

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.			1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 77		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Melissa	MI	OFFICE USE ONLY		
	NICKNAME	LAST	SUFFIX	Date Received 4/3/2025 4:42:27PM		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 769677 San Antonio TX 78245					
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (210)	PHONE NUMBER 549-8620	EXTENSION	Date Hand-delivered or Date Postmarked		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Ed	MI	Receipt #		
	NICKNAME	LAST	SUFFIX	Amount \$		
				Date Processed 4/3/2025 4:42:27PM		
				Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 10000 I-H 10 San Antonio TX 78230					
8 CAMPAIGN TREASURER PHONE	AREA CODE ()	PHONE NUMBER -	EXTENSION			
9 REPORT TYPE	30th Day Before General Election					
10 PERIOD COVERED	Month 1/1/2025	Day	Year	Month 3/24/2025	Day	Year
11 ELECTION	ELECTION DATE Month 5/3/2025	Day	Year	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special Description _____		
12 OFFICE	OFFICE HELD (if any) Council Member			13 OFFICE SOUGHT (if known) Mayor		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Melissa Cabello Havrda		15 Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.	
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS
17 CONTRIBUTION TOTALS EXPENDITURE TOTALS CONTRIBUTION BALANCE OUTSTANDING LOAN TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 36859.00
	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 30613.81
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 36064.18
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0
18 AFFIDAVIT		
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.		
* * * Electronically Certified * * *		
Signature of Candidate or Officeholder		
AFFIX NOTARY STAMP / SEAL ABOVE		
Sworn to and subscribed before me, by the said <u>Melissa Cabello Havrda</u> this the <u>3rd</u> day of <u>April</u> , 2025, to certify which, witness my hand and seal of office.		
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath

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

19 FILER NAME Melissa Cabello Havrda	20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 28364.00
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 8495.00
3. <input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 30613.81
6. <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7. <input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8. <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10. <input checked="" type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11. <input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12. <input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<p>The Instruction Guide explains how to complete this form.</p>			<p>1 Total pages Schedule A1: 1 of 31</p>
<p>2 FILER NAME Melissa Cabello Havrda</p>			<p>3 Filer ID (Ethics Commission Filers)</p>
<p>4 Date 1/6/2025</p>	<p>5 Full name of contributor Manny Ruiz</p> <p>6 Contributor address; 13554 Norland St San Antonio, TX 78232</p>		<p>7 Amount of contribution (\$) 500.00</p>
<p>8 Principal occupation / Job title (See instructions) Market President S.A.</p>		<p>9 Employer (See instructions) American Bank</p>	
<p>Date 1/8/2025</p>	<p>Full name of contributor Raul Tijerina</p> <p>Contributor address; 2715 Grosenbacher Rd. San antonio, TX 78245</p>		<p>Amount of contribution (\$) 25.00</p>
<p>Principal occupation / Job title (See instructions) Detective</p>		<p>Employer (See instructions) San Antonio police</p>	
<p>Date 1/11/2025</p>	<p>Full name of contributor Brianna Dimas</p> <p>Contributor address; 7222 Birch Stage San Antonio, TX 78244</p>		<p>Amount of contribution (\$) 50.00</p>
<p>Principal occupation / Job title (See instructions) Communications</p>		<p>Employer (See instructions) American Immigration Council</p>	
<p>Date 1/11/2025</p>	<p>Full name of contributor Robert Garcia</p> <p>Contributor address; 4523 Echo Grove San Antonio, TX 78259</p>		<p>Amount of contribution (\$) 100.00</p>
<p>Principal occupation / Job title (See instructions) CPA</p>		<p>Employer (See instructions) Robert Garcia CPA PLLC</p>	
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<p>The Instruction Guide explains how to complete this form.</p>			1 Total pages Schedule A1: 2 of 31
2 FILER NAME Melissa Cabello Havrda			3 Filer ID (Ethics Commission Filers)
4 Date 1/15/2025	5 Full name of contributor Mary Wright	<input type="checkbox"/> out-of-state PAC (ID#_____)	7 Amount of contribution (\$) 25.00
6 Contributor address; 1815 Laivita Mist San Antonio, TX 78251			
8 Principal occupation / Job title (See instructions) church administrator		9 Employer (See instructions) First UU Church	
Date 1/16/2025	Full name of contributor Lauro D Jr	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 25.00
Contributor address; 622 Acuna St San Antonio, TX 78237			
Principal occupation / Job title (See instructions) retired		Employer (See instructions) retired	
Date 1/16/2025	Full name of contributor Rosey Abuabara	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 100.00
Contributor address; 12621 Hunters Chase San Antonio, TX 78230			
Principal occupation / Job title (See instructions) retired		Employer (See instructions) retired	
Date 1/16/2025	Full name of contributor Caiden Esquivel	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 25.00
Contributor address; 4607 West Lake Oaks San Antonio, TX 78251			
Principal occupation / Job title (See instructions) Server		Employer (See instructions) Darden Restaurants	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<p>The Instruction Guide explains how to complete this form.</p>			1 Total pages Schedule A1: 3 of 31
2 FILER NAME Melissa Cabello Havrda			3 Filer ID (Ethics Commission Filers)
4 Date 1/18/2025	5 Full name of contributor Lawrence Romo	<input type="checkbox"/> out-of-state PAC (ID#_____)	7 Amount of contribution (\$) 300.00
	6 Contributor address; 4811 Isaac Ryan San Antonio, TX 78253	City; State; Zip Code	
8 Principal occupation / Job title (See instructions) retired		9 Employer (See instructions) retired	
Date 1/19/2025	Full name of contributor Raul Tijerina	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 50.00
	Contributor address; 2715 Gросенбачер Rd. San antonio, TX 78245	City; State; Zip Code	
Principal occupation / Job title (See instructions) Detective		Employer (See instructions) San Antonio Police	
Date 1/19/2025	Full name of contributor Peter Campos	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 100.00
	Contributor address; 10114 Braun Cloud San Antonio, TX 78254	City; State; Zip Code	
Principal occupation / Job title (See instructions) Supervisor		Employer (See instructions) Unitedhealth care	
Date 1/19/2025	Full name of contributor Gabriela Rocha	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 25.00
	Contributor address; 16333 Vance Jackson San Antonio, TX 78257	City; State; Zip Code	
Principal occupation / Job title (See instructions) Personal development		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

