>		Description <b>Fundraising fee</b>
	<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 <b>Melissa Cabello Havrda</b> Office sought <b>Mayor</b> Office held <b>Council District 6</b>			
Date <b>10/1/2024</b>	Payee name <b>Google Suite</b>		
Amount (\$) <b>15.35</b>	Payee address; City; State; Zip Code <b>1600 Amphitheatre Parkway Mountainview, CA 94043</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Office Overhead/Rental Expense</b>		Description <b>Dues and Subscriptions</b>
	<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 <b>Melissa Cabello Havrda</b> Office sought <b>Mayor</b> Office held <b>Council District 6</b>			

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>17 of 39</b>	<b>2</b> FILER NAME <b>Melissa Cabello Havrda</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>10/1/2024</b>	<b>5</b> Payee name <b>Vanessa Velasquez Photography</b>		
<b>6</b> Amount (\$) <b>324.75</b>	<b>7</b> Payee address; City; State; Zip Code <b>PO Box 23224 San Antonio, TX 78223</b>		
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>		<b>(b)</b> Description <b>Photography</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
	Candidate / Officeholder name <b>Melissa Cabello Havrda</b>	Office sought <b>Mayor</b>	Office held <b>Council District 6</b>

  

Date <b>10/1/2024</b>	Payee name <b>Facebook</b>		
Amount (\$) <b>6.51</b>	Payee address; City; State; Zip Code <b>1 Hacker Way Menlo Park, CA 94025</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>		Description <b>Advertisement</b>
	<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 <b>Melissa Cabello Havrda</b>	Office sought <b>Mayor</b>	Office held <b>Council District 6</b>

  

Date <b>10/3/2024</b>	Payee name <b>Facebook</b>		
Amount (\$) <b>19.00</b>	Payee address; City; State; Zip Code <b>1 Hacker Way Menlo Park, CA 94025</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>		Description <b>Advertisement</b>
	<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 <b>Melissa Cabello Havrda</b>	Office sought <b>Mayor</b>	Office held <b>Council District 6</b>

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>18 of 39</b>	<b>2</b> FILER NAME <b>Melissa Cabello Havrda</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>10/4/2024</b>	<b>5</b> Payee name <b>Facebook</b>		
<b>6</b> Amount (\$) <b>21.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>1 Hacker Way Menlo Park, CA 94025</b>		
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>		<b>(b)</b> Description <b>Advertisement</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH         Candidate / Officeholder name <b>Melissa Cabello Havrda</b> Office sought <b>Mayor</b> Office held <b>Council District 6</b>			

  

Date <b>10/8/2024</b>	Payee name <b>Facebook</b>		
Amount (\$) <b>24.00</b>	Payee address; City; State; Zip Code <b>1 Hacker Way Menlo Park, CA 94025</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>		Description <b>Advertisement</b>
	<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 <b>Melissa Cabello Havrda</b> Office sought <b>Mayor</b> Office held <b>Council District 6</b>			

  

Date <b>10/11/2024</b>	Payee name <b>Facebook</b>		
Amount (\$) <b>27.00</b>	Payee address; City; State; Zip Code <b>1 Hacker Way Menlo Park, CA 94025</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>		Description <b>Advertisement</b>
	<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 <b>Melissa Cabello Havrda</b> Office sought <b>Mayor</b> Office held <b>Council District 6</b>			

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>19 of 39</b>	<b>2</b> FILER NAME <b>Melissa Cabello Havrda</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>10/11/2024</b>	<b>5</b> Payee name <b>Constant Contact</b>		
<b>6</b> Amount (\$) <b>300.61</b>	<b>7</b> Payee address; City; State; Zip Code <b>3675 Precision Dr Loveland, CO 80538</b>		
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Office Overhead/Rental Expense</b>		<b>(b)</b> Description <b>Email Database</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH         Candidate / Officeholder name <b>Melissa Cabello Havrda</b> Office sought <b>Mayor</b> Office held <b>Council District 6</b>			
Date <b>10/15/2024</b>	Payee name <b>Square Space</b>		
Amount (\$) <b>35.18</b>	Payee address; City; State; Zip Code <b>8 Clarkson St New York, NY 10014</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Office Overhead/Rental Expense</b>		Description <b>Website Hosting</b>
	<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 <b>Melissa Cabello Havrda</b> Office sought <b>Mayor</b> Office held <b>Council District 6</b>			
Date <b>10/15/2024</b>	Payee name <b>Facebook</b>		
Amount (\$) <b>30.00</b>	Payee address; City; State; Zip Code <b>1 Hacker Way Menlo Park, CA 94025</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>		Description <b>Advertisement</b>
	<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 <b>Melissa Cabello Havrda</b> Office sought <b>Mayor</b> Office held <b>Council District 6</b>			

