

# 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: <b>77</b>	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST <b>Melissa</b>	MI	OFFICE USE ONLY	
	NICKNAME	LAST <b>Cabello Havrda</b>	SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>PO Box 769677 San Antonio TX 78245</b>			Date Received <b>4/3/2025 4:42:27PM</b>	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE ( <b>210</b> )	PHONE NUMBER <b>549-8620</b>	EXTENSION	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST <b>Ed</b>	MI	Receipt #	Amount \$
	NICKNAME	LAST <b>Garza</b>	SUFFIX	Date Processed <b>4/3/2025 4:42:27PM</b>	
					Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>10000 I-H 10 San Antonio TX 78230</b>				
8 CAMPAIGN TREASURER PHONE	AREA CODE ( )	PHONE NUMBER -	EXTENSION		
9 REPORT TYPE	<b>30th Day Before General Election</b>				
10 PERIOD COVERED	Month Day Year                      Month Day Year <b>1/1/2025</b> THROUGH <b>3/24/2025</b>				
11 ELECTION	ELECTION DATE		ELECTION TYPE		
	Month Day Year <b>5/3/2025</b>	<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) <b>Council Member</b>		13 OFFICE SOUGHT (if known) <b>Mayor</b>		

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

<b>14 C/OH NAME</b> <b>Melissa Cabello Havrda</b>	<b>15 Filer ID</b> (Ethics Commission Filers)
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<b>16 NOTICE FROM POLITICAL COMMITTEE(S)</b>       <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. <i>THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT.</i> 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

<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	<b>\$ 0</b>
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	<b>\$ 36859.00</b>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES.	<b>\$ 0</b>
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	<b>\$ 30613.81</b>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	<b>\$ 36064.18</b>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	<b>\$ 0</b>

<b>18 AFFIDAVIT</b>   <div style="text-align: right; margin-right: 100px;">           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.         </div> <div style="text-align: right; margin-right: 100px; margin-top: 20px;"> <b>*** Electronically Certified ***</b>            _____            Signature of Candidate or Officeholder         </div> <div style="margin-top: 20px;">           AFFIX NOTARY STAMP / SEAL ABOVE         </div> <div style="margin-top: 20px;">           Sworn to and subscribed before me, by the said <b>Melissa Cabello Havrda</b>, this the <b>3rd</b> day of <b>April</b>, <b>2025</b>, to certify which, witness my hand and seal of office.         </div> <div style="margin-top: 20px; display: flex; justify-content: space-between;"> <div>             _____              Signature of officer administering oath           </div> <div>             _____              Printed name of officer administering oath           </div> <div>             _____              Title of officer administering oath           </div> </div>		
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# SUBTOTALS - COH

## FORM C/OH COVER SHEET PG 3

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

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**1 of 31**

2 FILER NAME

**Melissa Cabello Havrda**

3 Filer ID (Ethics Commission Filers)

4 Date  
**1/6/2025**

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

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

6 Contributor address; City; State; Zip Code  
**13554 Norland St  
San Antonio, TX 78232**

8 Principal occupation / Job title (See instructions)  
**Market President S.A.**

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

Date  
**1/8/2025**

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

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

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

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

Employer (See instructions)  
**San Antonio police**

Date  
**1/11/2025**

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

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

Contributor address; City; State; Zip Code  
**7222 Birch Stage  
San Antonio, TX 78244**

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

Employer (See instructions)  
**American Immigration Council**

Date  
**1/11/2025**

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

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

Contributor address; City; State; Zip Code  
**4523 Echo Grove  
San Antonio, TX 78259**

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

Employer (See instructions)  
**Robert Garcia CPA PLLC**

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

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

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**2 of 31**

2 FILER NAME  
**Melissa Cabello Havrda**

3 Filer ID (Ethics Commission Filers)

4 Date  
**1/15/2025**

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

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

6 Contributor address; City; State; Zip Code  
**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 ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Lauro D Jr**

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

Contributor address; City; State; Zip Code  
**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 ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Rosey Abuabara**

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

Contributor address; City; State; Zip Code  
**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 ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Caiden Esquivel**

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

Contributor address; City; State; Zip Code  
**4607 West Lake Oaks  
San Antonio, TX 78251**

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

Employer (See instructions)  
**Darden Restaurants**

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# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**3 of 31**

2 FILER NAME  
**Melissa Cabello Havrda**

3 Filer ID (Ethics Commission Filers)

4 Date  
**1/18/2025**

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

7 Amount of contribution (\$)  
**300.00**

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

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

9 Employer (See instructions)  
**retired**

Date  
**1/19/2025**

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

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

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

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

Employer (See instructions)  
**San Antonio Police**

Date  
**1/19/2025**

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

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

Contributor address; City; State; Zip Code  
**10114 Braun Cloud  
San Antonio, TX 78254**

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

Employer (See instructions)  
**Unitedhealth care**

Date  
**1/19/2025**

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

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

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

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**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**4 of 31**

2 FILER NAME  
**Melissa Cabello Havrda**

3 Filer ID (Ethics Commission Filers)

4 Date  
**1/21/2025**

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

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

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

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

9 Employer (See instructions)  
**Kairoi Residential**

Date  
**1/21/2025**

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

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

Contributor address; City; State; Zip Code  
**734 Sawtooth Dr  
San Antonio, TX 78245**

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

Employer (See instructions)  
**self**

Date  
**1/22/2025**

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

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

Contributor address; City; State; Zip Code  
**6298 Lockhill Road #1103  
San Antonio, TX 78240**

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

Employer (See instructions)  
**St. Philips College**

Date  
**1/24/2025**

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

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

Contributor address; City; State; Zip Code  
**4942 Brianna Pl  
San Antonio, TX 78251**

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

Employer (See instructions)  
**Harold T. Leonard**

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

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

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
**5 of 31**

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

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

**4** Date  
**1/25/2025**

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

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

**6** Contributor address; City; State; Zip Code  
**7702 Copper Cave  
San Antonio, TX 78249**

**8** Principal occupation / Job title (See instructions)  
**Business Strategy Analyst**

**9** Employer (See instructions)  
**USAA**

Date  
**1/30/2025**

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

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

Contributor address; City; State; Zip Code  
**5921 Allington street  
Lakewood, CA 90713**