<p>The Instruction Guide explains how to complete this form.</p>			1 Total pages Schedule A1: 4 of 31
2 FILER NAME Melissa Cabello Havrda			3 Filer ID (Ethics Commission Filers)
4 Date 1/21/2025	5 Full name of contributor Guillermrina Reyna	<input type="checkbox"/> out-of-state PAC (ID#_____)	7 Amount of contribution (\$) 25.00
6 Contributor address; 9035 Wellwood St San Antonio, TX 78250			City; State; Zip Code
8 Principal occupation / Job title (See instructions) Housekeeping		9 Employer (See instructions) Kairoi Residential	
Date 1/21/2025	Full name of contributor Hector Santos	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 50.00
Contributor address; 734 Sawtooth Dr San Antonio, TX 78245			City; State; Zip Code
Principal occupation / Job title (See instructions) Contractor		Employer (See instructions) self	
Date 1/22/2025	Full name of contributor Jonathan Thomas	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 50.00
Contributor address; 6298 Lockhill Road #1103 San Antonio, TX 78240			City; State; Zip Code
Principal occupation / Job title (See instructions) Instructor		Employer (See instructions) St. Philips College	
Date 1/24/2025	Full name of contributor John Wiesen	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 25.00
Contributor address; 4942 Brianna Pl San Antonio, TX 78251			City; State; Zip Code
Principal occupation / Job title (See instructions) Admin		Employer (See instructions) Harold T. Leonard	
<p style="text-align: center;">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<p>The Instruction Guide explains how to complete this form.</p>			1 Total pages Schedule A1: 5 of 31
2 FILER NAME Melissa Cabello Havrda			3 Filer ID (Ethics Commission Filers)
4 Date 1/25/2025	5 Full name of contributor Krystal Ramos	<input type="checkbox"/> out-of-state PAC (ID#_____)	7 Amount of contribution (\$) 50.00
	6 Contributor address; 7702 Copper Cave San Antonio, TX 78249	City; State; Zip Code	
8 Principal occupation / Job title (See instructions) Business Strategy Analyst		9 Employer (See instructions) USAA	
Date 1/30/2025	Full name of contributor Marisa Perez	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 250.00
	Contributor address; 5921 Allington street Lakewood, CA 90713	City; State; Zip Code	
Principal occupation / Job title (See instructions) Executive deputy		Employer (See instructions) Gateway cities council of Governments	
Date 1/30/2025	Full name of contributor Johnny Stevens	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 1000.00
	Contributor address; 8120 Killarney Ct Wichita, KS 67206	City; State; Zip Code	
Principal occupation / Job title (See instructions)		Employer (See instructions)	
Date 1/30/2025	Full name of contributor Tyler T Tilma	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 1000.00
	Contributor address; PO Box 782257 Wichita, KS 67278	City; State; Zip Code	
Principal occupation / Job title (See instructions)		Employer (See instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<p>The Instruction Guide explains how to complete this form.</p>			1 Total pages Schedule A1: 6 of 31
2 FILER NAME Melissa Cabello Havrda			3 Filer ID (Ethics Commission Filers)
4 Date 1/30/2025	5 Full name of contributor Sandra M Stevens	<input type="checkbox"/> out-of-state PAC (ID#_____)	7 Amount of contribution (\$) 1000.00
6 Contributor address; 9455 E Lakefront Cir Wichita, KS 67206			City; State; Zip Code
8 Principal occupation / Job title (See instructions) Board member		9 Employer (See instructions) Bexar appraisal review board	
Date 1/31/2025	Full name of contributor Katrinka Hansen	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 25.00
Contributor address; PO Box 76911 San Antonio, TX 78245			City; State; Zip Code
Principal occupation / Job title (See instructions) retired		Employer (See instructions) retired	
Date 1/31/2025	Full name of contributor Bonnie Weed	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 25.00
Contributor address; 6827 Westward Dr San Antonio, TX 78227			City; State; Zip Code
Principal occupation / Job title (See instructions) Assistant Director		Employer (See instructions) Empower House SA	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<p>The Instruction Guide explains how to complete this form.</p>			1 Total pages Schedule A1: 7 of 31
2 FILER NAME Melissa Cabello Havrda			3 Filer ID (Ethics Commission Filers)
4 Date 1/31/2025	5 Full name of contributor Larissa Martinez	<input type="checkbox"/> out-of-state PAC (ID#_____)	7 Amount of contribution (\$) 50.00
6 Contributor address; 8018 Mahala Bluff San Antonio, TX 78254			City; State; Zip Code
8 Principal occupation / Job title (See instructions) retired		9 Employer (See instructions) retired	
Date 1/31/2025	Full name of contributor Lawrence Romo	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 100.00
Contributor address; 4811 Isaac Ryan San Antonio, TX 78253			City; State; Zip Code
Principal occupation / Job title (See instructions) retired		Employer (See instructions) retired	
Date 2/1/2025	Full name of contributor Teresa Frogge	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 100.00
Contributor address; 8931 Fabens San Antonio, TX 78251			City; State; Zip Code
Principal occupation / Job title (See instructions) None		Employer (See instructions) Retired	
Date 2/1/2025	Full name of contributor Ina Minjarez	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 100.00
Contributor address; 9406 Hazelton Ln San Antonio, TX 78251			City; State; Zip Code
Principal occupation / Job title (See instructions) Attorney		Employer (See instructions) Self	
<p style="text-align: center;">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<p>The Instruction Guide explains how to complete this form.</p>			1 Total pages Schedule A1: 8 of 31
2 FILER NAME Melissa Cabello Havrda			3 Filer ID (Ethics Commission Filers)
4 Date 2/1/2025	5 Full name of contributor Gabriel Garcia	<input type="checkbox"/> out-of-state PAC (ID#_____)	7 Amount of contribution (\$) 50.00
6 Contributor address; 1114 Windmill Palm San Antonio, TX 78216			City; State; Zip Code
8 Principal occupation / Job title (See instructions) software developer		9 Employer (See instructions) USAA	
Date 2/1/2025	Full name of contributor Jay Greathouse	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 500.00
Contributor address; 125 West Agarita Avenue San Antonio, TX 78212			City; State; Zip Code
Principal occupation / Job title (See instructions) Lawyer		Employer (See instructions) McDermott Will Emery	
Date 2/1/2025	Full name of contributor Marcus Dovalina	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 25.00
Contributor address; 327 W. Ridgewood Ct. San Antonio, TX 78212			City; State; Zip Code
Principal occupation / Job title (See instructions) Firefighter		Employer (See instructions) SAFD	
Date 2/1/2025	Full name of contributor Marcus Dovalina	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 25.00
Contributor address; 327 W. Ridgewood Ct. San Antonio, TX 78212			City; State; Zip Code
Principal occupation / Job title (See instructions) Firefighter		Employer (See instructions) SAFD	
<p style="text-align: center;">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<p>The Instruction Guide explains how to complete this form.</p>			1 Total pages Schedule A1: 9 of 31
2 FILER NAME Melissa Cabello Havrda			3 Filer ID (Ethics Commission Filers)
4 Date 2/1/2025	5 Full name of contributor Roseanna Perez	<input type="checkbox"/> out-of-state PAC (ID#_____)	7 Amount of contribution (\$) 25.00
6 Contributor address; 7215 Hardesty San Antonio, TX 78250			City; State; Zip Code
8 Principal occupation / Job title (See instructions) Service rep		9 Employer (See instructions) Usaa	
Date 2/1/2025	Full name of contributor Cyndee Murray	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 25.00
Contributor address; 13822 Murphy Haven San Antonio, TX 78254			City; State; Zip Code
Principal occupation / Job title (See instructions) Teacher		Employer (See instructions) Nisd	
Date 2/1/2025	Full name of contributor Jacque Burandt	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 50.00
Contributor address; 9251 Ridge Path San Antonio, TX 78250			City; State; Zip Code
Principal occupation / Job title (See instructions) retired		Employer (See instructions) retired	
Date 2/1/2025	Full name of contributor Joy S Lizarraga	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 25.00
Contributor address; 5426 Plantation Drive San Antonio, TX 78230			City; State; Zip Code
Principal occupation / Job title (See instructions) Engineer		Employer (See instructions) Air Force	
<p style="text-align: center;">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<p>The Instruction Guide explains how to complete this form.</p>			1 Total pages Schedule A1: 10 of 31
2 FILER NAME Melissa Cabello Havrda			3 Filer ID (Ethics Commission Filers)
4 Date 2/1/2025	5 Full name of contributor Olympia Cuellar	<input type="checkbox"/> out-of-state PAC (ID#_____)	7 Amount of contribution (\$) 100.00
	6 Contributor address; 406 Merry Ann Dr San Antonio, TX 78223	City; State; Zip Code	
8 Principal occupation / Job title (See instructions) Budget Analyst		9 Employer (See instructions) City of San Antonio	
Date 2/1/2025	Full name of contributor Victor Villarreal	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 25.00
	Contributor address; 6639 Cherry Leaf San Antonio, TX 78238	City; State; Zip Code	
Principal occupation / Job title (See instructions) retired		Employer (See instructions) retired	
Date 2/1/2025	Full name of contributor Chaz Jackson	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 100.00
	Contributor address; 10039 Ellenora Place San Antonio, TX 78006	City; State; Zip Code	
Principal occupation / Job title (See instructions) Realtor		Employer (See instructions) Realty San Antonio	
Date 2/1/2025	Full name of contributor Yvette Flores	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 500.00
	Contributor address; 407 Ridgewood Austin, TX 78746	City; State; Zip Code	
Principal occupation / Job title (See instructions) Real estate broker		Employer (See instructions) Self	