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>20 of 39</b>	<b>2</b> FILER NAME <b>Melissa Cabello Havrda</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>10/16/2024</b>	<b>5</b> Payee name <b>Adobe Inc</b>		
<b>6</b> Amount (\$) <b>10.81</b>	<b>7</b> Payee address; City; State; Zip Code <b>345 Park Ave San Jose, CA 95110</b>		
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Office Overhead/Rental Expense</b>		<b>(b)</b> Description <b>Software</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
	Candidate / Officeholder name <b>Melissa Cabello Havrda</b>	Office sought <b>Mayor</b>	Office held <b>Council District 6</b>

  

Date <b>10/21/2024</b>	Payee name <b>Square Space</b>		
Amount (\$) <b>38.38</b>	Payee address; City; State; Zip Code <b>8 Clarkson St New York, NY 10014</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Office Overhead/Rental Expense</b>		Description <b>Website Hosting</b>
	<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 <b>Melissa Cabello Havrda</b>	Office sought <b>Mayor</b>	Office held <b>Council District 6</b>

  

Date <b>10/21/2024</b>	Payee name <b>Facebook</b>		
Amount (\$) <b>33.00</b>	Payee address; City; State; Zip Code <b>1 Hacker Way Menlo Park, CA 94025</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>		Description <b>Advertisement</b>
	<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 <b>Melissa Cabello Havrda</b>	Office sought <b>Mayor</b>	Office held <b>Council District 6</b>

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>21 of 39</b>	<b>2</b> FILER NAME <b>Melissa Cabello Havrda</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>10/22/2024</b>	<b>5</b> Payee name <b>Alpha Graphics</b>		
<b>6</b> Amount (\$) <b>350.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>12077 Starcrest Drive San Antonio, TX 78247</b>		
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>		<b>(b)</b> Description <b>Printing</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH         Candidate / Officeholder name <b>Melissa Cabello Havrda</b> Office sought <b>Mayor</b> Office held <b>Council District 6</b>			
Date <b>10/23/2024</b>	Payee name <b>J Alexander S</b>		
Amount (\$) <b>53.79</b>	Payee address; City; State; Zip Code <b>255 E Basse Rd San Antonio, TX 78209</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Food/Beverage Expense</b>		Description <b>Meal</b>
	<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 <b>Melissa Cabello Havrda</b> Office sought <b>Mayor</b> Office held <b>Council District 6</b>			
Date <b>10/23/2024</b>	Payee name <b>La Panaderia</b>		
Amount (\$) <b>21.23</b>	Payee address; City; State; Zip Code <b>8305 Broadway San Antonio, TX 78209</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Food/Beverage Expense</b>		Description <b>Meal</b>
	<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 <b>Melissa Cabello Havrda</b> Office sought <b>Mayor</b> Office held <b>Council District 6</b>			

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>22 of 39</b>	<b>2</b> FILER NAME <b>Melissa Cabello Havrda</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>10/23/2024</b>	<b>5</b> Payee name <b>Duabe</b>		
<b>6</b> Amount (\$) <b>4810.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>110 Broadway #170 San Antonio, TX 78205</b>		
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Consulting Expense</b>		<b>(b)</b> Description <b>Consulting</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH         Candidate / Officeholder name <b>Melissa Cabello Havrda</b> Office sought <b>Mayor</b> Office held <b>Council District 6</b>			
Date <b>10/24/2024</b>	Payee name <b>Facebook</b>		
Amount (\$) <b>37.00</b>	Payee address; City; State; Zip Code <b>1 Hacker Way Menlo Park, CA 94025</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>		Description <b>Advertisement</b>
	<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 <b>Melissa Cabello Havrda</b> Office sought <b>Mayor</b> Office held <b>Council District 6</b>			
Date <b>10/25/2024</b>	Payee name <b>Alamedas Cafe</b>		
Amount (\$) <b>13.23</b>	Payee address; City; State; Zip Code <b>342 W Houston San Antonio, TX 78205</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Food/Beverage Expense</b>		Description <b>Meal</b>
	<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 <b>Melissa Cabello Havrda</b> Office sought <b>Mayor</b> Office held <b>Council District 6</b>			

