

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: 55	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Melissa		OFFICE USE ONLY Date Received 4/25/2025 4:51:27PM		
	NICKNAME LAST SUFFIX Cabello Havrda				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 769677 San Antonio TX 78245				
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (210)	PHONE NUMBER 549-8620	EXTENSION		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Ed		Date Hand-delivered or Date Postmarked		
	NICKNAME LAST SUFFIX Garza		Receipt # Amount \$		
			Date Processed 4/25/2025 4:51:27PM		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 10000 I-H 10 San Antonio TX 78230				
8 CAMPAIGN TREASURER PHONE	AREA CODE ()	PHONE NUMBER -	EXTENSION		
9 REPORT TYPE	8th Day Before General Election				
10 PERIOD COVERED	Month Day Year Month Day Year 3/25/2025 THROUGH 4/23/2025				
11 ELECTION	ELECTION DATE Month Day Year 5/3/2025		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any) Council Member		13 OFFICE SOUGHT (if known) Mayor		

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Melissa Cabello Havrda	15 Filer ID (Ethics Commission Filers)
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16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.	
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 17623.47
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 35175.49
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 18287.16
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

18 AFFIDAVIT		
<p>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.</p> <p>*** Electronically Certified ***</p> <p>_____ Signature of Candidate or Officeholder</p>		
AFFIX NOTARY STAMP / SEAL ABOVE		
Sworn to and subscribed before me, by the said Melissa Cabello Havrda , this the 25th day of April , 2025 , to certify which, witness my hand and seal of office.		
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath

SUBTOTALS - COH

FORM C/OH COVER SHEET PG 3

19 FILER NAME Melissa Cabello Havrda		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 17148.47
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 475.00
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 35175.49
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	<input checked="" type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
1 of 23

2 FILER NAME
Melissa Cabello Havrda

3 Filer ID (Ethics Commission Filers)

4 Date
3/25/2025

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
John Nicholas

7 Amount of contribution (\$)
100.00

6 Contributor address; City; State; Zip Code
**13211 North Hunters Circle
San Antonio, TX 78230**

8 Principal occupation / Job title (See instructions)
retired

9 Employer (See instructions)
retired

Date
3/25/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
roger campos

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**426 Bentley manor
Shavano park, TX 78249**

Principal occupation / Job title (See instructions)
Dentist

Employer (See instructions)
Campos family dental

Date
3/25/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Salena Hernandez

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
**2202 Loska Manor
San Antonio, TX 78251**

Principal occupation / Job title (See instructions)
Educator

Employer (See instructions)
NISD

Date
3/25/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Sanjay Kumar

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**10927 Anaqua Spgs
Boerne, TX 78006**

Principal occupation / Job title (See instructions)
Physician

Employer (See instructions)
Tenet Health Care

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 23

2 FILER NAME
Melissa Cabello Havrda

3 Filer ID (Ethics Commission Filers)

4 Date
3/25/2025

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Stephen Poppoon

7 Amount of contribution (\$)
200.00

6 Contributor address; City; State; Zip Code
**145 Grand Oak
San Antonio, TX 78232**

8 Principal occupation / Job title (See instructions)
Attorney

9 Employer (See instructions)
self

Date
3/25/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Reynaldo Diaz

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**308 West Josephine Street
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)
Accident Injury Attorney PC

Employer (See instructions)
Reynaldo Diaz Accident Injury Attorney PC

Date
3/25/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Jessica Flores

Amount of contribution (\$)
25.00

Contributor address; City; State; Zip Code
**7170 Windbrook Ln
Corpus Christi, TX 78414**

Principal occupation / Job title (See instructions)
504 Clerk

Employer (See instructions)
CCISD

Date
3/25/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Heather Cabello

Amount of contribution (\$)
30.00

Contributor address; City; State; Zip Code
**4602 Horton Pl
San Antonio, TX 78214**

Principal occupation / Job title (See instructions)

Employer (See instructions)