<p style="text-align: center;">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<p>The Instruction Guide explains how to complete this form.</p>			1 Total pages Schedule A1: 11 of 31
2 FILER NAME Melissa Cabello Havrda			3 Filer ID (Ethics Commission Filers)
4 Date 2/1/2025	5 Full name of contributor Emma O Guerrero	<input type="checkbox"/> out-of-state PAC (ID#_____)	7 Amount of contribution (\$) 1000.00
6 Contributor address; 3915 Skylark Ave San Antonio, TX 78210			City; State; Zip Code
8 Principal occupation / Job title (See instructions) Retired		9 Employer (See instructions)	
Date 2/1/2025	Full name of contributor Yolanda V Barrera	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 200.00
Contributor address; 29006 Pomegranate San Antonio, TX 78006			City; State; Zip Code
Principal occupation / Job title (See instructions)		Employer (See instructions)	
Date 2/3/2025	Full name of contributor Peter J Farley	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 25.00
Contributor address; 10554 Cat Mountain San Antonio, TX 78251			City; State; Zip Code
Principal occupation / Job title (See instructions) IT product manager		Employer (See instructions) City of San Antonio	
Date 2/3/2025	Full name of contributor William R Bakker	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 1000.00
Contributor address; 660 N Preston Trl Wichita, KS 67230			City; State; Zip Code
Principal occupation / Job title (See instructions)		Employer (See instructions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<p>The Instruction Guide explains how to complete this form.</p>			1 Total pages Schedule A1: 12 of 31
2 FILER NAME Melissa Cabello Havrda			3 Filer ID (Ethics Commission Filers)
4 Date 2/3/2025	5 Full name of contributor Andrea E Nelson-Bakker	<input type="checkbox"/> out-of-state PAC (ID#_____)	7 Amount of contribution (\$) 1000.00
6 Contributor address; 660 N Preston Trl Wichita, KS 67230			City; State; Zip Code
8 Principal occupation / Job title (See instructions) Attorney		9 Employer (See instructions)	
Date 2/3/2025	Full name of contributor Stephpen Barnt	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 1000.00
Contributor address; 24140 W Hedgecreek Cir Andale, KS 67001			City; State; Zip Code
Principal occupation / Job title (See instructions) Senior Financial Analyst		Employer (See instructions) Leslie Rudd Investment Co	
Date 2/3/2025	Full name of contributor Myrl Britten	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 50.00
Contributor address; 5415 Timber Post St San Antonio, TX 78250			City; State; Zip Code
Principal occupation / Job title (See instructions) retired		Employer (See instructions) retired	
Date 2/6/2025	Full name of contributor Tom Dreiss	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 1000.00
Contributor address; 23119 IH 10 West #801 San Antonio, TX 78257			City; State; Zip Code
Principal occupation / Job title (See instructions)		Employer (See instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<p>The Instruction Guide explains how to complete this form.</p>			1 Total pages Schedule A1: 13 of 31
2 FILER NAME Melissa Cabello Havrda			3 Filer ID (Ethics Commission Filers)
4 Date 2/6/2025	5 Full name of contributor Pamela A Dreiss	<input type="checkbox"/> out-of-state PAC (ID#_____)	7 Amount of contribution (\$) 1000.00
	6 Contributor address; 3 Imperial Oaks San Antonio, TX 78248	City; State; Zip Code	
8 Principal occupation / Job title (See instructions) Sales Representative		9 Employer (See instructions) Stryker	
Date 2/7/2025	Full name of contributor Geraldine J Garcia	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 200.00
	Contributor address; 300 E Basse #2520 San Antonio, TX 78209	City; State; Zip Code	
Principal occupation / Job title (See instructions) Consultant		Employer (See instructions) Andradevdp Associates	
Date 2/8/2025	Full name of contributor Kevin Ryan Baldwin	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 50.00
	Contributor address; 819 W Mulberry Avenue San Antonio, TX 78212	City; State; Zip Code	
Principal occupation / Job title (See instructions) Property management		Employer (See instructions) Franklin Apartment Management	
Date 2/13/2025	Full name of contributor Margaret Kanyusik	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 200.00
	Contributor address; 700 E. Hildebrand #1501 San Antonio, TX 78212	City; State; Zip Code	
Principal occupation / Job title (See instructions) retired		Employer (See instructions) retired	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<p>The Instruction Guide explains how to complete this form.</p>			1 Total pages Schedule A1: 14 of 31
2 FILER NAME Melissa Cabello Havrda			3 Filer ID (Ethics Commission Filers)
4 Date 2/14/2025	5 Full name of contributor Simon Salas	<input type="checkbox"/> out-of-state PAC (ID#_____)	7 Amount of contribution (\$) 50.00
6 Contributor address; 515 W Gramercy PI San Antonio, TX 78212			City; State; Zip Code
8 Principal occupation / Job title (See instructions) CEO		9 Employer (See instructions) Good Samaritan Community Services	
Date 2/15/2025	Full name of contributor Mary Wright	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 25.00
Contributor address; 1815 Laivita Mist San Antonio, TX 78251			City; State; Zip Code
Principal occupation / Job title (See instructions) church administrator		Employer (See instructions) First UU Church	
Date 2/16/2025	Full name of contributor Justin Holley	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 25.00
Contributor address; 1546 W Mistletoe Ave San Antonio, TX 78201			City; State; Zip Code
Principal occupation / Job title (See instructions) Non profit		Employer (See instructions) Thrive Youth Center	
Date 2/16/2025	Full name of contributor Caiden Esquivel	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 25.00
Contributor address; 4607 West Lake Oaks San Antonio, TX 78251			City; State; Zip Code
Principal occupation / Job title (See instructions) Server		Employer (See instructions) Darden Restaurants	
<p style="text-align: center;">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<p>The Instruction Guide explains how to complete this form.</p>			1 Total pages Schedule A1: 15 of 31
2 FILER NAME Melissa Cabello Havrda			3 Filer ID (Ethics Commission Filers)
4 Date 2/17/2025	5 Full name of contributor Lawrence Romo	<input type="checkbox"/> out-of-state PAC (ID#_____)	7 Amount of contribution (\$) 100.00
	6 Contributor address; 4811 Isaac Ryan San Antonio, TX 78253	City; State; Zip Code	
8 Principal occupation / Job title (See instructions) retired		9 Employer (See instructions) retired	
Date 2/17/2025	Full name of contributor Cynthia Rodriguez	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 40.00
	Contributor address; 534 Gettysburg Rd san antonio, TX 78228	City; State; Zip Code	
Principal occupation / Job title (See instructions) Digital marketing		Employer (See instructions) Southwest Research Institute	
Date 2/19/2025	Full name of contributor CARRASCO,TIMOTHY CARRASCO,TIMOTHY	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 25.00
	Contributor address; 6963 WILLOW OAK DR SAN ANTONIO, TX 78249	City; State; Zip Code	
Principal occupation / Job title (See instructions) Teacher		Employer (See instructions) U.N.A.M.	
Date 2/19/2025	Full name of contributor Lawrence Romo	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 150.00
	Contributor address; 4811 Isaac Ryan San Antonio, TX 78253	City; State; Zip Code	
Principal occupation / Job title (See instructions) retired		Employer (See instructions) retired	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<p>The Instruction Guide explains how to complete this form.</p>			1 Total pages Schedule A1: 16 of 31
2 FILER NAME Melissa Cabello Havrda			3 Filer ID (Ethics Commission Filers)
4 Date 2/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Northside AFT Committee on Political Education	6 Contributor address; 6502 Bandera Rd #202 San Antonio, TX 78238	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See instructions) Program Manager		9 Employer (See instructions) Eagle Integrated Svc	
Date 2/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Diana A Moore		Amount of contribution (\$) 400.00
		Contributor address; 13322 Cassia Way San Antonio, TX 78232	
Principal occupation / Job title (See instructions) Program Manager		Employer (See instructions) Eagle Integrated Svc	
Date 2/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Diana A Moore		Amount of contribution (\$) 600.00
		Contributor address; 13322 Cassia Way San Antonio, TX 78232	
Principal occupation / Job title (See instructions) Program Manager		Employer (See instructions) Eagle Integrated Svc	
Date 2/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fernando Aguilar		Amount of contribution (\$) 100.00
		Contributor address; 206 Wake Forrest Dr San Antonio, TX 78228	
Principal occupation / Job title (See instructions) Constituent Advocate		Employer (See instructions) Office of Congressman Greg Casar	
<p style="text-align: center;">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<p>The Instruction Guide explains how to complete this form.</p>			1 Total pages Schedule A1: 17 of 31
2 FILER NAME Melissa Cabello Havrda			3 Filer ID (Ethics Commission Filers)
4 Date 2/24/2025	5 Full name of contributor Eduardo J Belmares	<input type="checkbox"/> out-of-state PAC (ID#_____)	7 Amount of contribution (\$) 500.00
6 Contributor address; 5919 Pearl Pass San Antonio, TX 78222			
8 Principal occupation / Job title (See instructions)		9 Employer (See instructions)	
Date 2/24/2025		Full name of contributor Rachel N Belmares	<input type="checkbox"/> out-of-state PAC (ID#_____) 500.00
		Contributor address; 5919 Pearl Pass San Antonio, TX 78222	
Principal occupation / Job title (See instructions)		Employer (See instructions)	
Date 2/26/2025		Full name of contributor Calais Galbraith	<input type="checkbox"/> out-of-state PAC (ID#_____) 25.00
		Contributor address; 15210 Preston Court Dr San Antonio, TX 78247	
Principal occupation / Job title (See instructions)		Employer (See instructions)	
software engineer		veriato	