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>23 of 39</b>	<b>2</b> FILER NAME <b>Melissa Cabello Havrda</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>10/25/2024</b>	<b>5</b> Payee name <b>Walgreens</b>		
<b>6</b> Amount (\$) <b>25.73</b>	<b>7</b> Payee address; City; State; Zip Code <b>10718 Bandera San Antonio, TX 78250</b>		
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Office Overhead/Rental Expense</b>		<b>(b)</b> Description <b>Supplies</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
	Candidate / Officeholder name <b>Melissa Cabello Havrda</b>	Office sought <b>Mayor</b>	Office held <b>Council District 6</b>

  

Date <b>10/28/2024</b>	Payee name <b>Facebook</b>		
Amount (\$) <b>28.08</b>	Payee address; City; State; Zip Code <b>1 Hacker Way Menlo Park, CA 94025</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>		Description <b>Advertisement</b>
	<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 <b>Melissa Cabello Havrda</b>	Office sought <b>Mayor</b>	Office held <b>Council District 6</b>

  

Date <b>10/28/2024</b>	Payee name <b>Adobe Inc</b>		
Amount (\$) <b>21.64</b>	Payee address; City; State; Zip Code <b>345 Park Ave San Jose, CA 95110</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Office Overhead/Rental Expense</b>		Description <b>Software</b>
	<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 <b>Melissa Cabello Havrda</b>	Office sought <b>Mayor</b>	Office held <b>Council District 6</b>

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>24 of 39</b>	<b>2</b> FILER NAME <b>Melissa Cabello Havrda</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>10/28/2024</b>	<b>5</b> Payee name <b>Facebook</b>		
<b>6</b> Amount (\$) <b>8.46</b>	<b>7</b> Payee address; City; State; Zip Code <b>1 Hacker Way Menlo Park, CA 94025</b>		
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>		<b>(b)</b> Description <b>Advertisement</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH         Candidate / Officeholder name <b>Melissa Cabello Havrda</b> Office sought <b>Mayor</b> Office held <b>Council District 6</b>			
Date <b>10/31/2024</b>	Payee name <b>IBC bank</b>		
Amount (\$) <b>27.85</b>	Payee address; City; State; Zip Code <b>130 East Travis San Antonio, TX 78205</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Accounting/Banking</b>		Description <b>Bank Fee</b>
	<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 <b>Melissa Cabello Havrda</b> Office sought <b>Mayor</b> Office held <b>Council District 6</b>			
Date <b>10/31/2024</b>	Payee name <b>Anedot Inc.</b>		
Amount (\$) <b>116.60</b>	Payee address; City; State; Zip Code <b>1340 Poydras Street #1770 New Orleans, LA 70112</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Solicitation/Fundraising Expense</b>		Description <b>Fundraising fee</b>
	<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 <b>Melissa Cabello Havrda</b> Office sought <b>Mayor</b> Office held <b>Council District 6</b>			

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>25 of 39</b>	<b>2</b> FILER NAME <b>Melissa Cabello Havrda</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>11/1/2024</b>	<b>5</b> Payee name <b>Google Suite</b>		
<b>6</b> Amount (\$) <b>15.35</b>	<b>7</b> Payee address; City; State; Zip Code <b>1600 Amphitheatre Parkway Mountainview, CA 94043</b>		
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Office Overhead/Rental Expense</b>		<b>(b)</b> Description <b>Dues and Subscriptions</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH         Candidate / Officeholder name <b>Melissa Cabello Havrda</b> Office sought <b>Mayor</b> Office held <b>Council District 6</b>			
Date <b>11/4/2024</b>	Payee name <b>Facebook</b>		
Amount (\$) <b>41.00</b>	Payee address; City; State; Zip Code <b>1 Hacker Way Menlo Park, CA 94025</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>		Description <b>Advertisement</b>
	<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 <b>Melissa Cabello Havrda</b> Office sought <b>Mayor</b> Office held <b>Council District 6</b>			
Date <b>11/12/2024</b>	Payee name <b>Constant Contact</b>		
Amount (\$) <b>300.61</b>	Payee address; City; State; Zip Code <b>3675 Precision Dr Loveland, CO 80538</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Office Overhead/Rental Expense</b>		Description <b>Email Database</b>
	<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 <b>Melissa Cabello Havrda</b> Office sought <b>Mayor</b> Office held <b>Council District 6</b>			