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:
3 of 23

2 FILER NAME
Melissa Cabello Havrda

3 Filer ID (Ethics Commission Filers)

4 Date
3/25/2025

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Ramon Vasquez

7 Amount of contribution (\$)
30.00

6 Contributor address; City; State; Zip Code
**730 Lombrano St
san antonio, TX 78207**

8 Principal occupation / Job title (See instructions)
Health care provider

9 Employer (See instructions)
La Estrella home health

Date
3/25/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Angie C Salinas

Amount of contribution (\$)
25.00

Contributor address; City; State; Zip Code
**2842 Lakehills St
San Antonio, TX 78251**

Principal occupation / Job title (See instructions)
Executive Assistant/ HR

Employer (See instructions)
Ella SA Contracting L.P.

Date
3/25/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Linda Flores

Amount of contribution (\$)
25.00

Contributor address; City; State; Zip Code
**142 River Ranch Rd
Boerne, TX 78006**

Principal occupation / Job title (See instructions)
Property Manager

Employer (See instructions)
Self

Date
3/25/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Linda Flores

Amount of contribution (\$)
30.00

Contributor address; City; State; Zip Code
**142 River Ranch Rd
Boerne, TX 78006**

Principal occupation / Job title (See instructions)
Property Manager

Employer (See instructions)
Self

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:
4 of 23

2 FILER NAME
Melissa Cabello Havrda

3 Filer ID (Ethics Commission Filers)

4 Date
3/26/2025

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Gina Sandoval

7 Amount of contribution (\$)
50.00

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

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

9 Employer (See instructions)
USAA

Date
3/28/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Sharyll Teneyuca

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**1104 W Craig Pl
San Antonio, TX 78201**

Principal occupation / Job title (See instructions)
Attorney, Writer

Employer (See instructions)
Law Offices of Sharyll Teneyuca, PLLC

Date
3/29/2025

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

Date
3/29/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Lupe Amador

Amount of contribution (\$)
30.00

Contributor address; City; State; Zip Code
**9263 Ridge Wind
San Antonio, TX 78250**

Principal occupation / Job title (See instructions)
RM

Employer (See instructions)
Uhaul

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 23

2 FILER NAME
Melissa Cabello Havrda

3 Filer ID (Ethics Commission Filers)

4 Date
3/29/2025

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Le R Gatlin-McDavid

7 Amount of contribution (\$)
30.00

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

8 Principal occupation / Job title (See instructions)
Consultant

9 Employer (See instructions)
LGM Job For You

Date
3/29/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Christina Duenez

Amount of contribution (\$)
30.00

Contributor address; City; State; Zip Code
**735 Cypressgreen Drive
San Antonio, TX 78245**

Principal occupation / Job title (See instructions)
Systems Analyst IV

Employer (See instructions)
Health and human service commission

Date
3/29/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Christina Duenez

Amount of contribution (\$)
30.00

Contributor address; City; State; Zip Code
**735 Cypressgreen Drive
San Antonio, TX 78245**

Principal occupation / Job title (See instructions)
Systems Analyst IV

Employer (See instructions)
Health and human service commission

Date
3/29/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Adan Villarreal

Amount of contribution (\$)
11.00

Contributor address; City; State; Zip Code
**5914 Townhill Dr
San Antonio, TX 78238**

Principal occupation / Job title (See instructions)
retired

Employer (See instructions)
retired

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:
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2 FILER NAME
Melissa Cabello Havrda

3 Filer ID (Ethics Commission Filers)

4 Date
3/30/2025

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Gutierrez Ramirez

7 Amount of contribution (\$)
50.00

6 Contributor address; City; State; Zip Code
**7214 INDEPENDENCE WAY
SAN ANTONIO, TX 78223**

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

9 Employer (See instructions)
Bectom Dickinson & Company

Date
3/30/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Linda Munoz

Amount of contribution (\$)
25.00

Contributor address; City; State; Zip Code
**6707 Dragon Fire
San Antonio, TX 78242**

Principal occupation / Job title (See instructions)
HR DIRECTOR

Employer (See instructions)
Alamo Group

Date
3/31/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Barbara Martinez

Amount of contribution (\$)
25.00

Contributor address; City; State; Zip Code
**519 Pinewood
San Antonio, TX 78216**