Date 2/26/2025		Full name of contributor Chad Carey	<input type="checkbox"/> out-of-state PAC (ID#_____) 1000.00
		Contributor address; 102 E Huisache Ave San Antonio, TX 78212	
Principal occupation / Job title (See instructions)		Employer (See instructions)	
Owner		SA Empty Plate LLC	
<p style="text-align: center;">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<p>The Instruction Guide explains how to complete this form.</p>			1 Total pages Schedule A1: 18 of 31
2 FILER NAME Melissa Cabello Havrda			3 Filer ID (Ethics Commission Filers)
4 Date 2/26/2025	5 Full name of contributor Hector Santos	<input type="checkbox"/> out-of-state PAC (ID#_____)	7 Amount of contribution (\$) 50.00
6 Contributor address; 734 Sawtooth Dr San Antonio, TX 78245			
8 Principal occupation / Job title (See instructions) Contractor		9 Employer (See instructions) self	
Date 3/1/2025	Full name of contributor Master Rivera	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 50.00
Contributor address; 13307 Lavel Spring San Antonio, TX 78249			
Principal occupation / Job title (See instructions) Planner		Employer (See instructions) City of San Antonio	
Date 3/4/2025	Full name of contributor Margaret Pomeroy	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 15.00
Contributor address; 413 CORDELIA ST San Antonio, TX 78237			
Principal occupation / Job title (See instructions) retired		Employer (See instructions) retired	
Date 3/5/2025	Full name of contributor Marisa Jackson	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 30.00
Contributor address; 10039 Ellenora PI Boerne, TX 78006			
Principal occupation / Job title (See instructions) Realtor		Employer (See instructions) Compass	
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<p>The Instruction Guide explains how to complete this form.</p>			1 Total pages Schedule A1: 19 of 31
2 FILER NAME Melissa Cabello Havrda			3 Filer ID (Ethics Commission Filers)
4 Date 3/5/2025	5 Full name of contributor Natalie Biggers	<input type="checkbox"/> out-of-state PAC (ID#_____)	7 Amount of contribution (\$) 30.00
6 Contributor address; 13423 Blanco Rd #265 San Antonio, TX 78216			City; State; Zip Code
8 Principal occupation / Job title (See instructions) Property management		9 Employer (See instructions) Franklin Apartment Management	
Date 3/5/2025	Full name of contributor Kevin Ryan Baldwin	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 30.00
Contributor address; 819 W Mulberry Avenue San Antonio, TX 78212			City; State; Zip Code
Principal occupation / Job title (See instructions) Property management		Employer (See instructions) Franklin Apartment Management	
Date 3/8/2025	Full name of contributor Kevin Ryan Baldwin	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 50.00
Contributor address; 819 W Mulberry Avenue San Antonio, TX 78212			City; State; Zip Code
Principal occupation / Job title (See instructions) Property management		Employer (See instructions) Franklin Apartment Management	
Date 3/9/2025	Full name of contributor Luis Vazquez	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 50.00
Contributor address; 800 Babcock rd #13014 San Antonio, TX 78201			City; State; Zip Code
Principal occupation / Job title (See instructions) Consultant		Employer (See instructions) Self Employed	
<p style="text-align: center;">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<p>The Instruction Guide explains how to complete this form.</p>			1 Total pages Schedule A1: 20 of 31
2 FILER NAME Melissa Cabello Havrda			3 Filer ID (Ethics Commission Filers)
4 Date 3/9/2025	5 Full name of contributor Christian Wians	<input type="checkbox"/> out-of-state PAC (ID#_____)	7 Amount of contribution (\$) 100.00
6 Contributor address; 4132 S Rainbow Blvd #386 Las Vegas, NV 89103			City; State; Zip Code
8 Principal occupation / Job title (See instructions) Computer Analyst		9 Employer (See instructions) Self	
Date 3/10/2025	Full name of contributor Le Reta Gatlin-McDavid	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 200.00
Contributor address; 3666 Versailles Dr San antonio, TX 78219			City; State; Zip Code
Principal occupation / Job title (See instructions) Consultant		Employer (See instructions) LGM Job For You	
Date 3/10/2025	Full name of contributor Guillermina Reyna	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 30.00
Contributor address; 9035 Wellwood St San Antonio, TX 78250			City; State; Zip Code
Principal occupation / Job title (See instructions) Housekeeping		Employer (See instructions) Kairoi Residential	
Date 3/11/2025	Full name of contributor Rick Crist	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 100.00
Contributor address; 9235 chinon San Antonio, TX 78250			City; State; Zip Code
Principal occupation / Job title (See instructions) retired		Employer (See instructions) retired	
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<p>The Instruction Guide explains how to complete this form.</p>			1 Total pages Schedule A1: 21 of 31
2 FILER NAME Melissa Cabello Havrda			3 Filer ID (Ethics Commission Filers)
4 Date 3/13/2025	5 Full name of contributor Hi Leigh Gatlin-McDavid	<input type="checkbox"/> out-of-state PAC (ID#_____)	7 Amount of contribution (\$) 30.00
6 Contributor address; 3666 Versailles Dr San Antonio, TX 78219			City; State; Zip Code
8 Principal occupation / Job title (See instructions) student		9 Employer (See instructions) student	
Date 3/15/2025	Full name of contributor Mary Wright	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 25.00
Contributor address; 1815 Laivita Mist San Antonio, TX 78251			City; State; Zip Code
Principal occupation / Job title (See instructions) church administrator		Employer (See instructions) First UU Church	
Date 3/16/2025	Full name of contributor Adelfa Reyna	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 100.00
Contributor address; 655 Freiling San Antonio, TX 78213			City; State; Zip Code
Principal occupation / Job title (See instructions) retired		Employer (See instructions) retired	
Date 3/16/2025	Full name of contributor Elizabeth Franklin	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 50.00
Contributor address; 515 Hays San Antonio, TX 78202			City; State; Zip Code
Principal occupation / Job title (See instructions) retired		Employer (See instructions) retired	
<p style="text-align: center;">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<p>The Instruction Guide explains how to complete this form.</p>			1 Total pages Schedule A1: 22 of 31
2 FILER NAME Melissa Cabello Havrda			3 Filer ID (Ethics Commission Filers)
4 Date 3/16/2025	5 Full name of contributor Virginia Sandoval	<input type="checkbox"/> out-of-state PAC (ID#_____)	7 Amount of contribution (\$) 50.00
	6 Contributor address; 6963 Willow Oak Street San Antonio, TX 78249	City; State; Zip Code	
8 Principal occupation / Job title (See instructions) Scrum master		9 Employer (See instructions) Usaa	
Date 3/18/2025	Full name of contributor Robert N Flores	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 300.00
	Contributor address; 3116 Preston Hall San Antonio, TX 78247	City; State; Zip Code	
Principal occupation / Job title (See instructions)		Employer (See instructions)	
Date 3/20/2025	Full name of contributor Thelma Turner	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 75.00
	Contributor address; 7031 Holly Mountain St San Antonio, TX 78250	City; State; Zip Code	
Principal occupation / Job title (See instructions) retired		Employer (See instructions) retired	
Date 3/21/2025	Full name of contributor Liecie Hollis	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 1000.00
	Contributor address; 720 Ivy Lane San antonio, TX 78209	City; State; Zip Code	
Principal occupation / Job title (See instructions) retired		Employer (See instructions) retired	
<p style="text-align: center;">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<p>The Instruction Guide explains how to complete this form.</p>			1 Total pages Schedule A1: 23 of 31
2 FILER NAME Melissa Cabello Havrda			3 Filer ID (Ethics Commission Filers)
4 Date 3/21/2025	5 Full name of contributor Bernard R II	<input type="checkbox"/> out-of-state PAC (ID#_____)	7 Amount of contribution (\$) 5.00
6 Contributor address; PO Box 830394 San Antonio, TX 78283			
8 Principal occupation / Job title (See instructions) retired		9 Employer (See instructions) retired	
Date 3/22/2025	Full name of contributor Barbara Hawkins	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 500.00
Contributor address; PO Box 18659 San Antonio, TX 78218			
Principal occupation / Job title (See instructions) retired		Employer (See instructions) retired	
Date 3/22/2025	Full name of contributor Jess Insler	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 25.00
Contributor address; 203 Mary Louise Dr San Antonio, TX 78201			
Principal occupation / Job title (See instructions) President		Employer (See instructions) Dynamite Fasteners, Inc.	
Date 3/22/2025	Full name of contributor Rosanna Insler	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 25.00
Contributor address; 203 MARY LOUISE DRIVE SAN ANTONIO, TX 78201			
Principal occupation / Job title (See instructions) Vice President		Employer (See instructions) Dynamite Fasteners, Inc.	
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<p>The Instruction Guide explains how to complete this form.</p>			1 Total pages Schedule A1: 24 of 31
2 FILER NAME Melissa Cabello Havrda			3 Filer ID (Ethics Commission Filers)
4 Date 3/22/2025	5 Full name of contributor Luis Acosta	<input type="checkbox"/> out-of-state PAC (ID#_____)	7 Amount of contribution (\$) 1000.00
6 Contributor address; 4006 Greensboro Dr San Antonio, TX 78229			
8 Principal occupation / Job title (See instructions) Restauranteur		9 Employer (See instructions) Self	
Date 3/22/2025	Full name of contributor Harris Insler	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 50.00
Contributor address; 350 E 82nd New York, NY 10028			
Principal occupation / Job title (See instructions) retired		Employer (See instructions) retired	
Date 3/22/2025	Full name of contributor Carlos M Cabello Jr	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 1000.00