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>26 of 39</b>	<b>2</b> FILER NAME <b>Melissa Cabello Havrda</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>11/12/2024</b>	<b>5</b> Payee name <b>Square Space</b>		
<b>6</b> Amount (\$) <b>35.18</b>	<b>7</b> Payee address; City; State; Zip Code <b>8 Clarkson St New York, NY 10014</b>		
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Office Overhead/Rental Expense</b>		<b>(b)</b> Description <b>Website Hosting</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH         Candidate / Officeholder name <b>Melissa Cabello Havrda</b> Office sought <b>Mayor</b> Office held <b>Council District 6</b>			
Date <b>11/18/2024</b>	Payee name <b>Adobe Inc</b>		
Amount (\$) <b>10.81</b>	Payee address; City; State; Zip Code <b>345 Park Ave San Jose, CA 95110</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Office Overhead/Rental Expense</b>		Description <b>Software</b>
	<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 <b>Melissa Cabello Havrda</b> Office sought <b>Mayor</b> Office held <b>Council District 6</b>			
Date <b>11/18/2024</b>	Payee name <b>Facebook</b>		
Amount (\$) <b>62.00</b>	Payee address; City; State; Zip Code <b>1 Hacker Way Menlo Park, CA 94025</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>		Description <b>Advertisement</b>
	<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 <b>Melissa Cabello Havrda</b> Office sought <b>Mayor</b> Office held <b>Council District 6</b>			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>27 of 39</b>	<b>2</b> FILER NAME <b>Melissa Cabello Havrda</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>11/18/2024</b>	<b>5</b> Payee name <b>Facebook</b>		
<b>6</b> Amount (\$) <b>69.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>1 Hacker Way Menlo Park, CA 94025</b>		
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>		<b>(b)</b> Description <b>Advertisement</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
	Candidate / Officeholder name <b>Melissa Cabello Havrda</b>	Office sought <b>Mayor</b>	Office held <b>Council District 6</b>

  

Date <b>11/18/2024</b>	Payee name <b>Facebook</b>		
Amount (\$) <b>76.00</b>	Payee address; City; State; Zip Code <b>1 Hacker Way Menlo Park, CA 94025</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>		Description <b>Advertisement</b>
	<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 <b>Melissa Cabello Havrda</b>	Office sought <b>Mayor</b>	Office held <b>Council District 6</b>

  

Date <b>11/18/2024</b>	Payee name <b>Facebook</b>		
Amount (\$) <b>84.00</b>	Payee address; City; State; Zip Code <b>1 Hacker Way Menlo Park, CA 94025</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>		Description <b>Advertisement</b>
	<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 <b>Melissa Cabello Havrda</b>	Office sought <b>Mayor</b>	Office held <b>Council District 6</b>

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>28 of 39</b>	<b>2</b> FILER NAME <b>Melissa Cabello Havrda</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>11/18/2024</b>	<b>5</b> Payee name <b>Facebook</b>		
<b>6</b> Amount (\$) <b>93.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>1 Hacker Way Menlo Park, CA 94025</b>		
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>		<b>(b)</b> Description <b>Advertisement</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
	Candidate / Officeholder name <b>Melissa Cabello Havrda</b>	Office sought <b>Mayor</b>	Office held <b>Council District 6</b>

  

Date <b>11/18/2024</b>	Payee name <b>Facebook</b>		
Amount (\$) <b>103.00</b>	Payee address; City; State; Zip Code <b>1 Hacker Way Menlo Park, CA 94025</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>		Description <b>Advertisement</b>
	<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 <b>Melissa Cabello Havrda</b>	Office sought <b>Mayor</b>	Office held <b>Council District 6</b>

  