Principal occupation / Job title (See instructions)  
**Executive deputy**

Employer (See instructions)  
**Gateway cities council of Governments**

Date  
**1/30/2025**

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

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

Contributor address; City; State; Zip Code  
**8120 Killarney Ct  
Wichita, KS 67206**

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date  
**1/30/2025**

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

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

Contributor address; City; State; Zip Code  
**PO Box 782257  
Wichita, KS 67278**

Principal occupation / Job title (See instructions)

Employer (See instructions)

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

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



# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		<b>1</b> Total pages Schedule A1: <b>6 of 31</b>
<b>2</b> FILER NAME <b>Melissa Cabello Havrda</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>1/30/2025</b>	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Sandra M Stevens</b> ..... <b>6</b> Contributor address; City; State; Zip Code <b>9455 E Lakefront Cir</b> <b>Wichita, KS 67206</b>	<b>7</b> Amount of contribution (\$) <b>1000.00</b>
<b>8</b> Principal occupation / Job title (See instructions)		<b>9</b> Employer (See instructions)
Date <b>1/31/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Katrinka Hansen</b> ..... Contributor address; City; State; Zip Code <b>PO Box 76911</b> <b>San Antonio, TX 78245</b>	Amount of contribution (\$) <b>25.00</b>
Principal occupation / Job title (See instructions) <b>Board member</b>		Employer (See instructions) <b>Bexar appraisal review board</b>
Date <b>1/31/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Bonnie Weed</b> ..... Contributor address; City; State; Zip Code <b>6827 Westward Dr</b> <b>San Antonio, TX 78227</b>	Amount of contribution (\$) <b>25.00</b>
Principal occupation / Job title (See instructions) <b>retired</b>		Employer (See instructions) <b>retired</b>
Date <b>1/31/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Becca Najera</b> ..... Contributor address; City; State; Zip Code <b>415 N Olive St</b> <b>San Antonio, TX 78202</b>	Amount of contribution (\$) <b>10.00</b>
Principal occupation / Job title (See instructions) <b>Assistant Director</b>		Employer (See instructions) <b>Empower House SA</b>
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements		

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

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

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

**6** Contributor address; City; State; Zip Code  
**8018 Mahala Bluff**  
**San Antonio, TX 78254**

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

**9** Employer (See instructions)  
**retired**

Date  
**1/31/2025**

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

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

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

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

Employer (See instructions)  
**retired**

Date  
**2/1/2025**

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

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

Contributor address; City; State; Zip Code  
**8931 Fabens**  
**San Antonio, TX 78251**

Principal occupation / Job title (See instructions)  
**None**

Employer (See instructions)  
**Retired**

Date  
**2/1/2025**

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

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

Contributor address; City; State; Zip Code  
**9406 Hazelton Ln**  
**San Antonio, TX 78251**

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

Employer (See instructions)  
**Self**

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

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

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

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

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

6 Contributor address; City; State; Zip Code  
**1114 Windmill Palm  
San Antonio, TX 78216**

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

9 Employer (See instructions)  
**USAA**

Date  
**2/1/2025**

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

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

Contributor address; City; State; Zip Code  
**125 West Agarita Avenue  
San Antonio, TX 78212**

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

Employer (See instructions)  
**McDermott Will Emery**

Date  
**2/1/2025**

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

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

Contributor address; City; State; Zip Code  
**327 W. Ridgewood Ct.  
San Antonio, TX 78212**

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

Employer (See instructions)  
**SAFD**

Date  
**2/1/2025**

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

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

Contributor address; City; State; Zip Code  
**327 W. Ridgewood Ct.  
San Antonio, TX 78212**

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

Employer (See instructions)  
**SAFD**

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

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

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**9 of 31**

2 FILER NAME  
**Melissa Cabello Havrda**

3 Filer ID (Ethics Commission Filers)

4 Date  
**2/1/2025**

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

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

6 Contributor address; City; State; Zip Code  
**7215 Hardesty  
San Antonio, TX 78250**

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

9 Employer (See instructions)  
**Usaa**

Date  
**2/1/2025**

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

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

Contributor address; City; State; Zip Code  
**13822 Murphy Haven  
San Antonio, TX 78254**

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

Employer (See instructions)  
**Nisd**

Date  
**2/1/2025**

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

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

Contributor address; City; State; Zip Code  
**9251 Ridge Path  
San Antonio, TX 78250**

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

Employer (See instructions)  
**retired**

Date  
**2/1/2025**

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

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

Contributor address; City; State; Zip Code  
**5426 Plantation Drive  
San Antonio, TX 78230**

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

Employer (See instructions)  
**Air Force**

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

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# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**10 of 31**

2 FILER NAME  
**Melissa Cabello Havrda**

3 Filer ID (Ethics Commission Filers)

4 Date  
**2/1/2025**

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

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

6 Contributor address; City; State; Zip Code  
**406 Merry Ann Dr  
San Antonio, TX 78223**

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 ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Victor Villarreal**

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

Contributor address; City; State; Zip Code  
**6639 Cherry Leaf  
San Antonio, TX 78238**

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

Employer (See instructions)  
**retired**

Date  
**2/1/2025**

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

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

Contributor address; City; State; Zip Code  
**10039 Ellenora Place  
San Antonio, TX 78006**

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

Employer (See instructions)  
**Realty San Antonio**

Date  
**2/1/2025**

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

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

Contributor address; City; State; Zip Code  
**407 Ridgewood  
Austin, TX 78746**

Principal occupation / Job title (See instructions)  
**Real estate broker**

Employer (See instructions)  
**Self**

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# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**11 of 31**

2 FILER NAME  
**Melissa Cabello Havrda**

3 Filer ID (Ethics Commission Filers)

4 Date  
**2/1/2025**

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

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

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

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

9 Employer (See instructions)

Date  
**2/1/2025**

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

Amount of contribution (\$)  
**200.00**

Contributor address; City; State; Zip Code  
**29006 Pomegranate  
San Antonio, TX 78006**

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date  
**2/3/2025**

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

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

Contributor address; City; State; Zip Code  
**10554 Cat Mountain  
San Antonio, TX 78251**