Contributor address; 2102 Antsla Sands San Antonio, TX 78251			
Principal occupation / Job title (See instructions) retired		Employer (See instructions) retired	
Date 3/23/2025	Full name of contributor Joyce Townsend	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 300.00
Contributor address; 15662 Robin Ridge San Antonio, TX 78248			
Principal occupation / Job title (See instructions) retired		Employer (See instructions) retired	
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<p>The Instruction Guide explains how to complete this form.</p>			1 Total pages Schedule A1: 25 of 31
2 FILER NAME Melissa Cabello Havrda			3 Filer ID (Ethics Commission Filers)
4 Date 3/23/2025	5 Full name of contributor Celia Jairala	<input type="checkbox"/> out-of-state PAC (ID#_____)	7 Amount of contribution (\$) 750.00
6 Contributor address; 5815 Callaghan San Antonio, TX 78228			City; State; Zip Code
8 Principal occupation / Job title (See instructions) Restaurant Owner		9 Employer (See instructions) Self employed	
Date 3/23/2025	Full name of contributor Teresa Raymond	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 50.00
Contributor address; 8438 Chivalry Street San Antonio, TX 78254			City; State; Zip Code
Principal occupation / Job title (See instructions) Clean Energy Advocate		Employer (See instructions) Public Citizens Texas	
Date 3/23/2025	Full name of contributor DeeDee Belmares	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 50.00
Contributor address; 9030 Arabian King Converse, TX 78109			City; State; Zip Code
Principal occupation / Job title (See instructions) Clean Energy Advocate		Employer (See instructions) Public Citizens Texas	
Date 3/23/2025	Full name of contributor Mia Duran	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 30.00
Contributor address; 7927 Peaceful Glade San Antonio, TX 78254			City; State; Zip Code
Principal occupation / Job title (See instructions) Program Manager		Employer (See instructions) Radical Registrars	
<p style="text-align: center;">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<p>The Instruction Guide explains how to complete this form.</p>			1 Total pages Schedule A1: 26 of 31
2 FILER NAME Melissa Cabello Havrda			3 Filer ID (Ethics Commission Filers)
4 Date 3/24/2025	5 Full name of contributor Ilene Kramer	<input type="checkbox"/> out-of-state PAC (ID#_____)	7 Amount of contribution (\$) 100.00
6 Contributor address; 326 Clay St #103 San Antonio, TX 78204			
8 Principal occupation / Job title (See instructions) Administrative Law Judge		9 Employer (See instructions) Social Security administration	
Date 3/24/2025	Full name of contributor Linda Maldonado	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 25.00
Contributor address; 8503 Honiley St San Antonio, TX 78254			
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) Retired	
Date 3/24/2025	Full name of contributor Linda Maldonado	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 30.00
Contributor address; 8503 Honiley St San Antonio, TX 78254			
Principal occupation / Job title (See instructions) retired		Employer (See instructions) retired	
Date 3/24/2025	Full name of contributor Keith Toney	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 100.00
Contributor address; 7715 Oakhill Park Dr San Antonio, TX 78249			
Principal occupation / Job title (See instructions) retired		Employer (See instructions) retired	
<p style="text-align: center;">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<p>The Instruction Guide explains how to complete this form.</p>			1 Total pages Schedule A1: 27 of 31
2 FILER NAME Melissa Cabello Havrda			3 Filer ID (Ethics Commission Filers)
4 Date 3/24/2025	5 Full name of contributor Jaclyn Tacoronte	<input type="checkbox"/> out-of-state PAC (ID#_____)	7 Amount of contribution (\$) 150.00
6 Contributor address; 38 Fillmore st Staten Island, NY 10301			City; State; Zip Code
8 Principal occupation / Job title (See instructions) CEO		9 Employer (See instructions) JMT Studios	
Date 3/24/2025	Full name of contributor Gina Sandoval	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 7.00
Contributor address; 6963 Willow Oak San Antonio, TX 78249			City; State; Zip Code
Principal occupation / Job title (See instructions) Scrum Master		Employer (See instructions) USAA	
Date 3/24/2025	Full name of contributor Gina Sandoval	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 30.00
Contributor address; 6963 Willow Oak San Antonio, TX 78249			City; State; Zip Code
Principal occupation / Job title (See instructions) Scrum Master		Employer (See instructions) USAA	
Date 3/24/2025	Full name of contributor Dr. Sharon Small	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 25.00
Contributor address; 8627 Star Creek Dr San Antonio, TX 78251			City; State; Zip Code
Principal occupation / Job title (See instructions) CEO		Employer (See instructions) Parent/Child Incorporated (PCI)	
<p style="text-align: center;">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<p>The Instruction Guide explains how to complete this form.</p>			1 Total pages Schedule A1: 28 of 31
2 FILER NAME Melissa Cabello Havrda			3 Filer ID (Ethics Commission Filers)
4 Date 3/24/2025	5 Full name of contributor JC Florenson	<input type="checkbox"/> out-of-state PAC (ID#_____)	7 Amount of contribution (\$) 1000.00
	6 Contributor address; 2730 Creekside Vw San Antoni, TX 78230	City; State; Zip Code	
8 Principal occupation / Job title (See instructions) Manager		9 Employer (See instructions) Dalkia	
Date 3/24/2025	Full name of contributor Andy Turner	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 1000.00
	Contributor address; 707 ridgewood Dr Antioch, IL 60002	City; State; Zip Code	
Principal occupation / Job title (See instructions) VP, Business Development		Employer (See instructions) Dalkia Energy Solutions	
Date 3/24/2025	Full name of contributor Gabriela Rocha	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 100.00
	Contributor address; 12139 Casparis San Antonio, TX 78254	City; State; Zip Code	
Principal occupation / Job title (See instructions) Personal Development Coach		Employer (See instructions) Self Employed	
Date 3/24/2025	Full name of contributor Brian Stives	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 50.00
	Contributor address; 8546 Timber Place San Antonio, TX 78250	City; State; Zip Code	
Principal occupation / Job title (See instructions) retired		Employer (See instructions) retired	
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<p>The Instruction Guide explains how to complete this form.</p>			1 Total pages Schedule A1: 29 of 31
2 FILER NAME Melissa Cabello Havrda			3 Filer ID (Ethics Commission Filers)
4 Date 3/24/2025	5 Full name of contributor Eva Galvan	<input type="checkbox"/> out-of-state PAC (ID#_____)	7 Amount of contribution (\$) 25.00
6 Contributor address; 4918 East Beverly Mae San Antonio, TX 78229			
8 Principal occupation / Job title (See instructions) Physician		9 Employer (See instructions) UT Health San Antonio	
Date 3/24/2025	Full name of contributor Myrl Britten	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 50.00
Contributor address; 5415 Timber Post San Antonio, TX 78250			
Principal occupation / Job title (See instructions) retired		Employer (See instructions) retired	
Date 3/24/2025	Full name of contributor Bo J Lim	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 500.00
Contributor address; 5123 Casbury San Antonio, TX 78249			
Principal occupation / Job title (See instructions)		Employer (See instructions)	
Date 3/24/2025	Full name of contributor Kin Y Hui	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 250.00
Contributor address; 7134 Quail Garden San Antonio, TX 78250			
Principal occupation / Job title (See instructions)		Employer (See instructions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<p>The Instruction Guide explains how to complete this form.</p>			1 Total pages Schedule A1: 30 of 31
2 FILER NAME Melissa Cabello Havrda			3 Filer ID (Ethics Commission Filers)
4 Date 3/24/2025	5 Full name of contributor Roland Cabello	<input type="checkbox"/> out-of-state PAC (ID#_____)	7 Amount of contribution (\$) 1000.00
6 Contributor address; 14544 Gold Rush Pass San Antonio, TX 78254			City; State; Zip Code
8 Principal occupation / Job title (See instructions) Analyst		9 Employer (See instructions) USAA	
Date 3/24/2025	Full name of contributor Hector Santos	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 50.00
Contributor address; 734 Sawtooth Dr San Antonio, TX 78245			City; State; Zip Code
Principal occupation / Job title (See instructions) Contractor		Employer (See instructions) self	
Date 3/24/2025	Full name of contributor Kevin Ryan Baldwin	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 7.00
Contributor address; 819 W Mulberry Avenue San Antonio, TX 78212			City; State; Zip Code
Principal occupation / Job title (See instructions) Property management		Employer (See instructions) Franklin Apartment Management	
Date 3/24/2025	Full name of contributor Kevin Ryan Baldwin	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 30.00
Contributor address; 819 W Mulberry Avenue San Antonio, TX 78212			City; State; Zip Code
Principal occupation / Job title (See instructions) Property management		Employer (See instructions) Franklin Apartment Management	
<p style="text-align: center;">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<p>The Instruction Guide explains how to complete this form.</p>			1 Total pages Schedule A1: 31 of 31
2 FILER NAME Melissa Cabello Havrda			3 Filer ID (Ethics Commission Filers)
4 Date 3/24/2025	5 Full name of contributor Marisa Perez	<input type="checkbox"/> out-of-state PAC (ID#_____)	7 Amount of contribution (\$) 250.00
6 Contributor address; 5921 Allington street Lakewood, CA 90713			City; State; Zip Code
8 Principal occupation / Job title (See instructions) Board deputy		9 Employer (See instructions) Gateway cities council of governments	
Date 3/24/2025	Full name of contributor Lauro D Jr	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 10.00