Date <b>11/19/2024</b>	Payee name <b>Facebook</b>		
Amount (\$) <b>114.00</b>	Payee address; City; State; Zip Code <b>1 Hacker Way Menlo Park, CA 94025</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>		Description <b>Advertisement</b>
	<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 <b>Melissa Cabello Havrda</b>	Office sought <b>Mayor</b>	Office held <b>Council District 6</b>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>29 of 39</b>	<b>2</b> FILER NAME <b>Melissa Cabello Havrda</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>11/19/2024</b>	<b>5</b> Payee name <b>Square Space</b>		
<b>6</b> Amount (\$) <b>38.38</b>	<b>7</b> Payee address; City; State; Zip Code <b>8 Clarkson St New York, NY 10014</b>		
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Office Overhead/Rental Expense</b>		<b>(b)</b> Description <b>Website Hosting</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH         Candidate / Officeholder name <b>Melissa Cabello Havrda</b> Office sought <b>Mayor</b> Office held <b>Council District 6</b>			
Date <b>11/20/2024</b>	Payee name <b>AAAA Mini Storage</b>		
Amount (\$) <b>19.49</b>	Payee address; City; State; Zip Code <b>8611 Potranco Road San Antonio, TX 78251</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Office Overhead/Rental Expense</b>		Description <b>Storage</b>
	<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 <b>Melissa Cabello Havrda</b> Office sought <b>Mayor</b> Office held <b>Council District 6</b>			
Date <b>11/20/2024</b>	Payee name <b>Facebook</b>		
Amount (\$) <b>126.00</b>	Payee address; City; State; Zip Code <b>1 Hacker Way Menlo Park, CA 94025</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>		Description <b>Advertisement</b>
	<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 <b>Melissa Cabello Havrda</b> Office sought <b>Mayor</b> Office held <b>Council District 6</b>			

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>30 of 39</b>	<b>2</b> FILER NAME <b>Melissa Cabello Havrda</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>11/21/2024</b>	<b>5</b> Payee name <b>Facebook</b>		
<b>6</b> Amount (\$) <b>139.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>1 Hacker Way Menlo Park, CA 94025</b>		
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>		<b>(b)</b> Description <b>Advertisement</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH         Candidate / Officeholder name <b>Melissa Cabello Havrda</b> Office sought <b>Mayor</b> Office held <b>Council District 6</b>			
Date <b>11/21/2024</b>	Payee name <b>Facebook</b>		
Amount (\$) <b>153.00</b>	Payee address; City; State; Zip Code <b>1 Hacker Way Menlo Park, CA 94025</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>		Description <b>Advertisement</b>
	<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 <b>Melissa Cabello Havrda</b> Office sought <b>Mayor</b> Office held <b>Council District 6</b>			
Date <b>11/25/2024</b>	Payee name <b>Duable</b>		
Amount (\$) <b>4500.00</b>	Payee address; City; State; Zip Code <b>110 Broadway #170 San Antonio, TX 78205</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Consulting Expense</b>		Description <b>Consulting</b>
	<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 <b>Melissa Cabello Havrda</b> Office sought <b>Mayor</b> Office held <b>Council District 6</b>			

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>31 of 39</b>	<b>2</b> FILER NAME <b>Melissa Cabello Havrda</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>11/29/2024</b>	<b>5</b> Payee name <b>Square Space</b>		
<b>6</b> Amount (\$) <b>20.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>8 Clarkson St New York, NY 10014</b>		
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Office Overhead/Rental Expense</b>		<b>(b)</b> Description <b>Website Hosting</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH         Candidate / Officeholder name <b>Melissa Cabello Havrda</b> Office sought <b>Mayor</b> Office held <b>Council District 6</b>			
Date <b>11/29/2024</b>	Payee name <b>Adobe Inc</b>		
Amount (\$) <b>21.64</b>	Payee address; City; State; Zip Code <b>345 Park Ave San Jose, CA 95110</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Office Overhead/Rental Expense</b>		Description <b>Software</b>
	<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 <b>Melissa Cabello Havrda</b> Office sought <b>Mayor</b> Office held <b>Council District 6</b>			
Date <b>11/29/2024</b>	Payee name <b>Facebook</b>		
Amount (\$) <b>169.00</b>	Payee address; City; State; Zip Code <b>1 Hacker Way Menlo Park, CA 94025</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>		Description <b>Advertisement</b>
	<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 <b>Melissa Cabello Havrda</b> Office sought <b>Mayor</b> Office held <b>Council District 6</b>			