Principal occupation / Job title (See instructions)  
**IT product manager**

Employer (See instructions)  
**City of San Antonio**

Date  
**2/3/2025**

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

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

Contributor address; City; State; Zip Code  
**660 N Preston Trl  
Wichita, KS 67230**

Principal occupation / Job title (See instructions)

Employer (See instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
**12 of 31**

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

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

**4** Date  
**2/3/2025**

**5** Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Andrea E Nelson-Bakker**

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

**6** Contributor address; City; State; Zip Code  
**660 N Preston Trl  
Wichita, KS 67230**

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

**9** Employer (See instructions)

Date  
**2/3/2025**

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

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

Contributor address; City; State; Zip Code  
**24140 W Hedgecreek Cir  
Andale, KS 67001**

Principal occupation / Job title (See instructions)  
**Senior Financial Analyst**

Employer (See instructions)  
**Leslie Rudd Investment Co**

Date  
**2/3/2025**

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

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

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

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

Employer (See instructions)  
**retired**

Date  
**2/6/2025**

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

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

Contributor address; City; State; Zip Code  
**23119 IH 10 West #801  
San Antonio, TX 78257**

Principal occupation / Job title (See instructions)

Employer (See instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
**13 of 31**

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

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

**4** Date  
**2/6/2025**

**5** Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Pamela A Dreiss**

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

Contributor address; City; State; Zip Code  
**3 Imperial Oaks**  
**San Antonio, TX 78248**

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

**9** Employer (See instructions)  
**Stryker**

Date  
**2/7/2025**

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

Amount of contribution (\$)  
**200.00**

Contributor address; City; State; Zip Code  
**300 E Basse #2520**  
**San Antonio, TX 78209**

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

Employer (See instructions)  
**Andradevp Associates**

Date  
**2/8/2025**

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

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

Contributor address; City; State; Zip Code  
**819 W Mulberry Avenue**  
**San Antonio, TX 78212**

Principal occupation / Job title (See instructions)  
**Property management**

Employer (See instructions)  
**Franklin Apartment Management**

Date  
**2/13/2025**

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

Amount of contribution (\$)  
**200.00**

Contributor address; City; State; Zip Code  
**700 E. Hildebrand #1501**  
**San Antonio, TX 78212**

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

Employer (See instructions)  
**retired**

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# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

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

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

6 Contributor address; City; State; Zip Code  
**515 W Gramercy Pl  
San Antonio, TX 78212**

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

9 Employer (See instructions)  
**Good Samaritan Community Services**

Date  
**2/15/2025**

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

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

Contributor address; City; State; Zip Code  
**1815 Laivita Mist  
San Antonio, TX 78251**

Principal occupation / Job title (See instructions)  
**church administrator**

Employer (See instructions)  
**First UU Church**

Date  
**2/16/2025**

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

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

Contributor address; City; State; Zip Code  
**1546 W Mistletoe Ave  
San Antonio, TX 78201**

Principal occupation / Job title (See instructions)  
**Non profit**

Employer (See instructions)  
**Thrive Youth Center**

Date  
**2/16/2025**

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

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

Contributor address; City; State; Zip Code  
**4607 West Lake Oaks  
San Antonio, TX 78251**

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

Employer (See instructions)  
**Darden Restaurants**

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# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

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

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
**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 ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Northside AFT Committee on Political Education**

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

**6** Contributor address; City; State; Zip Code  
**6502 Bandera Rd #202  
San Antonio, TX 78238**

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

**9** Employer (See instructions)

Date  
**2/21/2025**

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

Amount of contribution (\$)  
**400.00**

Contributor address; City; State; Zip Code  
**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 ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Diana A Moore**

Amount of contribution (\$)  
**600.00**

Contributor address; City; State; Zip Code  
**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 ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Fernando Aguilar**

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

Contributor address; City; State; Zip Code  
**206 Wake Forrest Dr  
San Antonio, TX 78228**

Principal occupation / Job title (See instructions)  
**Constituent Advocate**

Employer (See instructions)  
**Office of Congressman Greg Casar**

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# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
**17 of 31**

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

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

**4** Date  
**2/24/2025**

**5** Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Eduardo J Belmares**

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

**6** Contributor address; City; State; Zip Code  
**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 ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Rachel N Belmares**

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

Contributor address; City; State; Zip Code  
**5919 Pearl Pass  
San Antonio, TX 78222**

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date  
**2/26/2025**

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

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

Contributor address; City; State; Zip Code  
**15210 Preston Court Dr  
San Antonio, TX 78247**

Principal occupation / Job title (See instructions)  
**software engineer**

Employer (See instructions)  
**veriato**

Date  
**2/26/2025**

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

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

Contributor address; City; State; Zip Code  
**102 E Huisache Ave  
San Antonio, TX 78212**

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

Employer (See instructions)  
**SA Empty Plate LLC**

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# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

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

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

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

7 Amount of contribution (\$)  
**30.00**

6 Contributor address; City; State; Zip Code  
**13423 Blanco Rd #265  
San Antonio, TX 78216**

8 Principal occupation / Job title (See instructions)

9 Employer (See instructions)

Date  
**3/5/2025**

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

Amount of contribution (\$)  
**30.00**

Contributor address; City; State; Zip Code  
**819 W Mulberry Avenue  
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)  
**Property management**

Employer (See instructions)  
**Franklin Apartment Management**

Date  
**3/8/2025**

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

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

Contributor address; City; State; Zip Code  
**819 W Mulberry Avenue  
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)  
**Property management**

Employer (See instructions)  
**Franklin Apartment Management**

Date  
**3/9/2025**

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

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

Contributor address; City; State; Zip Code  
**800 Babcock rd #13014  
San Antonio, TX 78201**

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

Employer (See instructions)  
**Self Employed**

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# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**20 of 31**

2 FILER NAME  
**Melissa Cabello Havrda**

3 Filer ID (Ethics Commission Filers)

4 Date  
**3/9/2025**

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

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

6 Contributor address; City; State; Zip Code  
**4132 S Rainbow Blvd #386  
Las Vegas, NV 89103**

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

9 Employer (See instructions)  
**Self**

Date  
**3/10/2025**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Le Reta Gatlin-McDavid**