Principal occupation / Job title (See instructions)
Receptionist/Assistant

Employer (See instructions)
Altera Commercial Property

Date
3/31/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Erika G Gonzales

Amount of contribution (\$)
100.00

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

Principal occupation / Job title (See instructions)
Owner

Employer (See instructions)
STAAMP

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:
7 of 23

2 FILER NAME
Melissa Cabello Havrda

3 Filer ID (Ethics Commission Filers)

4 Date
4/1/2025

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Harry Adams

7 Amount of contribution (\$)
1000.00

6 Contributor address; City; State; Zip Code
**2319 Fountain Way
San Antonio, TX 78248**

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

9 Employer (See instructions)
Stream Realty

Date
4/1/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Ellen R Clark

Amount of contribution (\$)
25.00

Contributor address; City; State; Zip Code
**930 E Sunshine Dr
San Antonio, TX 78228**

Principal occupation / Job title (See instructions)
retired

Employer (See instructions)
retired

Date
4/4/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Ariana Rodriguez

Amount of contribution (\$)
10.00

Contributor address; City; State; Zip Code
**425 W Hollywood Ave
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)
Community engagement manager

Employer (See instructions)
Janeâ€™s Due Process

Date
4/4/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Analisa Alicea Ruiz

Amount of contribution (\$)
25.00

Contributor address; City; State; Zip Code
**9442 Valley Moss
San Antonio, TX 78250**

Principal occupation / Job title (See instructions)
Transportation Planner

Employer (See instructions)
HNTB

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:
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2 FILER NAME
Melissa Cabello Havrda

3 Filer ID (Ethics Commission Filers)

4 Date
4/5/2025

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

7 Amount of contribution (\$)
40.00

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
4/6/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
John Bustamante

Amount of contribution (\$)
104.48

Contributor address; City; State; Zip Code
**307 Wilkens Ave
San Antonio, TX 78210**

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date
4/8/2025

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
4/8/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Kathy Armstrong

Amount of contribution (\$)
20.00

Contributor address; City; State; Zip Code
**306 W Gramercy PI
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)
unemployed

Employer (See instructions)
unemployed

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 23

2 FILER NAME
Melissa Cabello Havrda

3 Filer ID (Ethics Commission Filers)

4 Date
4/8/2025

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
K Richardson

7 Amount of contribution (\$)
30.00

6 Contributor address; City; State; Zip Code
**13655 Coleridge St
San Antonio, TX 78217**

8 Principal occupation / Job title (See instructions)
homemaker

9 Employer (See instructions)
homemaker

Date
4/8/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Simon Guadalupe Salas

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
**515 West Gramercy Place
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)
CEO

Employer (See instructions)
Good Samaritan Community Center

Date
4/9/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Terri Flores Lopez

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**407 Ken Drive
San Antonio, TX 78258**

Principal occupation / Job title (See instructions)
retired

Employer (See instructions)
retired

Date
4/10/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Nancy Richardson

Amount of contribution (\$)
104.48

Contributor address; City; State; Zip Code
**4006 McCullough Ave
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)

Employer (See instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
10 of 23

2 FILER NAME
Melissa Cabello Havrda

3 Filer ID (Ethics Commission Filers)

4 Date
4/10/2025

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
John Hammer

7 Amount of contribution (\$)
100.00

6 Contributor address; City; State; Zip Code
**15803 Wolf Creek St
San Antonio, TX 78232**

8 Principal occupation / Job title (See instructions)
retired

9 Employer (See instructions)
retired

Date
4/11/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Yoselin GENAO-ESTRELLA

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**1373 East 96 St
Brooklyn, NY 11236**

Principal occupation / Job title (See instructions)
Administrator

Employer (See instructions)
Neighborhood Housing Services of Queens

Date
4/13/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Patricia Stout

Amount of contribution (\$)
25.00

Contributor address; City; State; Zip Code
**13406 Orchard Ridge Dr
San Antonio, TX 78231**

Principal occupation / Job title (See instructions)
Business owner

Employer (See instructions)
Alamo Travel

Date
4/13/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Stephanie Rodriguez