Contributor address; 622 Acuna St San Antonio, TX 78237			City; State; Zip Code
Principal occupation / Job title (See instructions) retired		Employer (See instructions) retired	
Date	Full name of contributor	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$)
Contributor address;			City; State; Zip Code
Principal occupation / Job title (See instructions)		Employer (See instructions)	
Date	Full name of contributor	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$)
Contributor address;			City; State; Zip Code
Principal occupation / Job title (See instructions)		Employer (See instructions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule A2: 1 of 11</p>
<p>2 FILER NAME Melissa Cabello Havrda</p>		<p>3 Filer ID (Ethics Commission Filers)</p>
<p>4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS</p>		<p>\$ 0</p>
<p>5 Date 1/1/2025</p>	<p>6 Full name of contributor Hera events</p> <p>7 Contributor address; City; State; Zip Code 5900 Balcones #100 Austin, TX 78731</p>	<p>8 Amount of Contribution \$ 1000.00</p> <p>9 In-kind contribution description Consulting</p> <p><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T</p>
<p>10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)</p>		<p>11 Employer (FOR NON-JUDICIAL) (See instructions)</p>
<p>12 Contributor's principal occupation (FOR JUDICIAL)</p>		<p>13 Contributor's job title (FOR JUDICIAL) (See instructions)</p>
<p>14 Contributor's employer/law firm (FOR JUDICIAL)</p>		<p>15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>
<p>16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>		
<p>Date 1/19/2025</p>	<p>Full name of contributor Inclusive Events</p> <p>Contributor address; City; State; Zip Code 9444 Abe Lincoln San Antonio, TX 78240</p>	<p>Amount of Contribution \$ 175.00</p> <p>In-kind contribution description Venue setup</p> <p><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T</p>
<p>Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)</p>		<p>Employer (FOR NON-JUDICIAL) (See instructions)</p>
<p>Contributor's principal occupation (FOR JUDICIAL)</p>		<p>Contributor's job title (FOR JUDICIAL) (See instructions)</p>
<p>Contributor's employer/law firm (FOR JUDICIAL)</p>		<p>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>
<p>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>		
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule A2: 2 of 11</p>
<p>2 FILER NAME Melissa Cabello Havrda</p>		<p>3 Filer ID (Ethics Commission Filers)</p>
<p>4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS</p>		<p>\$</p>
<p>5 Date 1/19/2025</p>	<p>6 Full name of contributor Barhoppers</p> <p>7 Contributor address; 9444 Abe Lincoln San Antonio, TX 78240</p>	<p><input type="checkbox"/> out-of-state PAC (ID#_____)</p> <p>8 Amount of Contribution \$ 400.00</p> <p>9 In-kind contribution description Beverages</p> <p><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T</p>
<p>10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)</p>		<p>11 Employer (FOR NON-JUDICIAL) (See instructions)</p>
<p>12 Contributor's principal occupation (FOR JUDICIAL)</p>		<p>13 Contributor's job title (FOR JUDICIAL) (See instructions)</p>
<p>14 Contributor's employer/law firm (FOR JUDICIAL)</p>		<p>15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>
<p>16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>		
<p>Date 1/19/2025</p>	<p>Full name of contributor I love churros</p> <p>Contributor address; 7007 Bandera Rd #14 San Antonio, TX 78238</p>	<p><input type="checkbox"/> out-of-state PAC (ID#_____)</p> <p>Amount of Contribution \$ 200.00</p> <p>In-kind contribution description Events</p> <p><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T</p>
<p>Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)</p>		<p>Employer (FOR NON-JUDICIAL) (See instructions)</p>
<p>Contributor's principal occupation (FOR JUDICIAL)</p>		<p>Contributor's job title (FOR JUDICIAL) (See instructions)</p>
<p>Contributor's employer/law firm (FOR JUDICIAL)</p>		<p>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>
<p>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>		
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule A2: 3 of 11</p>
<p>2 FILER NAME Melissa Cabello Havrda</p>		<p>3 Filer ID (Ethics Commission Filers)</p>
<p>4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS</p>		<p>\$</p>
<p>5 Date 2/1/2025</p>	<p>6 Full name of contributor Casa Hernan</p>	<p><input type="checkbox"/> out-of-state PAC (ID#_____)</p>
	<p>7 Contributor address; 411 E Cevallos San Antonio, TX 78204</p>	<p>City; State; Zip Code</p>
		<p>8 Amount of Contribution \$ 1000.00</p> <p>9 In-kind contribution description Events</p> <p><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T</p>
<p>10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)</p>		<p>11 Employer (FOR NON-JUDICIAL) (See instructions)</p>
<p>12 Contributor's principal occupation (FOR JUDICIAL)</p>		<p>13 Contributor's job title (FOR JUDICIAL) (See instructions)</p>
<p>14 Contributor's employer/law firm (FOR JUDICIAL)</p>		<p>15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>
<p>16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>		
<p>Date 2/1/2025</p>	<p>Full name of contributor Düable</p>	<p><input type="checkbox"/> out-of-state PAC (ID#_____)</p>
	<p>Contributor address; 110 Broadway #170 San Antonio, TX 78205</p>	<p>Amount of Contribution \$ 1000.00</p> <p>In-kind contribution description Consulting</p> <p><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T</p>
<p>Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)</p>		<p>Employer (FOR NON-JUDICIAL) (See instructions)</p>
<p>Contributor's principal occupation (FOR JUDICIAL)</p>		<p>Contributor's job title (FOR JUDICIAL) (See instructions)</p>
<p>Contributor's employer/law firm (FOR JUDICIAL)</p>		<p>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>
<p>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>		
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule A2: 4 of 11</p>
<p>2 FILER NAME Melissa Cabello Havrda</p>		<p>3 Filer ID (Ethics Commission Filers)</p>
<p>4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS</p>		<p>\$</p>
<p>5 Date 3/23/2025</p>	<p>6 Full name of contributor Eliza Sinclair</p>	<p><input type="checkbox"/> out-of-state PAC (ID#_____)</p>
	<p>7 Contributor address; 6326 Sovereign road #139 San Antonio, TX 78229</p>	<p>City; State; Zip Code</p>
		<p>8 Amount of Contribution \$ 150.00</p> <p>9 In-kind contribution description Products and Svc</p>
		<p><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T</p>
<p>10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Owner</p>		<p>11 Employer (FOR NON-JUDICIAL) (See instructions) Sinclair Beauty</p>
<p>12 Contributor's principal occupation (FOR JUDICIAL)</p>		<p>13 Contributor's job title (FOR JUDICIAL) (See instructions)</p>
<p>14 Contributor's employer/law firm (FOR JUDICIAL)</p>		<p>15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>
<p>16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>		
<p>Date 3/23/2025</p>	<p>Full name of contributor Melissa Cruz</p>	<p><input type="checkbox"/> out-of-state PAC (ID#_____)</p>
	<p>Contributor address; 2450 Roosevelt San Antonio, TX 78210</p>	<p>City; State; Zip Code</p>
		<p>Amount of Contribution \$ 95.00</p> <p>In-kind contribution description Events</p>
		<p><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T</p>
<p>Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Owner</p>		<p>Employer (FOR NON-JUDICIAL) (See instructions) The Energy Healing Specialist</p>
<p>Contributor's principal occupation (FOR JUDICIAL)</p>		<p>Contributor's job title (FOR JUDICIAL) (See instructions)</p>
<p>Contributor's employer/law firm (FOR JUDICIAL)</p>		<p>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>
<p>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>		
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule A2: 5 of 11</p>
<p>2 FILER NAME Melissa Cabello Havrda</p>		<p>3 Filer ID (Ethics Commission Filers)</p>
<p>4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS</p>		<p>\$</p>
<p>5 Date 3/23/2025</p>	<p>6 Full name of contributor Khronos MedSpa</p> <p>7 Contributor address; 2119 McCullough San Antonio, TX 78212</p>	<p><input type="checkbox"/> out-of-state PAC (ID#_____)</p> <p>8 Amount of Contribution \$ 225.00</p> <p>9 In-kind contribution description Events</p> <p><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T</p>
<p>10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)</p>		<p>11 Employer (FOR NON-JUDICIAL) (See instructions) Khronos MedSpa</p>
<p>12 Contributor's principal occupation (FOR JUDICIAL)</p>		<p>13 Contributor's job title (FOR JUDICIAL) (See instructions)</p>
<p>14 Contributor's employer/law firm (FOR JUDICIAL)</p>		<p>15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>
<p>16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>		
<p>Date 3/23/2025</p>	<p>Full name of contributor In The Weeds Botanicals</p> <p>Contributor address; 522 NW Loop 410 #211 San Antonio, TX 78216</p>	<p><input type="checkbox"/> out-of-state PAC (ID#_____)</p> <p>Amount of Contribution \$ 35.00</p> <p>In-kind contribution description Events</p> <p><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T</p>
<p>Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)</p>		<p>Employer (FOR NON-JUDICIAL) (See instructions) In The Weeds Botanicals</p>
<p>Contributor's principal occupation (FOR JUDICIAL)</p>		<p>Contributor's job title (FOR JUDICIAL) (See instructions)</p>
<p>Contributor's employer/law firm (FOR JUDICIAL)</p>		<p>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>
<p>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>		
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule A2: 6 of 11</p>
<p>2 FILER NAME Melissa Cabello Havrda</p>		<p>3 Filer ID (Ethics Commission Filers)</p>
<p>4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS</p>		<p>\$</p>
<p>5 Date 3/23/2025</p>	<p>6 Full name of contributor Marissa Cervantes</p> <p>7 Contributor address; 11213 Champion Oak Live Oak, TX 78233</p>	<p><input type="checkbox"/> out-of-state PAC (ID#_____)</p> <p>8 Amount of Contribution \$ 200.00</p> <p>9 In-kind contribution description Events</p> <p><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T</p>