Amount of contribution (\$)  
**200.00**

Contributor address; City; State; Zip Code  
**3666 Versailles Dr  
San antonio, TX 78219**

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

Employer (See instructions)  
**LGM Job For You**

Date  
**3/10/2025**

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

Amount of contribution (\$)  
**30.00**

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

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

Employer (See instructions)  
**Kairoi Residential**

Date  
**3/11/2025**

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

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

Contributor address; City; State; Zip Code  
**9235 chinon  
San Antonio, TX 78250**

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

Employer (See instructions)  
**retired**

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# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

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



# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

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

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

6 Contributor address; City; State; Zip Code  
**6963 Willow Oak Street  
San Antonio, TX 78249**

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

9 Employer (See instructions)  
**Usaa**

Date  
**3/18/2025**

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

Amount of contribution (\$)  
**300.00**

Contributor address; City; State; Zip Code  
**3116 Preston Hall  
San Antonio, TX 78247**

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date  
**3/20/2025**

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

Amount of contribution (\$)  
**75.00**

Contributor address; City; State; Zip Code  
**7031 Holly Mountain St  
San Antonio, TX 78250**

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

Employer (See instructions)  
**retired**

Date  
**3/21/2025**

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

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

Contributor address; City; State; Zip Code  
**720 Ivy Lane  
San antonio, TX 78209**

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

Employer (See instructions)  
**retired**

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

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

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**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 ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Bernard R II**

7 Amount of contribution (\$)  
**5.00**

6 Contributor address; City; State; Zip Code  
**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 ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Barbara Hawkins**

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

Contributor address; City; State; Zip Code  
**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 ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Jess Insler**

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

Contributor address; City; State; Zip Code  
**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 ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Rosanna Insler**

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

Contributor address; City; State; Zip Code  
**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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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
**24 of 31**

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

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

**4** Date  
**3/22/2025**

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

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

**6** Contributor address; City; State; Zip Code  
**4006 Greensboro Dr  
San Antonio, TX 78229**

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

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

Date  
**3/22/2025**

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

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

Contributor address; City; State; Zip Code  
**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 ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Carlos M Cabello Jr**

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

Contributor address; City; State; Zip Code  
**2102 Antsla Sands  
San Antonio, TX 78251**

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date  
**3/23/2025**

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

Amount of contribution (\$)  
**300.00**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**25 of 31**

2 FILER NAME  
**Melissa Cabello Havrda**

3 Filer ID (Ethics Commission Filers)

4 Date  
**3/23/2025**

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

7 Amount of contribution (\$)  
**750.00**

6 Contributor address; City; State; Zip Code  
**5815 Callaghan  
San Antonio, TX 78228**

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

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

Date  
**3/23/2025**

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

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

Contributor address; City; State; Zip Code  
**8438 Chivalry Street  
San Antonio, TX 78254**

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date  
**3/23/2025**

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

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

Contributor address; City; State; Zip Code  
**9030 Arabian King  
Converse, TX 78109**

Principal occupation / Job title (See instructions)  
**Clean Energy Advocate**

Employer (See instructions)  
**Public Citizens Texas**

Date  
**3/23/2025**

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

Amount of contribution (\$)  
**30.00**

Contributor address; City; State; Zip Code  
**7927 Peaceful Glade  
San Antonio, TX 78254**

Principal occupation / Job title (See instructions)  
**Program Manager**

Employer (See instructions)  
**Radical Registrars**

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# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

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

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

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

**7** Amount of contribution (\$)  
**150.00**

Contributor address; City; State; Zip Code  
**38 Fillmore st**  
**Staten Island, NY 10301**

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

**9** Employer (See instructions)  
**JMT Studios**

Date  
**3/24/2025**

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

Amount of contribution (\$)  
**7.00**

Contributor address; City; State; Zip Code  
**6963 Willow Oak**  
**San Antonio, TX 78249**

Principal occupation / Job title (See instructions)  
**Scrum Master**

Employer (See instructions)  
**USAA**

Date  
**3/24/2025**

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

Amount of contribution (\$)  
**30.00**

Contributor address; City; State; Zip Code  
**6963 Willow Oak**  
**San Antonio, TX 78249**

Principal occupation / Job title (See instructions)  
**Scrum Master**

Employer (See instructions)  
**USAA**

Date  
**3/24/2025**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Dr. Sharon Small**

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

Contributor address; City; State; Zip Code  
**8627 Star Creek Dr**  
**San Antonio, TX 78251**

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

Employer (See instructions)  
**Parent/Child Incorporated (PCI)**

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# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

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

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

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

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

**6** Contributor address; City; State; Zip Code  
**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 ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Myrl Britten**

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

Contributor address; City; State; Zip Code  
**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 ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Bo J Lim**

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

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

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date  
**3/24/2025**

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

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

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

Principal occupation / Job title (See instructions)

Employer (See instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**30 of 31**

2 FILER NAME  
**Melissa Cabello Havrda**

3 Filer ID (Ethics Commission Filers)

4 Date  
**3/24/2025**

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

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

6 Contributor address; City; State; Zip Code  
**14544 Gold Rush Pass  
San Antonio, TX 78254**

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

9 Employer (See instructions)  
**USAA**

Date  
**3/24/2025**

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

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

Contributor address; City; State; Zip Code  
**734 Sawtooth Dr  
San Antonio, TX 78245**

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

Employer (See instructions)  
**self**

Date  
**3/24/2025**

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

Amount of contribution (\$)  
**7.00**

Contributor address; City; State; Zip Code  
**819 W Mulberry Avenue  
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)  
**Property management**

Employer (See instructions)  
**Franklin Apartment Management**

Date  
**3/24/2025**

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

Amount of contribution (\$)  
**30.00**

Contributor address; City; State; Zip Code  
**819 W Mulberry Avenue  
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)  
**Property management**

Employer (See instructions)  
**Franklin Apartment Management**

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# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

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

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE **A2**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A2:  
**1 of 11**