Amount of contribution (\$)
20.00

Contributor address; City; State; Zip Code
**9290 Ridge Path
San Antonio, TX 78250**

Principal occupation / Job title (See instructions)
Validation coordinator

Employer (See instructions)
Mission Pharmacal

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:
11 of 23

2 FILER NAME
Melissa Cabello Havrda

3 Filer ID (Ethics Commission Filers)

4 Date
4/13/2025

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Dana Wrann

7 Amount of contribution (\$)
10.00

6 Contributor address; City; State; Zip Code
**517 San Angelo
San Antonio, TX 78212-1162**

8 Principal occupation / Job title (See instructions)
Executive Director

9 Employer (See instructions)
Leadership SAISD

Date
4/13/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Cynthia Murray

Amount of contribution (\$)
35.00

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

Principal occupation / Job title (See instructions)
GT specialist

Employer (See instructions)
NISD

Date
4/13/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Serena Moreno

Amount of contribution (\$)
25.00

Contributor address; City; State; Zip Code
**3203 Stoney Fork
San Antonio, TX 78247**

Principal occupation / Job title (See instructions)
IT Manager

Employer (See instructions)
Pabst Brewing Company

Date
4/13/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Judy Campa Velazquez

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
**247 Lilla Jean
San Antonio, TX 78223**

Principal occupation / Job title (See instructions)
Photography

Employer (See instructions)
VVP

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 12 of 23
2 FILER NAME Melissa Cabello Havrda		3 Filer ID (Ethics Commission Filers)
4 Date 4/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Yvonne Salcedo 6 Contributor address; City; State; Zip Code 5922 Seacroft Dr San Antonio, TX 78238	7 Amount of contribution (\$) 21.15
8 Principal occupation / Job title (See instructions)		9 Employer (See instructions)
Date 4/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Meredith Doby Contributor address; City; State; Zip Code 310 East Lambert Street San Antonio, TX 78204	Amount of contribution (\$) 7.00
Principal occupation / Job title (See instructions) Chief Creative Officer		Employer (See instructions) The DoSeum
Date 4/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Terry F Lopez Contributor address; City; State; Zip Code 407 Ken Dr San Antonio, TX 78258	Amount of contribution (\$) 20.00
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) Retired
Date 4/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Stephanie Rodriguez Contributor address; City; State; Zip Code 9290 Ridge Path San Antonio, TX 78250	Amount of contribution (\$) 20.00
Principal occupation / Job title (See instructions)		Employer (See instructions) Mission Pharmacal
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</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: 13 of 23
2 FILER NAME Melissa Cabello Havrda		3 Filer ID (Ethics Commission Filers)
4 Date 4/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Joseph Guerra 6 Contributor address; City; State; Zip Code 5478 Dabney Ln San Antonio, TX 78227	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See instructions) Retired		9 Employer (See instructions) Retired
Date 4/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mary Wright Contributor address; City; State; Zip Code 1815 Laivita Mist San Antonio, TX 78251	Amount of contribution (\$) 25.00
Principal occupation / Job title (See instructions) church administrator		Employer (See instructions) First UU Church
Date 4/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Eleanor Gilbane Contributor address; City; State; Zip Code 11 Briar Ln Weston, MA 02493	Amount of contribution (\$) 104.48
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date 4/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) John Rouse Contributor address; City; State; Zip Code 405 Canterbury Hill St San Antonio, TX 78209	Amount of contribution (\$) 25.00
Principal occupation / Job title (See instructions) Attorney		Employer (See instructions) Langley & Banack, Inc.
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:
14 of 23

2 FILER NAME
Melissa Cabello Havrda

3 Filer ID (Ethics Commission Filers)

4 Date
4/15/2025

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Eva-Dina Delgado

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**2441 N. St. Louis
Chicago, IL 60647**

8 Principal occupation / Job title (See instructions)
State Representative

9 Employer (See instructions)
State of Illinois

Date
4/15/2025

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
4/16/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
jose Ruiz

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**18 Devon Wood
San Antonio, TX 78257**