<p>10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Owner</p>		<p>11 Employer (FOR NON-JUDICIAL) (See instructions) DGU Customs</p>
<p>12 Contributor's principal occupation (FOR JUDICIAL)</p>		<p>13 Contributor's job title (FOR JUDICIAL) (See instructions)</p>
<p>14 Contributor's employer/law firm (FOR JUDICIAL)</p>		<p>15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>
<p>16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>		
<p>Date 3/23/2025</p>	<p>Full name of contributor Diablos Outsports Association</p> <p>Contributor address; 200 Concord Plaza #245 San Antonio, TX 78216</p>	<p>Amount of Contribution \$ 65.00</p> <p>In-kind contribution description Events</p> <p><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T</p>
<p>Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)</p>		<p>Employer (FOR NON-JUDICIAL) (See instructions) Diablos Outsports Association</p>
<p>Contributor's principal occupation (FOR JUDICIAL)</p>		<p>Contributor's job title (FOR JUDICIAL) (See instructions)</p>
<p>Contributor's employer/law firm (FOR JUDICIAL)</p>		<p>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>
<p>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>		
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule A2: 7 of 11</p>
<p>2 FILER NAME Melissa Cabello Havrda</p>		<p>3 Filer ID (Ethics Commission Filers)</p>
<p>4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS</p>		<p>\$</p>
<p>5 Date 3/23/2025</p>	<p>6 Full name of contributor Lets be Honest</p> <p>7 Contributor address; 1602 N Main San Antonio, TX 78212</p>	<p>8 Amount of Contribution \$ 500.00</p> <p>9 In-kind contribution description Venue</p> <p><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T</p>
<p>10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)</p>		<p>11 Employer (FOR NON-JUDICIAL) (See instructions)</p>
<p>12 Contributor's principal occupation (FOR JUDICIAL)</p>		<p>13 Contributor's job title (FOR JUDICIAL) (See instructions)</p>
<p>14 Contributor's employer/law firm (FOR JUDICIAL)</p>		<p>15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>
<p>16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>		
<p>Date 3/23/2025</p>	<p>Full name of contributor Marc Anthony aka Livin Loud With Marc</p> <p>Contributor address; 1935 MCCUALEY San Antonio, TX 78224</p>	<p>Amount of Contribution \$ 850.00</p> <p>In-kind contribution description Advertising</p> <p><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T</p>
<p>Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)</p>		<p>Employer (FOR NON-JUDICIAL) (See instructions)</p>
<p>Contributor's principal occupation (FOR JUDICIAL)</p>		<p>Contributor's job title (FOR JUDICIAL) (See instructions)</p>
<p>Contributor's employer/law firm (FOR JUDICIAL)</p>		<p>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>
<p>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>		
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule A2: 8 of 11</p>
<p>2 FILER NAME Melissa Cabello Havrda</p>		<p>3 Filer ID (Ethics Commission Filers)</p>
<p>4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS</p>		<p>\$</p>
<p>5 Date 3/23/2025</p>	<p>6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#_____) Devils River Holdings LLC</p> <p>7 Contributor address; City; State; Zip Code 401 East Houston San Antonio, TX 78205</p>	<p>8 Amount of Contribution \$ 1000.00</p> <p>9 In-kind contribution description Events</p> <p><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T</p>
<p>10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Devils River Whiskey</p>		<p>11 Employer (FOR NON-JUDICIAL) (See instructions) Devils River Whiskey</p>
<p>12 Contributor's principal occupation (FOR JUDICIAL)</p>		<p>13 Contributor's job title (FOR JUDICIAL) (See instructions)</p>
<p>14 Contributor's employer/law firm (FOR JUDICIAL)</p>		<p>15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>
<p>16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>		
<p>Date 3/23/2025</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#_____) Marta Alonso</p> <p>Contributor address; City; State; Zip Code 3244 Mission Rd San Antonio, TX 78214</p>	<p>Amount of Contribution \$ 150.00</p> <p>In-kind contribution description Consulting</p> <p><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T</p>
<p>Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Owner/Operator</p>		<p>Employer (FOR NON-JUDICIAL) (See instructions) Sip & Sit with ME Coffee House</p>
<p>Contributor's principal occupation (FOR JUDICIAL)</p>		<p>Contributor's job title (FOR JUDICIAL) (See instructions)</p>
<p>Contributor's employer/law firm (FOR JUDICIAL)</p>		<p>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>
<p>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>		
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule A2: 9 of 11</p>
<p>2 FILER NAME Melissa Cabello Havrda</p>		<p>3 Filer ID (Ethics Commission Filers)</p>
<p>4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS</p>		<p>\$</p>
<p>5 Date 3/23/2025</p>	<p>6 Full name of contributor Tulane Holder</p> <p>7 Contributor address; 5355 Brewster Street San Antonio, TX 78233</p>	<p><input type="checkbox"/> out-of-state PAC (ID#_____)</p> <p>8 Amount of Contribution \$ 150.00</p> <p>9 In-kind contribution description Consulting</p> <p><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T</p>
<p>10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Chief Operating Officer</p>		<p>11 Employer (FOR NON-JUDICIAL) (See instructions) Jan-Pro Commercial Cleaning Company</p>
<p>12 Contributor's principal occupation (FOR JUDICIAL)</p>		<p>13 Contributor's job title (FOR JUDICIAL) (See instructions)</p>
<p>14 Contributor's employer/law firm (FOR JUDICIAL)</p>		<p>15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>
<p>16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>		
<p>Date 3/23/2025</p>	<p>Full name of contributor Cuba 1918</p> <p>Contributor address; 2809 West Southcross San Antonio, TX 78211</p>	<p><input type="checkbox"/> out-of-state PAC (ID#_____)</p> <p>Amount of Contribution \$ 150.00</p> <p>In-kind contribution description Events</p> <p><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T</p>
<p>Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)</p>		<p>Employer (FOR NON-JUDICIAL) (See instructions)</p>
<p>Contributor's principal occupation (FOR JUDICIAL)</p>		<p>Contributor's job title (FOR JUDICIAL) (See instructions)</p>
<p>Contributor's employer/law firm (FOR JUDICIAL)</p>		<p>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>
<p>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>		
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule A2: 10 of 11</p>
<p>2 FILER NAME Melissa Cabello Havrda</p>		<p>3 Filer ID (Ethics Commission Filers)</p>
<p>4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS</p>		<p>\$</p>
<p>5 Date 3/23/2025</p>	<p>6 Full name of contributor Janie Gonzalez</p> <p>7 Contributor address; 318 Menefee San Antonio, TX 78207</p>	<p><input type="checkbox"/> out-of-state PAC (ID#_____)</p> <p>8 Amount of Contribution \$ 150.00</p> <p>9 In-kind contribution description Consulting</p> <p><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T</p>
<p>10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) CEO</p>		<p>11 Employer (FOR NON-JUDICIAL) (See instructions) WebHead</p>
<p>12 Contributor's principal occupation (FOR JUDICIAL)</p>		<p>13 Contributor's job title (FOR JUDICIAL) (See instructions)</p>
<p>14 Contributor's employer/law firm (FOR JUDICIAL)</p>		<p>15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>
<p>16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>		
<p>Date 3/23/2025</p>	<p>Full name of contributor TMG Media, LLC</p> <p>Contributor address; 214 Roanoke San Antonio, TX 78228</p>	<p>Amount of Contribution \$ 150.00</p> <p>In-kind contribution description Consulting</p> <p><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T</p>
<p>Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)</p>		<p>Employer (FOR NON-JUDICIAL) (See instructions)</p>
<p>Contributor's principal occupation (FOR JUDICIAL)</p>		<p>Contributor's job title (FOR JUDICIAL) (See instructions)</p>
<p>Contributor's employer/law firm (FOR JUDICIAL)</p>		<p>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>
<p>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>		
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule A2: 11 of 11</p>
<p>2 FILER NAME Melissa Cabello Havrda</p>		<p>3 Filer ID (Ethics Commission Filers)</p>
<p>4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS</p>		<p>\$</p>
<p>5 Date 3/23/2025</p>	<p>6 Full name of contributor Gabrielle Gonzalez</p> <p>7 Contributor address; 227 Brighton Ave San Antonio, TX 78214</p>	<p><input type="checkbox"/> out-of-state PAC (ID#_____)</p> <p>8 Amount of Contribution \$ 850.00</p> <p>9 In-kind contribution description Advertising</p> <p><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T</p>
<p>10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)</p>		<p>11 Employer (FOR NON-JUDICIAL) (See instructions)</p>
<p>12 Contributor's principal occupation (FOR JUDICIAL)</p>		<p>13 Contributor's job title (FOR JUDICIAL) (See instructions)</p>
<p>14 Contributor's employer/law firm (FOR JUDICIAL)</p>		<p>15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>
<p>16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>		
<p>Date Contributor address; City; State; Zip Code</p>		<p>Amount of Contribution \$ In-kind contribution description</p> <p><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T</p>
<p>Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)</p>		<p>Employer (FOR NON-JUDICIAL) (See instructions)</p>
<p>Contributor's principal occupation (FOR JUDICIAL)</p>		<p>Contributor's job title (FOR JUDICIAL) (See instructions)</p>
<p>Contributor's employer/law firm (FOR JUDICIAL)</p>		<p>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>
<p>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>		
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