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

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

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

**\$ 0**

**5** Date  
**1/1/2025**

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

**8** Amount of Contribution \$ **1000.00**

**9** In-kind contribution description  
**Consulting**

**7** Contributor address; City; State; Zip Code  
**5900 Balcones #100  
Austin, TX 78731**

☐ Check if travel outside of Texas, complete Schedule T

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

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

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

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

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

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

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

Date  
**1/19/2025**

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

Amount of Contribution \$ **175.00**

In-kind contribution description  
**Venue setup**

Contributor address; City; State; Zip Code  
**9444 Abe Lincoln  
San Antonio, TX 78240**

☐ Check if travel outside of Texas, complete Schedule T

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

Employer (FOR NON-JUDICIAL) (See instructions)

Contributor's principal occupation (FOR JUDICIAL)

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

Contributor's employer/law firm (FOR JUDICIAL)

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

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

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# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE **A2**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2:  
**2 of 11**

2 FILER NAME  
**Melissa Cabello Havrda**

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date  
**1/19/2025**

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

8 Amount of Contribution \$ **400.00**

9 In-kind contribution description  
**Beverages**

7 Contributor address; City; State; Zip Code  
**9444 Abe Lincoln  
San Antonio, TX 78240**

☐ Check if travel outside of Texas, complete Schedule T

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

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

12 Contributor's principal occupation (FOR JUDICIAL)

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

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

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

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

Date  
**1/19/2025**

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

Amount of Contribution \$ **200.00**

In-kind contribution description  
**Events**

Contributor address; City; State; Zip Code  
**7007 Bandera Rd #14  
San Antonio, TX 78238**

☐ Check if travel outside of Texas, complete Schedule T

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

Employer (FOR NON-JUDICIAL) (See instructions)

Contributor's principal occupation (FOR JUDICIAL)

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

Contributor's employer/law firm (FOR JUDICIAL)

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

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

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# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE **A2**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2:  
**3 of 11**

2 FILER NAME  
**Melissa Cabello Havrda**

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date  
**2/1/2025**

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

8 Amount of Contribution \$ **1000.00**

9 In-kind contribution description  
**Events**

7 Contributor address; City; State; Zip Code  
**411 E Cevallos  
San Antonio, TX 78204**

☐ Check if travel outside of Texas, complete Schedule T

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

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

12 Contributor's principal occupation (FOR JUDICIAL)

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

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

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

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

Date  
**2/1/2025**

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

Amount of Contribution \$ **1000.00**

In-kind contribution description  
**Consulting**

Contributor address; City; State; Zip Code  
**110 Broadway #170  
San Antonio, TX 78205**

☐ Check if travel outside of Texas, complete Schedule T

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

Employer (FOR NON-JUDICIAL) (See instructions)

Contributor's principal occupation (FOR JUDICIAL)

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

Contributor's employer/law firm (FOR JUDICIAL)

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

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

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# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE **A2**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2:  
**4 of 11**

2 FILER NAME  
**Melissa Cabello Havrda**

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date  
**3/23/2025**

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

8 Amount of Contribution \$ **150.00**

9 In-kind contribution description  
**Products and Svc**

7 Contributor address; City; State; Zip Code  
**6326 Sovereign road #139  
San Antonio, TX 78229**

☐ Check if travel outside of Texas, complete Schedule T

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

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

12 Contributor's principal occupation (FOR JUDICIAL)

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

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

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

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

Date  
**3/23/2025**

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

Amount of Contribution \$ **95.00**

In-kind contribution description  
**Events**

Contributor address; City; State; Zip Code  
**2450 Roosevelt  
San Antonio, TX 78210**

☐ Check if travel outside of Texas, complete Schedule T

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

Employer (FOR NON-JUDICIAL) (See instructions)  
**The Energy Healing Specialist**

Contributor's principal occupation (FOR JUDICIAL)

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

Contributor's employer/law firm (FOR JUDICIAL)

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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE **A2**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2:  
**5 of 11**

2 FILER NAME  
**Melissa Cabello Havrda**

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date  
**3/23/2025**

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

8 Amount of Contribution \$ **225.00**

9 In-kind contribution description  
**Events**

7 Contributor address; City; State; Zip Code  
**2119 McCullough  
San Antonio, TX 78212**

☐ Check if travel outside of Texas, complete Schedule T

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

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

12 Contributor's principal occupation (FOR JUDICIAL)

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

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

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

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

Date  
**3/23/2025**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**In The Weeds Botanicals**

Amount of Contribution \$ **35.00**

In-kind contribution description  
**Events**

Contributor address; City; State; Zip Code  
**522 NW Loop 410 #211  
San Antonio, TX 78216**

☐ Check if travel outside of Texas, complete Schedule T

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

Employer (FOR NON-JUDICIAL) (See instructions)  
**In The Weeds Botanicals**

Contributor's principal occupation (FOR JUDICIAL)

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

Contributor's employer/law firm (FOR JUDICIAL)

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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE **A2**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2:  
**6 of 11**

2 FILER NAME  
**Melissa Cabello Havrda**

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date  
**3/23/2025**

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

8 Amount of Contribution \$ **200.00**

9 In-kind contribution description  
**Events**

7 Contributor address; City; State; Zip Code  
**11213 Champion Oak  
Live Oak, TX 78233**

☐ Check if travel outside of Texas, complete Schedule T

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

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

12 Contributor's principal occupation (FOR JUDICIAL)

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

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

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

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

Date  
**3/23/2025**

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

Amount of Contribution \$ **65.00**

In-kind contribution description  
**Events**

Contributor address; City; State; Zip Code  
**200 Concord Plaza #245  
San Antonio, TX 78216**

☐ Check if travel outside of Texas, complete Schedule T

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

Employer (FOR NON-JUDICIAL) (See instructions)  
**Diablos Outsports Association**

Contributor's principal occupation (FOR JUDICIAL)

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

Contributor's employer/law firm (FOR JUDICIAL)

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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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



# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE **A2**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2:  
**7 of 11**

2 FILER NAME  
**Melissa Cabello Havrda**

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date  
**3/23/2025**

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

8 Amount of Contribution \$ **500.00**

9 In-kind contribution description  
**Venue**

7 Contributor address; City; State; Zip Code  
**1602 N Main  
San Antonio, TX 78212**

☐ Check if travel outside of Texas, complete Schedule T

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

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

12 Contributor's principal occupation (FOR JUDICIAL)

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

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

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

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

Date  
**3/23/2025**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Marc Anthony aka Livin Loud With Marc**