Principal occupation / Job title (See instructions)
Physician

Employer (See instructions)
Premier OB GYN

Date
4/16/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Jason Casell

Amount of contribution (\$)
104.48

Contributor address; City; State; Zip Code
**11730 Mission Trace St
San Antonio, TX 78230**

Principal occupation / Job title (See instructions)

Employer (See instructions)

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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: 15 of 23
2 FILER NAME Melissa Cabello Havrda		3 Filer ID (Ethics Commission Filers)
4 Date 4/16/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Alan Petlin 6 Contributor address; City; State; Zip Code 11716 Warfield St San Antonio, TX 78216	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See instructions) Owner		9 Employer (See instructions) Alan Petlin Gourmet Floors
Date 4/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Frances Schultschik Contributor address; City; State; Zip Code 11025 Whisper Valley St San Antonio, TX 78230	Amount of contribution (\$) 52.40
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date 4/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Melanie M Young Contributor address; City; State; Zip Code 9014 Wickfield St San Antonio, TX 78217	Amount of contribution (\$) 25.00
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date 4/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jeffrey L Kothman Contributor address; City; State; Zip Code 326 Big Oak Dr Austin, TX 78101	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See instructions) President		Employer (See instructions) Texas Towing
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:
16 of 23

2 FILER NAME
Melissa Cabello Havrda

3 Filer ID (Ethics Commission Filers)

4 Date
4/16/2025

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Mary J Vexler

7 Amount of contribution (\$)
1000.00

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

8 Principal occupation / Job title (See instructions)
Self Employed

9 Employer (See instructions)
Monterrey Iron

Date
4/16/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Clay Jacksom

Amount of contribution (\$)
1000.00

Contributor address; City; State; Zip Code
**2047 Rigsby Ave
San Antonio, TX 78210**

Principal occupation / Job title (See instructions)
CEO

Employer (See instructions)
Clay Jackson Inc

Date
4/17/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Michelle Gibson

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**1955 Larkspur Dr
San Antonio, TX 78213**

Principal occupation / Job title (See instructions)
Na

Employer (See instructions)
Na

Date
4/17/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mario Cordero

Amount of contribution (\$)
25.00

Contributor address; City; State; Zip Code
**1903 W. Mulberry Ave
San Antonio, TX 78201**

Principal occupation / Job title (See instructions)
Captain

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:
17 of 23

2 FILER NAME
Melissa Cabello Havrda

3 Filer ID (Ethics Commission Filers)

4 Date
4/17/2025

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Mario Cordero

7 Amount of contribution (\$)
30.00

6 Contributor address; City; State; Zip Code
**1903 W. Mulberry Ave
San Antonio, TX 78201**

8 Principal occupation / Job title (See instructions)
Captain

9 Employer (See instructions)
SAFD

Date
4/17/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mario Cordero

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
**1903 W. Mulberry Ave
San Antonio, TX 78201**

Principal occupation / Job title (See instructions)
Captain

Employer (See instructions)
SAFD

Date
4/17/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Abrar Hussain

Amount of contribution (\$)
10.00

Contributor address; City; State; Zip Code
**5846 PIEDMONT GLEN
San Antonio, TX 78249**

Principal occupation / Job title (See instructions)
Community Relations Associate

Employer (See instructions)
Life For Relief and Development

Date
4/18/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Anthony Runfola

Amount of contribution (\$)
25.00

Contributor address; City; State; Zip Code
**1129 W Georgia Ave
Phoenix, AZ 85013**

Principal occupation / Job title (See instructions)
Artistic Director

Employer (See instructions)
Magik Theatre

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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:
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2 FILER NAME
Melissa Cabello Havrda

3 Filer ID (Ethics Commission Filers)

4 Date
4/18/2025

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Kelly Goolsby

7 Amount of contribution (\$)
40.00

6 Contributor address; City; State; Zip Code
**9725 Datapoint Drive #100
San Antonio, TX 78229**

8 Principal occupation / Job title (See instructions)
Director

9 Employer (See instructions)
Liquid Web

Date
4/19/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Janie Gonzalez

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**1710 N Main Ave
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)
Ceo