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>32 of 39</b>	<b>2</b> FILER NAME <b>Melissa Cabello Havrda</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>11/29/2024</b>	<b>5</b> Payee name <b>Facebook</b>		
<b>6</b> Amount (\$) <b>51.15</b>	<b>7</b> Payee address; City; State; Zip Code <b>1 Hacker Way Menlo Park, CA 94025</b>		
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>		<b>(b)</b> Description <b>Advertisement</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH         Candidate / Officeholder name <b>Melissa Cabello Havrda</b> Office sought <b>Mayor</b> Office held <b>Council District 6</b>			
Date <b>11/30/2024</b>	Payee name <b>Anedot Inc.</b>		
Amount (\$) <b>40.60</b>	Payee address; City; State; Zip Code <b>1340 Poydras Street #1770 New Orleans, LA 70112</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Solicitation/Fundraising Expense</b>		Description <b>Fundraising fee</b>
	<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 <b>Melissa Cabello Havrda</b> Office sought <b>Mayor</b> Office held <b>Council District 6</b>			
Date <b>11/30/2024</b>	Payee name <b>IBC bank</b>		
Amount (\$) <b>25.99</b>	Payee address; City; State; Zip Code <b>130 East Travis San Antonio, TX 78205</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Accounting/Banking</b>		Description <b>Bank Fee</b>
	<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 <b>Melissa Cabello Havrda</b> Office sought <b>Mayor</b> Office held <b>Council District 6</b>			

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>33 of 39</b>	<b>2</b> FILER NAME <b>Melissa Cabello Havrda</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>12/2/2024</b>	<b>5</b> Payee name <b>Google Suite</b>		
<b>6</b> Amount (\$) <b>15.35</b>	<b>7</b> Payee address; City; State; Zip Code <b>1600 Amphitheatre Parkway Mountainview, CA 94043</b>		
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Office Overhead/Rental Expense</b>		<b>(b)</b> Description <b>Dues and Subscriptions</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH         Candidate / Officeholder name <b>Melissa Cabello Havrda</b> Office sought <b>Mayor</b> Office held <b>Council District 6</b>			
Date <b>12/2/2024</b>	Payee name <b>Facebook</b>		
Amount (\$) <b>186.00</b>	Payee address; City; State; Zip Code <b>1 Hacker Way Menlo Park, CA 94025</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>		Description <b>Advertisement</b>
	<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 <b>Melissa Cabello Havrda</b> Office sought <b>Mayor</b> Office held <b>Council District 6</b>			
Date <b>12/2/2024</b>	Payee name <b>Facebook</b>		
Amount (\$) <b>205.00</b>	Payee address; City; State; Zip Code <b>1 Hacker Way Menlo Park, CA 94025</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>		Description <b>Advertisement</b>
	<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 <b>Melissa Cabello Havrda</b> Office sought <b>Mayor</b> Office held <b>Council District 6</b>			

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>34 of 39</b>	<b>2</b> FILER NAME <b>Melissa Cabello Havrda</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>12/2/2024</b>	<b>5</b> Payee name <b>Facebook</b>		
<b>6</b> Amount (\$) <b>226.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>1 Hacker Way Menlo Park, CA 94025</b>		
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>		<b>(b)</b> Description <b>Advertisement</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
	Candidate / Officeholder name <b>Melissa Cabello Havrda</b>	Office sought <b>Mayor</b>	Office held <b>Council District 6</b>

  

Date <b>12/6/2024</b>	Payee name <b>Flower Bucket</b>		
Amount (\$) <b>56.25</b>	Payee address; City; State; Zip Code <b>11305 West Ave San Antonio, TX 78213</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Other: Gifts/Awards/Memorials Expense</b>		Description <b>Gifts</b>
	<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 <b>Melissa Cabello Havrda</b>	Office sought <b>Mayor</b>	Office held <b>Council District 6</b>

  

Date <b>12/9/2024</b>	Payee name <b>Facebook</b>		
Amount (\$) <b>251.92</b>	Payee address; City; State; Zip Code <b>1 Hacker Way Menlo Park, CA 94025</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>		Description <b>Advertisement</b>
	<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 <b>Melissa Cabello Havrda</b>	Office sought <b>Mayor</b>	Office held <b>Council District 6</b>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>35 of 39</b>	<b>2</b> FILER NAME <b>Melissa Cabello Havrda</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>12/9/2024</b>	<b>5</b> Payee name <b>Personalization Mall</b>		
<b>6</b> Amount (\$) <b>28.24</b>	<b>7</b> Payee address; City; State; Zip Code <b>850 Veterans Parkway Bolingbrook, IL 60440</b>		
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Other: Gifts/Awards/Memorials Expense</b>		<b>(b)</b> Description <b>Gifts</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
	Candidate / Officeholder name <b>Melissa Cabello Havrda</b>	Office sought <b>Mayor</b>	Office held <b>Council District 6</b>