Amount of Contribution \$ **850.00**

In-kind contribution description  
**Advertising**

Contributor address; City; State; Zip Code  
**1935 MCCAULEY  
San Antonio, TX 78224**

☐ Check if travel outside of Texas, complete Schedule T

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

Employer (FOR NON-JUDICIAL) (See instructions)

Contributor's principal occupation (FOR JUDICIAL)

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

Contributor's employer/law firm (FOR JUDICIAL)

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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE **A2**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2:  
**8 of 11**

2 FILER NAME  
**Melissa Cabello Havrda**

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date  
**3/23/2025**

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

8 Amount of Contribution \$ **1000.00**

9 In-kind contribution description  
**Events**

7 Contributor address; City; State; Zip Code  
**401 East Houston  
San Antonio, TX 78205**

☐ Check if travel outside of Texas, complete Schedule T

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

11 Employer (FOR NON-JUDICIAL) (See instructions)  
**Devils River Whiskey**

12 Contributor's principal occupation (FOR JUDICIAL)

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

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

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

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

Date  
**3/23/2025**

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

Amount of Contribution \$ **150.00**

In-kind contribution description  
**Consulting**

Contributor address; City; State; Zip Code  
**3244 Mission Rd  
San Antonio, TX 78214**

☐ Check if travel outside of Texas, complete Schedule T

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

Employer (FOR NON-JUDICIAL) (See instructions)  
**Sip & Sit with ME Coffee House**

Contributor's principal occupation (FOR JUDICIAL)

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

Contributor's employer/law firm (FOR JUDICIAL)

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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE **A2**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2:  
**9 of 11**

2 FILER NAME  
**Melissa Cabello Havrda**

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date  
**3/23/2025**

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

8 Amount of Contribution \$ **150.00**

9 In-kind contribution description  
**Consulting**

7 Contributor address; City; State; Zip Code  
**5355 Brewster Street  
San Antonio, TX 78233**

☐ Check if travel outside of Texas, complete Schedule T

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

11 Employer (FOR NON-JUDICIAL) (See instructions)  
**Jan-Pro Commercial Cleaning Company**

12 Contributor's principal occupation (FOR JUDICIAL)

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

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

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

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

Date  
**3/23/2025**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Cuba 1918**

Amount of Contribution \$ **150.00**

In-kind contribution description  
**Events**

Contributor address; City; State; Zip Code  
**2809 West Southcross  
San Antonio, TX 78211**

☐ Check if travel outside of Texas, complete Schedule T

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

Employer (FOR NON-JUDICIAL) (See instructions)

Contributor's principal occupation (FOR JUDICIAL)

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

Contributor's employer/law firm (FOR JUDICIAL)

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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE **A2**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2:  
**10 of 11**

2 FILER NAME  
**Melissa Cabello Havrda**

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date  
**3/23/2025**

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

8 Amount of Contribution \$ **150.00**

9 In-kind contribution description  
**Consulting**

7 Contributor address; City; State; Zip Code  
**318 Menefee  
San Antonio, TX 78207**

☐ Check if travel outside of Texas, complete Schedule T

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

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

12 Contributor's principal occupation (FOR JUDICIAL)

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

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

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

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

Date  
**3/23/2025**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**TMG Media, LLC**

Amount of Contribution \$ **150.00**

In-kind contribution description  
**Consulting**

Contributor address; City; State; Zip Code  
**214 Roanoke  
San Antonio, TX 78228**

☐ Check if travel outside of Texas, complete Schedule T

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

Employer (FOR NON-JUDICIAL) (See instructions)

Contributor's principal occupation (FOR JUDICIAL)

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

Contributor's employer/law firm (FOR JUDICIAL)

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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE **A2**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2:  
**11 of 11**

2 FILER NAME  
**Melissa Cabello Havrda**

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date  
**3/23/2025**

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

8 Amount of Contribution \$ **850.00**

9 In-kind contribution description  
**Advertising**

7 Contributor address; City; State; Zip Code  
**227 Brighton Ave  
San Antonio, TX 78214**

☐ Check if travel outside of Texas, complete Schedule T

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

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

12 Contributor's principal occupation (FOR JUDICIAL)

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

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

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

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

Date

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

Amount of Contribution \$

In-kind contribution description

Contributor address; City; State; Zip Code

☐ Check if travel outside of Texas, complete Schedule T

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

Employer (FOR NON-JUDICIAL) (See instructions)

Contributor's principal occupation (FOR JUDICIAL)

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

Contributor's employer/law firm (FOR JUDICIAL)

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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

## SCHEDULE B

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# LOANS

## SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:  
1 of 1

2 FILER NAME  
Melissa Cabello Havrda

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$ 0

5 Date of loan

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

9 Loan Amount (\$)

6 Is lender a  
financial  
institution?

8 Lender address; City; State; Zip Code

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See instructions)

13 Employer (See instructions)

14 Description of Collateral

☐ none

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

16 GUARANTOR  
INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address; City; State; Zip Code

☐ not applicable

20 Principal occupation (See instructions)

21 Employer (See instructions)

Date of loan

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

Loan Amount (\$)

Is lender a  
financial  
institution?