PLEDGED CONTRIBUTIONS

SCHEDULE B

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

LOANS**SCHEDULE E**

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 1 of 21	2 FILER NAME Melissa Cabello Havrda	3 Filer ID (Ethics Commission Filers)	
4 Date 1/2/2025	5 Payee name Google Suite		
6 Amount (\$) 15.35	7 Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Mountainview, CA 94043		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Dues and Subscriptions	
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6
Date 1/6/2025	Payee name Monarch Trophy Studio		
Amount (\$) 1025.67	Payee address; City; State; Zip Code 16227 San Pedro Ave San Antonio, TX 78232		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description Printing	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6
Date 1/10/2025	Payee name X corp		
Amount (\$) 8.64	Payee address; City; State; Zip Code 1355 Market St #900 San Francisco, CA 94103		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description Advertisement	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 2 of 21	2 FILER NAME Melissa Cabello Havrda	3 Filer ID (Ethics Commission Filers)	
4 Date 1/13/2025	5 Payee name Square Space		
6 Amount (\$) 35.18	7 Payee address; 8 Clarkson St New York, NY 10014	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Website Hosting	
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6
Date 1/13/2025	Payee name Constant Contact		
Amount (\$) 300.61	Payee address; City; State; Zip Code 3675 Precision Dr Loveland, CO 80538		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Email Database	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6
Date 1/13/2025	Payee name Prestige Printing		
Amount (\$) 205.68	Payee address; City; State; Zip Code 8 Burwood Ln San Antonio, TX 78216		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description Printing	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 3 of 21	2 FILER NAME Melissa Cabello Havrda	3 Filer ID (Ethics Commission Filers)	
4 Date 1/15/2025	5 Payee name Aequilibrium		
6 Amount (\$) 150.00	7 Payee address; City; State; Zip Code 215 Coca Cola Place #219 San Antonio, TX 78219		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Consulting Expense	(b) Description Event Consulting	
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6
Date 1/15/2025	Payee name Hera events		
Amount (\$) 1000.00	Payee address; City; State; Zip Code 5900 Balcones #100 Austin, TX 78731		
 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting Expense	Description Event Consulting	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6
Date 1/15/2025	Payee name JVC MEDIA, LLC SALE		
Amount (\$) 1894.38	Payee address; City; State; Zip Code 3106 Fall Crest Dr San Antonio, TX 78247		
 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description Printing	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 4 of 21	2 FILER NAME Melissa Cabello Havrda	3 Filer ID (Ethics Commission Filers)	
4 Date 1/16/2025	5 Payee name Monas Cuisine		
6 Amount (\$) 200.00	7 Payee address; 301 W Nakoma San Antonio, TX 78216	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Meal	
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6
Date 1/16/2025	Payee name Adobe Inc		
Amount (\$) 10.81	Payee address; City; State; Zip Code 345 Park Ave San Jose, CA 95110		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Software	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6
Date 1/21/2025	Payee name Square Space		
Amount (\$) 38.38	Payee address; City; State; Zip Code 8 Clarkson St New York, NY 10014		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Website Hosting	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 5 of 21	2 FILER NAME Melissa Cabello Havrda	3 Filer ID (Ethics Commission Filers)	
4 Date 1/21/2025	5 Payee name Fedex		
6 Amount (\$) 94.99	7 Payee address; 942 S Shady Grove Memphis, TN 38120	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Postage	
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6
Date 1/22/2025	Payee name Inclusive Events		
Amount (\$) 100.00	Payee address; City; State; Zip Code 9444 Abe Lincoln San Antonio, TX 78240		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Solicitation/Fundraising Expense	Description Event	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6
Date 1/23/2025	Payee name JVC MEDIA, LLC SALE		
Amount (\$) 5412.50	Payee address; City; State; Zip Code 3106 Fall Crest Dr San Antonio, TX 78247		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description Printing	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 6 of 21	2 FILER NAME Melissa Cabello Havrda	3 Filer ID (Ethics Commission Filers)	
4 Date 1/23/2025	5 Payee name Javier Salazar Brunch-Violas		
6 Amount (\$) 51.25	7 Payee address; 9660 Westover San Antonio, TX 78251	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Meal	
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6
Date 1/23/2025	Payee name Duable		
Amount (\$) 4500.00	Payee address; 110 Broadway #170 San Antonio, TX 78205		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting Expense	Description Consulting	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6
Date 1/24/2025	Payee name IBC bank		
Amount (\$) 5.00	Payee address; 130 East Travis San Antonio, TX 78205		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Accounting/Banking	Description Bank Fee	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 7 of 21	2 FILER NAME Melissa Cabello Havrda	3 Filer ID (Ethics Commission Filers)	
4 Date 1/28/2025	5 Payee name Adobe Inc		
6 Amount (\$) 21.64	7 Payee address; 345 Park Ave San Jose, CA 95110	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Software	
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6
Date 1/28/2025	Payee name Facebook		
Amount (\$) 15.27	Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description Advertisement	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6
Date 1/28/2025	Payee name Facebook		
Amount (\$) 99.81	Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description Advertisement	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 8 of 21	2 FILER NAME Melissa Cabello Havrda	3 Filer ID (Ethics Commission Filers)	
4 Date 1/29/2025	5 Payee name Texas Democratic Party		
6 Amount (\$) 840.00	7 Payee address; City; State; Zip Code 4818 E Ben White #104 Austin, TX 78741		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description Political Committee	
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6
Date 1/29/2025	Payee name Hera events		
Amount (\$) 1000.00	Payee address; City; State; Zip Code 5900 Balcones #100 Austin, TX 78731		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting Expense	Description Event Consulting	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6
Date 1/31/2025	Payee name IBC bank		
Amount (\$) 32.97	Payee address; City; State; Zip Code 130 East Travis San Antonio, TX 78205		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Accounting/Banking	Description Bank Fee	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 9 of 21	2 FILER NAME Melissa Cabello Havrda	3 Filer ID (Ethics Commission Filers)	
4 Date 1/31/2025	5 Payee name Anedot Inc.		
6 Amount (\$) 131.50	7 Payee address; City; State; Zip Code 1340 Poydras Street #1770 New Orleans, LA 70112		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description Fundraising fee	
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Council District 6	Office held Council District 6
Date 2/3/2025	Payee name Google Suite		
Amount (\$) 15.35	Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Mountainview, CA 94043		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Dues and Subscriptions	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6
Date 2/3/2025	Payee name LLAMATIVA Oakland CA		
Amount (\$) 450.00	Payee address; City; State; Zip Code 123 Roy Smith #1207 San Antonio, TX 78215		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Solicitation/Fundraising Expense	Description Event	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 10 of 21	2 FILER NAME Melissa Cabello Havrda	3 Filer ID (Ethics Commission Filers)	
4 Date 2/10/2025	5 Payee name In Blooming Lotus		
6 Amount (\$) 250.00	7 Payee address; City; State; Zip Code 7434 Autumn Park San Antonio, TX 78249		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description Event	
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6
Date 2/10/2025	Payee name X corp		
Amount (\$) 8.64	Payee address; City; State; Zip Code 1355 Market St #900 San Francisco, CA 94103		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description Advertisement	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6
Date 2/11/2025	Payee name Constant Contact		
Amount (\$) 300.61	Payee address; City; State; Zip Code 3675 Precision Dr Loveland, CO 80538		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Email Database	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 11 of 21	2 FILER NAME Melissa Cabello Havrda	3 Filer ID (Ethics Commission Filers)	
4 Date 2/12/2025	5 Payee name Square Space		
6 Amount (\$) 35.18	7 Payee address; 8 Clarkson St New York, NY 10014	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Website Hosting	
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6
Date 2/13/2025	Payee name Kate Weister Chocolates		
Amount (\$) 134.03	Payee address; City; State; Zip Code 850 Veterans Parkway Bolingbrook, IL 60440		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Gifts/Awards/Memorials Expense	Description Gifts	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6
Date 2/18/2025	Payee name Adobe Inc		
Amount (\$) 10.81	Payee address; City; State; Zip Code 345 Park Ave San Jose, CA 95110		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Software	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 12 of 21	2 FILER NAME Melissa Cabello Havrda	3 Filer ID (Ethics Commission Filers)	
4 Date 2/18/2025	5 Payee name Soundcloud		
6 Amount (\$) 105.34	7 Payee address; 71 5th Ave New York, NY 10003	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Dues and Subscriptions	
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6
Date 2/19/2025	Payee name Square Space		
Amount (\$) 38.38	Payee address; 8 Clarkson St New York, NY 10014		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Website Hosting	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6
Date 2/20/2025	Payee name JVC MEDIA, LLC SALE		
Amount (\$) 500.12	Payee address; 3106 Fall Crest Dr San Antonio, TX 78247		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description Printing	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 13 of 21	2 FILER NAME Melissa Cabello Havrda	3 Filer ID (Ethics Commission Filers)	
4 Date 2/24/2025	5 Payee name JVC MEDIA, LLC SALE		
6 Amount (\$) 156.96	7 Payee address; City; State; Zip Code 3106 Fall Crest Dr San Antonio, TX 78247		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description Printing	
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6
Date 2/28/2025	Payee name IBC bank		
Amount (\$) 30.74	Payee address; City; State; Zip Code 130 East Travis San Antonio, TX 78205		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Accounting/Banking	Description Bank Fee	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6
Date 2/28/2025	Payee name Adobe Inc		
Amount (\$) 21.64	Payee address; City; State; Zip Code 345 Park Ave San Jose, CA 95110		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Software	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 14 of 21	2 FILER NAME Melissa Cabello Havrda	3 Filer ID (Ethics Commission Filers)	
4 Date 2/28/2025	5 Payee name Anedot Inc.		
6 Amount (\$) 128.90	7 Payee address; City; State; Zip Code 1340 Poydras Street #1770 New Orleans, LA 70112		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description Fundraising fee	
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Council District 6	Office held Council District 6
Date 3/3/2025	Payee name Hera events		
Amount (\$) 1000.00	Payee address; City; State; Zip Code 5900 Balcones #100 Austin, TX 78731		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting Expense	Description Event Consulting	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6
Date 3/4/2025	Payee name Bethel United Methodist Church		
Amount (\$) 100.00	Payee address; City; State; Zip Code 227 S Acme Road San Antonio, TX 78237		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description Advertisement	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 15 of 21	2 FILER NAME Melissa Cabello Havrda	3 Filer ID (Ethics Commission Filers)	
4 Date 3/4/2025	5 Payee name Jennifer Longoria		
6 Amount (\$) 1705.20	7 Payee address; 403 Basswood San Antonio, TX 78213	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Consulting Expense	(b) Description Consulting	
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6
Date 3/4/2025	Payee name Jennifer Longoria		
Amount (\$) 2000.00	Payee address; 403 Basswood San Antonio, TX 78213		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting Expense	Description Consulting	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6
Date 3/6/2025	Payee name LeReta Gatlin		
Amount (\$) 1.00	Payee address; 3666 Versailles Dr San Antonio, TX 78219		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting Expense	Description Consulting	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 16 of 21	2 FILER NAME Melissa Cabello Havrda	3 Filer ID (Ethics Commission Filers)	
4 Date 3/6/2025	5 Payee name LeReta Gatlin		
6 Amount (\$) 1500.00	7 Payee address; 3666 Versailles Dr San Antonio, TX 78219	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Consulting Expense	(b) Description Consulting	
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6
Date 3/6/2025	Payee name SAISD FOUNDATION SAISDFOUNDATI TX		
Amount (\$) 62.29	Payee address; 2411 San Pedro Ave San Antonio, TX 78212		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description Contribution	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6
Date 3/6/2025	Payee name Flower Shop Network		
Amount (\$) 81.77	Payee address; 103 Monroe St Paragould, AR 72450		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Gifts/Awards/Memorials Expense	Description Gifts	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 17 of 21	2 FILER NAME Melissa Cabello Havrda	3 Filer ID (Ethics Commission Filers)	
4 Date 3/7/2025	5 Payee name Facebook		
6 Amount (\$) 249.21	7 Payee address; 1 Hacker Way Menlo Park, CA 94025	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description Advertisement	
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6
Date 3/10/2025	Payee name X corp		
Amount (\$) 8.64	Payee address; City; State; Zip Code 1355 Market St #900 San Francisco, CA 94103		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description Advertisement	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6
Date 3/13/2025	Payee name Duable		
Amount (\$) 1800.00	Payee address; City; State; Zip Code 110 Broadway #170 San Antonio, TX 78205		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting Expense	Description Consulting	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 18 of 21	2 FILER NAME Melissa Cabello Havrda	3 Filer ID (Ethics Commission Filers)	
4 Date 3/17/2025	5 Payee name Facebook		
6 Amount (\$) 7.77	7 Payee address; 1 Hacker Way Menlo Park, CA 94025	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description Advertisement	
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6
Date 3/17/2025	Payee name Facebook		
Amount (\$) 249.00	Payee address; 1 Hacker Way Menlo Park, CA 94025		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description Advertisement	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6
Date 3/17/2025	Payee name Devils River Holdings LLC		
Amount (\$) 200.00	Payee address; 401 E Houston San Antonio, TX 78205		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description Social media	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 19 of 21	2 FILER NAME Melissa Cabello Havrda	3 Filer ID (Ethics Commission Filers)	
4 Date 3/17/2025	5 Payee name Marc Mendiola		
6 Amount (\$) 75.00	7 Payee address; 1935 MCCAULEY San Antonio, TX 78224	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description Social media	
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6
Date 3/17/2025	Payee name Marc Mendiola		
Amount (\$) 75.00	Payee address; 1935 MCCAULEY San Antonio, TX 78224		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description Social media	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6
Date 3/18/2025	Payee name Live Oak Singer		
Amount (\$) 100.00	Payee address; 1761 NW Loop 410 San Antonio, TX 78213		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Solicitation/Fundraising Expense	Description Event	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 20 of 21	2 FILER NAME Melissa Cabello Havrda	3 Filer ID (Ethics Commission Filers)	
4 Date 3/18/2025	5 Payee name Duable		
6 Amount (\$) 1410.00	7 Payee address; 110 Broadway #170 San Antonio, TX 78205	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Consulting Expense	(b) Description Consulting	
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6
Date 3/19/2025	Payee name Facebook		
Amount (\$) 249.00	Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description Advertisement	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6
Date 3/24/2025	Payee name Facebook		
Amount (\$) 274.00	Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description Advertisement	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 21 of 21	2 FILER NAME Melissa Cabello Havrda	3 Filer ID (Ethics Commission Filers)	
4 Date 3/24/2025	5 Payee name Anedot Inc.		
6 Amount (\$) 89.60	7 Payee address; City; State; Zip Code 1340 Poydras Street #1770 New Orleans, LA 70112		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description Fundraising fee	
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Council District 6	Office held Council District 6

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

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F2: 1 of 1	2 FILER NAME Melissa Cabello Havrda	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$ 0
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5 Date	6 Payee name
--------	--------------

7 Amount (\$)	8 Payee address; City; State; Zip Code
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9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
-----------------------	---

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

11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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 (\$)		
	Name of person from whom investment is purchased Address of person from whom investment is purchased; City; State; Zip Code		
Date	Description of investment		
	Amount of investment (\$)		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form

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

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

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

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

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

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

SCHEDULE I

The Instruction Guide explains how to complete this form.

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

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

SCHEDULE K

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

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

SCHEDULE T

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

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

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

C/OH NAME
Melissa Cabello Havrda

Filer ID (Ethics Commission Filers)

SIGNATURE

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

Signature of Candidate / Officeholder

FILER WHO IS NOT AN OFFICEHOLDER

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

A. CAMPAIGN FUNDS

Check only one:

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

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

B. ASSETS

Check only one:

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

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

Signature of Candidate

OFFICEHOLDER

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

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

Signature of Officeholder