Employer (See instructions)
Webhead

Date
4/21/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Arthur Campsey

Amount of contribution (\$)
1000.00

Contributor address; City; State; Zip Code
**323 W Gramercy PI
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)
Physician assistant

Employer (See instructions)
Kellum Physician Partners

Date
4/21/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Wade Becker

Amount of contribution (\$)
1000.00

Contributor address; City; State; Zip Code
**323 W Gramercy PI
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)
Physician

Employer (See instructions)
University Health

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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:
19 of 23

2 FILER NAME
Melissa Cabello Havrda

3 Filer ID (Ethics Commission Filers)

4 Date
4/21/2025

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Amanda James

7 Amount of contribution (\$)
50.00

6 Contributor address; City; State; Zip Code
**24807 Marcia Vw
San Antonio, TX 78261**

8 Principal occupation / Job title (See instructions)

9 Employer (See instructions)

Date
4/21/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Daniel Ortiz

Amount of contribution (\$)
1000.00

Contributor address; City; State; Zip Code
**9103 Mellbrook St
San Antonio, TX 78230**

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
Ortiz McKnight PLLC

Date
4/21/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
James McKinght

Amount of contribution (\$)
1000.00

Contributor address; City; State; Zip Code
**2019 Flint Oak
San Antonio, TX 78248**

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
Ortiz McKnight PLLC

Date
4/21/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Kimberly B McKinght

Amount of contribution (\$)
1000.00

Contributor address; City; State; Zip Code
**2019 Flint Oak
San Antonio, TX 78248**

Principal occupation / Job title (See instructions)
Program Manager

Employer (See instructions)
Methodist Healthcare

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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 23

2 FILER NAME
Melissa Cabello Havrda

3 Filer ID (Ethics Commission Filers)

4 Date
4/21/2025

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Casandra Ortiz

7 Amount of contribution (\$)
1000.00

6 Contributor address; City; State; Zip Code
**9103 Mellbrook St
San Antonio, TX 78230**

8 Principal occupation / Job title (See instructions)
Attorney

9 Employer (See instructions)
Kassahn & Ortiz, P.C

Date
4/22/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Claudia Cisneros

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**7918 William Gr
San Antonio, TX 78237**

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date
4/22/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Marilyn D Flores

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
**2526 Old Gate Rd
San Antonio, TX 78230**

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date
4/22/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Catherine J McCoy

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
**9346 Wildstone Pl
San Antonio, TX 78254**

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:
21 of 23

2 FILER NAME
Melissa Cabello Havrda

3 Filer ID (Ethics Commission Filers)

4 Date
4/22/2025

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Dean Hobart

7 Amount of contribution (\$)
10.00

6 Contributor address; City; State; Zip Code
**11020 Huebner Oaks
San Antonio, TX 78230**

8 Principal occupation / Job title (See instructions)
retired

9 Employer (See instructions)
retired

Date
4/22/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Dean Hobart

Amount of contribution (\$)
25.00

Contributor address; City; State; Zip Code
**11020 Huebner Oaks
San Antonio, TX 78230**

Principal occupation / Job title (See instructions)
retired

Employer (See instructions)
retired

Date
4/22/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Frances Garza-Alvarado

Amount of contribution (\$)
7.00

Contributor address; City; State; Zip Code
**4803 W Lake Oaks
SAN ANTONIO, TX 78251**

Principal occupation / Job title (See instructions)
retired

Employer (See instructions)
retired

Date
4/22/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Frances Garza-Alvarado

Amount of contribution (\$)
7.00

Contributor address; City; State; Zip Code
**4803 W Lake Oaks
SAN ANTONIO, TX 78251**

Principal occupation / Job title (See instructions)
retired

Employer (See instructions)
retired

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
22 of 23

2 FILER NAME
Melissa Cabello Havrda

3 Filer ID (Ethics Commission Filers)

4 Date
4/22/2025

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Frances Garza-Alvarado

7 Amount of contribution (\$)
150.00

6 Contributor address; City; State; Zip Code
**4803 W Lake Oaks
San Antonio, TX 78251-3572**

8 Principal occupation / Job title (See instructions)
retired

9 Employer (See instructions)
retired

Date
4/22/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Charles Jackson

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**10039 Ellenora Pl
Boerne, TX 78006**