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See instructions)

Employer (See instructions)

Description of Collateral

☐ none

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

GUARANTOR  
INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address; City; State; Zip Code

☐ not applicable

Principal occupation (See instructions)

Employer (See instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

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

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

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

  

Date <b>1/15/2025</b>	Payee name <b>Hera events</b>		
Amount (\$) <b>1000.00</b>	Payee address; City; State; Zip Code <b>5900 Balcones #100 Austin, TX 78731</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Consulting Expense</b>		Description <b>Event Consulting</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Melissa Cabello Havrda</b>	Office sought <b>Mayor</b>	Office held <b>Council District 6</b>

  

Date <b>1/15/2025</b>	Payee name <b>JVC MEDIA, LLC SALE</b>		
Amount (\$) <b>1894.38</b>	Payee address; City; State; Zip Code <b>3106 Fall Crest Dr San Antonio, TX 78247</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>		Description <b>Printing</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Melissa Cabello Havrda</b>	Office sought <b>Mayor</b>	Office held <b>Council District 6</b>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

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

  

Date <b>1/23/2025</b>	Payee name <b>Duale</b>		
Amount (\$) <b>4500.00</b>	Payee address; City; State; Zip Code <b>110 Broadway #170 San Antonio, TX 78205</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Consulting Expense</b>		Description <b>Consulting</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
	Candidate / Officeholder name <b>Melissa Cabello Havrda</b>	Office sought <b>Mayor</b>	Office held <b>Council District 6</b>

  

Date <b>1/24/2025</b>	Payee name <b>IBC bank</b>		
Amount (\$) <b>5.00</b>	Payee address; City; State; Zip Code <b>130 East Travis San Antonio, TX 78205</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Accounting/Banking</b>		Description <b>Bank Fee</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
	Candidate / Officeholder name <b>Melissa Cabello Havrda</b>	Office sought <b>Mayor</b>	Office held <b>Council District 6</b>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

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

  

Date <b>1/28/2025</b>	Payee name <b>Facebook</b>		
Amount (\$) <b>15.27</b>	Payee address; City; State; Zip Code <b>1 Hacker Way Menlo Park, CA 94025</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>		Description <b>Advertisement</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
	Candidate / Officeholder name <b>Melissa Cabello Havrda</b>	Office sought <b>Mayor</b>	Office held <b>Council District 6</b>

  

Date <b>1/28/2025</b>	Payee name <b>Facebook</b>		
Amount (\$) <b>99.81</b>	Payee address; City; State; Zip Code <b>1 Hacker Way Menlo Park, CA 94025</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>		Description <b>Advertisement</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
	Candidate / Officeholder name <b>Melissa Cabello Havrda</b>	Office sought <b>Mayor</b>	Office held <b>Council District 6</b>

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>9 of 21</b>	<b>2</b> FILER NAME <b>Melissa Cabello Havrda</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>1/31/2025</b>	<b>5</b> Payee name <b>Anedot Inc.</b>		
<b>6</b> Amount (\$) <b>131.50</b>	<b>7</b> Payee address; City; State; Zip Code <b>1340 Poydras Street #1770 New Orleans, LA 70112</b>		
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Solicitation/Fundraising Expense</b>		<b>(b)</b> Description <b>Fundraising fee</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Melissa Cabello Havrda</b>	Office sought <b>Council District 6</b>	Office held <b>Council District 6</b>

  

Date <b>2/3/2025</b>	Payee name <b>Google Suite</b>		
Amount (\$) <b>15.35</b>	Payee address; City; State; Zip Code <b>1600 Amphitheatre Parkway Mountainview, CA 94043</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Office Overhead/Rental Expense</b>		Description <b>Dues and Subscriptions</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Melissa Cabello Havrda</b>	Office sought <b>Mayor</b>	Office held <b>Council District 6</b>

  

Date <b>2/3/2025</b>	Payee name <b>LLAMATIVA Oakland CA</b>		
Amount (\$) <b>450.00</b>	Payee address; City; State; Zip Code <b>123 Roy Smith #1207 San Antonio, TX 78215</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Solicitation/Fundraising Expense</b>		Description <b>Event</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Melissa Cabello Havrda</b>	Office sought <b>Mayor</b>	Office held <b>Council District 6</b>

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>10 of 21</b>	<b>2</b> FILER NAME <b>Melissa Cabello Havrda</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>2/10/2025</b>	<b>5</b> Payee name <b>In Blooming Lotus</b>		
<b>6</b> Amount (\$) <b>250.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>7434 Autumn Park San Antonio, TX 78249</b>		
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Solicitation/Fundraising Expense</b>		<b>(b)</b> Description <b>Event</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Melissa Cabello Havrda</b>	Office sought <b>Mayor</b>	Office held <b>Council District 6</b>

  

Date <b>2/10/2025</b>	Payee name <b>X corp</b>		
Amount (\$) <b>8.64</b>	Payee address; City; State; Zip Code <b>1355 Market St #900 San Francisco, CA 94103</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>		Description <b>Advertisement</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Melissa Cabello Havrda</b>	Office sought <b>Mayor</b>	Office held <b>Council District 6</b>

  

Date <b>2/11/2025</b>	Payee name <b>Constant Contact</b>		
Amount (\$) <b>300.61</b>	Payee address; City; State; Zip Code <b>3675 Precision Dr Loveland, CO 80538</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Office Overhead/Rental Expense</b>		Description <b>Email Database</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Melissa Cabello Havrda</b>	Office sought <b>Mayor</b>	Office held <b>Council District 6</b>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

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

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

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

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

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

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

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

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

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

  

Date <b>3/4/2025</b>	Payee name <b>Jennifer Longoria</b>		
Amount (\$) <b>2000.00</b>	Payee address; City; State; Zip Code <b>403 Basswood San Antonio, TX 78213</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Consulting Expense</b>		Description <b>Consulting</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
	Candidate / Officeholder name <b>Melissa Cabello Havrda</b>	Office sought <b>Mayor</b>	Office held <b>Council District 6</b>

  

Date <b>3/6/2025</b>	Payee name <b>LeReta Gatlin</b>		
Amount (\$) <b>1.00</b>	Payee address; City; State; Zip Code <b>3666 Versailles Dr San Antonio, TX 78219</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Consulting Expense</b>		Description <b>Consulting</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
	Candidate / Officeholder name <b>Melissa Cabello Havrda</b>	Office sought <b>Mayor</b>	Office held <b>Council District 6</b>

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

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

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

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

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

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

  

Date <b>3/17/2025</b>	Payee name <b>Facebook</b>		
Amount (\$) <b>249.00</b>	Payee address; City; State; Zip Code <b>1 Hacker Way Menlo Park, CA 94025</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>		Description <b>Advertisement</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
	Candidate / Officeholder name <b>Melissa Cabello Havrda</b>	Office sought <b>Mayor</b>	Office held <b>Council District 6</b>

  