  

Date <b>12/9/2024</b>	Payee name <b>Personalization Mall</b>		
Amount (\$) <b>363.78</b>	Payee address; City; State; Zip Code <b>850 Veterans Parkway Bolingbrook, IL 60440</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Other: Gifts/Awards/Memorials Expense</b>		Description <b>Gifts</b>
	<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 <b>Melissa Cabello Havrda</b>	Office sought <b>Mayor</b>	Office held <b>Council District 6</b>

  

Date <b>12/10/2024</b>	Payee name <b>X corp</b>		
Amount (\$) <b>8.64</b>	Payee address; City; State; Zip Code <b>1355 Market St #900 San Francisco, CA 94103</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>		Description <b>Advertisement</b>
	<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 <b>Melissa Cabello Havrda</b>	Office sought <b>Mayor</b>	Office held <b>Council District 6</b>

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>36 of 39</b>	<b>2</b> FILER NAME <b>Melissa Cabello Havrda</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>12/11/2024</b>	<b>5</b> Payee name <b>Dollar Tree</b>		
<b>6</b> Amount (\$) <b>9.47</b>	<b>7</b> Payee address; City; State; Zip Code <b>6511 W Loop 1604 San Antonio, TX 78254</b>		
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Office Overhead/Rental Expense</b>		<b>(b)</b> Description <b>Supplies</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH         Candidate / Officeholder name <b>Melissa Cabello Havrda</b> Office sought <b>Mayor</b> Office held <b>Council District 6</b>			
Date <b>12/11/2024</b>	Payee name <b>Constant Contact</b>		
Amount (\$) <b>300.61</b>	Payee address; City; State; Zip Code <b>3675 Precision Dr Loveland, CO 80538</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Office Overhead/Rental Expense</b>		Description <b>Email Database</b>
	<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 <b>Melissa Cabello Havrda</b> Office sought <b>Mayor</b> Office held <b>Council District 6</b>			
Date <b>12/12/2024</b>	Payee name <b>Adobe Inc</b>		
Amount (\$) <b>10.81</b>	Payee address; City; State; Zip Code <b>345 Park Ave San Jose, CA 95110</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Office Overhead/Rental Expense</b>		Description <b>Software</b>
	<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 <b>Melissa Cabello Havrda</b> Office sought <b>Mayor</b> Office held <b>Council District 6</b>			

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>37 of 39</b>	<b>2</b> FILER NAME <b>Melissa Cabello Havrda</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>12/12/2024</b>	<b>5</b> Payee name <b>Square Space</b>		
<b>6</b> Amount (\$) <b>35.18</b>	<b>7</b> Payee address; City; State; Zip Code <b>8 Clarkson St New York, NY 10014</b>		
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Office Overhead/Rental Expense</b>		<b>(b)</b> Description <b>Website Hosting</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH         Candidate / Officeholder name <b>Melissa Cabello Havrda</b> Office sought <b>Mayor</b> Office held <b>Council District 6</b>			
Date <b>12/12/2024</b>	Payee name <b>Texas Democratic Party</b>		
Amount (\$) <b>840.00</b>	Payee address; City; State; Zip Code <b>4818 E Ben White #104 Austin, TX 78741</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Contributions/Donations Made By Candidate/Officeholder/Political Committee</b>		Description <b>Political Committee</b>
	<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 <b>Melissa Cabello Havrda</b> Office sought <b>Mayor</b> Office held <b>Council District 6</b>			
Date <b>12/18/2024</b>	Payee name <b>Alpha Graphics</b>		
Amount (\$) <b>560.00</b>	Payee address; City; State; Zip Code <b>12077 Starcrest Drive San Antonio, TX 78247</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>		Description <b>Printing</b>
	<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 <b>Melissa Cabello Havrda</b> Office sought <b>Mayor</b> Office held <b>Council District 6</b>			