Date <b>3/17/2025</b>	Payee name <b>Devils River Holdings LLC</b>		
Amount (\$) <b>200.00</b>	Payee address; City; State; Zip Code <b>401 E Houston San Antonio, TX 78205</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>		Description <b>Social media</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
	Candidate / Officeholder name <b>Melissa Cabello Havrda</b>	Office sought <b>Mayor</b>	Office held <b>Council District 6</b>

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

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

  

Date <b>3/17/2025</b>	Payee name <b>Marc Mendiola</b>		
Amount (\$) <b>75.00</b>	Payee address; City; State; Zip Code <b>1935 MCCAULEY San Antonio, TX 78224</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>		Description <b>Social media</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
	Candidate / Officeholder name <b>Melissa Cabello Havrda</b>	Office sought <b>Mayor</b>	Office held <b>Council District 6</b>

  

Date <b>3/18/2025</b>	Payee name <b>Live Oak Singer</b>		
Amount (\$) <b>100.00</b>	Payee address; City; State; Zip Code <b>1761 NW Loop 410 San Antonio, TX 78213</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Solicitation/Fundraising Expense</b>		Description <b>Event</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
	Candidate / Officeholder name <b>Melissa Cabello Havrda</b>	Office sought <b>Mayor</b>	Office held <b>Council District 6</b>

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

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

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

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

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

# UNPAID INCURRED OBLIGATIONS

## SCHEDULE F2

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F2: <b>1 of 1</b>	<b>2</b> FILER NAME <b>Melissa Cabello Havrda</b>	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	<b>\$ 0</b>
--	-------------

<b>5</b> Date	<b>6</b> Payee name
---------------	---------------------

<b>7</b> Amount (\$)	<b>8</b> Payee address; City; State; Zip Code
----------------------	---

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

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

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

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

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

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

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F3**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule F3:  
**1 of 1**

**2** FILER NAME

**Melissa Cabello Havrda**

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

**4** Date

**5** Name of person from whom investment is purchased

.....  
**6** Address of person from whom investment is purchased; City; State; Zip Code

**7** Description of investment

**8** Amount of investment (\$)

Date

Name of person from whom investment is purchased

.....  
Address of person from whom investment is purchased; City; State; Zip Code

Description of investment

Amount of investment (\$)

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

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form

**1** Total pages Schedule F4:  
**1 of 1**

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

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

**4** TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD

**\$ 0**

**5** Date

**6** Payee name

**7** Amount (\$)

**8** Payee address; City; State; Zip Code

**9** TYPE OF  
EXPENDITURE

☐ Political ☐ Non-Political

**10** PURPOSE  
OF  
EXPENDITURE

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

**(b)** Description

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

**11** Complete ONLY if direct  
expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

TYPE OF  
EXPENDITURE

☐ Political ☐ Non-Political

PURPOSE  
OF  
EXPENDITURE

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

Description

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

Complete ONLY if direct  
expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form

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

  

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

  

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

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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	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form

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

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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The Instruction Guide explains how to complete this form.

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

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

**SCHEDULE K**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

1 of 1

2 FILER NAME

**Melissa Cabello Havrda**

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom amount is received

8 Amount (\$)

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

7 Purpose for which amount is received

☐ Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

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

Purpose for which amount is received

☐ Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

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

Purpose for which amount is received

☐ Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

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

Purpose for which amount is received

☐ Check if political contribution returned to filer

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

**SCHEDULE T**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule T: <b>1 of 1</b>
<b>2</b> FILER NAME <b>Melissa Cabello Havrda</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
<b>5</b> Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; justify-content: space-between; padding: 5px 0;"><div><input type="checkbox"/> Schedule A2</div><div><input type="checkbox"/> Schedule B</div><div><input type="checkbox"/> Schedule B(J)</div><div><input type="checkbox"/> Schedule C2</div><div><input type="checkbox"/> Schedule D</div><div><input type="checkbox"/> Schedule F1</div><div><input type="checkbox"/> Schedule F2</div><div><input type="checkbox"/> Schedule F4</div><div><input type="checkbox"/> Schedule G</div><div><input type="checkbox"/> Schedule H</div><div><input type="checkbox"/> Schedule COH-UC</div><div><input type="checkbox"/> Schedule B-SS</div></div>		
<b>6</b> Dates of travel	<b>7</b> Name of person(s) traveling	
	<b>8</b> Departure city or name of departure location	
	<b>9</b> Destination city or name of destination location	
<b>10</b> Means of transportation	<b>11</b> Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; justify-content: space-between; padding: 5px 0;"><div><input type="checkbox"/> Schedule A2</div><div><input type="checkbox"/> Schedule B</div><div><input type="checkbox"/> Schedule B(J)</div><div><input type="checkbox"/> Schedule C2</div><div><input type="checkbox"/> Schedule D</div><div><input type="checkbox"/> Schedule F1</div><div><input type="checkbox"/> Schedule F2</div><div><input type="checkbox"/> Schedule F4</div><div><input type="checkbox"/> Schedule G</div><div><input type="checkbox"/> Schedule H</div><div><input type="checkbox"/> Schedule COH-UC</div><div><input type="checkbox"/> Schedule B-SS</div></div>		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; justify-content: space-between; padding: 5px 0;"><div><input type="checkbox"/> Schedule A2</div><div><input type="checkbox"/> Schedule B</div><div><input type="checkbox"/> Schedule B(J)</div><div><input type="checkbox"/> Schedule C2</div><div><input type="checkbox"/> Schedule D</div><div><input type="checkbox"/> Schedule F1</div><div><input type="checkbox"/> Schedule F2</div><div><input type="checkbox"/> Schedule F4</div><div><input type="checkbox"/> Schedule G</div><div><input type="checkbox"/> Schedule H</div><div><input type="checkbox"/> Schedule COH-UC</div><div><input type="checkbox"/> Schedule B-SS</div></div>		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

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

C/OH NAME  
**Melissa Cabello Havrda**

Filer ID (Ethics Commission Filers)

## SIGNATURE

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

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

## FILER WHO IS NOT AN OFFICEHOLDER

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

### A. CAMPAIGN FUNDS

Check only one:

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

### B. ASSETS

Check only one:

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

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

## OFFICEHOLDER

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

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

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