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>38 of 39</b>	<b>2</b> FILER NAME <b>Melissa Cabello Havrda</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>12/19/2024</b>	<b>5</b> Payee name <b>Square Space</b>		
<b>6</b> Amount (\$) <b>38.38</b>	<b>7</b> Payee address; City; State; Zip Code <b>8 Clarkson St New York, NY 10014</b>		
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Office Overhead/Rental Expense</b>		<b>(b)</b> Description <b>Website Hosting</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH         Candidate / Officeholder name <b>Melissa Cabello Havrda</b> Office sought <b>Mayor</b> Office held <b>Council District 6</b>			
Date <b>12/19/2024</b>	Payee name <b>GoDaddy</b>		
Amount (\$) <b>48.34</b>	Payee address; City; State; Zip Code <b>14455 N Hayden Rd #226 Scottsdale, AZ 85260</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Office Overhead/Rental Expense</b>		Description <b>Domain Hosting</b>
	<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 <b>Melissa Cabello Havrda</b> Office sought <b>Mayor</b> Office held <b>Council District 6</b>			
Date <b>12/27/2024</b>	Payee name <b>Adobe Inc</b>		
Amount (\$) <b>21.64</b>	Payee address; City; State; Zip Code <b>345 Park Ave San Jose, CA 95110</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Office Overhead/Rental Expense</b>		Description <b>Software</b>
	<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 <b>Melissa Cabello Havrda</b> Office sought <b>Mayor</b> Office held <b>Council District 6</b>			

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>39 of 39</b>	<b>2</b> FILER NAME <b>Melissa Cabello Havrda</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>12/30/2024</b>	<b>5</b> Payee name <b>Facebook</b>		
<b>6</b> Amount (\$) <b>208.28</b>	<b>7</b> Payee address; City; State; Zip Code <b>1 Hacker Way Menlo Park, CA 94025</b>		
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>		<b>(b)</b> Description <b>Advertisement</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH         Candidate / Officeholder name <b>Melissa Cabello Havrda</b> Office sought <b>Mayor</b> Office held <b>Council District 6</b>			
Date <b>12/31/2024</b>	Payee name <b>Anedot Inc.</b>		
Amount (\$) <b>102.40</b>	Payee address; City; State; Zip Code <b>1340 Poydras Street #1770 New Orleans, LA 70112</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Solicitation/Fundraising Expense</b>		Description <b>Fundraising fee</b>
	<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 <b>Melissa Cabello Havrda</b> Office sought <b>Mayor</b> Office held <b>Council District 6</b>			
Date <b>12/31/2024</b>	Payee name <b>IBC bank</b>		
Amount (\$) <b>12.49</b>	Payee address; City; State; Zip Code <b>130 East Travis San Antonio, TX 78205</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Accounting/Banking</b>		Description <b>Bank Fee</b>
	<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 <b>Melissa Cabello Havrda</b> Office sought <b>Mayor</b> Office held <b>Council District 6</b>			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# UNPAID INCURRED OBLIGATIONS

## SCHEDULE F2

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F2: <b>1 of 1</b>	<b>2</b> FILER NAME <b>Melissa Cabello Havrda</b>	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	<b>\$ 0</b>
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<b>5</b> Date	<b>6</b> Payee name
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<b>7</b> Amount (\$)	<b>8</b> Payee address; City; State; Zip Code
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<b>9</b> TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
------------------------------	---

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

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

Amount (\$)	Payee address; City; State; Zip Code
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TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
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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 (\$)

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

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form

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

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

Amount (\$)	Payee address; City; State; Zip Code
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TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
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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	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form

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

  

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

  

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

## SCHEDULE H

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

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

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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE I**

The Instruction Guide explains how to complete this form.

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

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

**SCHEDULE K**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

1 of 1

2 FILER NAME

**Melissa Cabello Havrda**

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom amount is received

8 Amount (\$)

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

7 Purpose for which amount is received

☐ Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

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

Purpose for which amount is received

☐ Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

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

Purpose for which amount is received

☐ Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

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

Purpose for which amount is received

☐ Check if political contribution returned to filer

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

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

**SCHEDULE T**

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

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

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

C/OH NAME  
**Melissa Cabello Havrda**

Filer ID (Ethics Commission Filers)

## SIGNATURE

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

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

## FILER WHO IS NOT AN OFFICEHOLDER

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

### A. CAMPAIGN FUNDS

Check only one:

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

### B. ASSETS

Check only one:

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

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

## OFFICEHOLDER

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

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

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