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date
4/22/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Ronald Pena

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
**12715 El Sonteo
San Antonio, TX 78233-5837**

Principal occupation / Job title (See instructions)
Engineer

Employer (See instructions)
US Army

Date
4/23/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Emily Flores

Amount of contribution (\$)
25.00

Contributor address; City; State; Zip Code
**826 Arizona Ash St
San Antonio, TX 78232**

Principal occupation / Job title (See instructions)
Program Lead

Employer (See instructions)
AARP

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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: 23 of 23
2 FILER NAME Melissa Cabello Havrda		3 Filer ID (Ethics Commission Filers)
4 Date 4/23/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Creative W Corp. 6 Contributor address; City; State; Zip Code 11310 Del Monte Dr. Houston, TX 77077-6408	7 Amount of contribution (\$) 10.00
8 Principal occupation / Job title (See instructions) retired		9 Employer (See instructions) retired
Date 4/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Erin Revilla Contributor address; City; State; Zip Code 201 Hunstock Ave. San Antonio, TX 78210	Amount of contribution (\$) 10.00
Principal occupation / Job title (See instructions) Special Education Case Manager		Employer (See instructions) Somerset Academy Brooks
Date 4/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Terri Flores Lopez Contributor address; City; State; Zip Code 407 Ken Drive San Antonio, TX 78258	Amount of contribution (\$) 250.00
Principal occupation / Job title (See instructions) retired		Employer (See instructions) retired
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)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 1 of 2
2 FILER NAME Melissa Cabello Havrda		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0
5 Date 4/13/2025	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jonathan Villarreal 7 Contributor address; City; State; Zip Code 1115 Fulton San Antonio, TX 78201	8 Amount of Contribution \$ 300.00 9 In-kind contribution description shirt-making <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Designer		11 Employer (FOR NON-JUDICIAL) (See instructions) Düable
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 4/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Joshua Garcia Contributor address; City; State; Zip Code 7035 Pickwell San Antonio, TX 78223	Amount of Contribution \$ 35.00 In-kind contribution description shirts <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Campaign Manager		Employer (FOR NON-JUDICIAL) (See instructions) Düable
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:
2 of 2

2 FILER NAME
Melissa Cabello Havrda

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date
4/13/2025

6 Full name of contributor ☐ out-of-state PAC (ID# _____)
Alyssa Bunting Sheppard

8 Amount of Contribution \$ **140.00**

9 In-kind contribution description
stickers

7 Contributor address; City; State; Zip Code
**2539 Kingswell
San Antonio, TX 78251**

☐ Check if travel outside of Texas, complete Schedule T

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

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

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)

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

SCHEDULE B

Forms provided by Texas Ethics Commission www.ethics.state.tx.us Revised 01/01/2020

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)

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 1 of 16		2 FILER NAME Melissa Cabello Havrda		3 Filer ID (Ethics Commission Filers)	
4 Date 3/25/2025		5 Payee name Gabrielle Gonzales			
6 Amount (\$) 75.00		7 Payee address; City; State; Zip Code 110 Broadway #170 San Antonio, TX 78205			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense		(b) Description Advertisement		
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name Melissa Cabello Havrda		Office sought Mayor	Office held Council District 6

Date 3/25/2025	Payee name Gabrielle Gonzales				
Amount (\$) 75.00	Payee address; City; State; Zip Code 110 Broadway #170 San Antonio, TX 78205				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense		Description Advertisement		
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name Melissa Cabello Havrda		Office sought Mayor	Office held Council District 6

Date 3/26/2025	Payee name JVC MEDIA, LLC SALE				
Amount (\$) 265.21	Payee address; City; State; Zip Code 3106 Fall Crest Dr San Antonio, TX 78247				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense		Description Printing		
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name Melissa Cabello Havrda		Office sought Mayor	Office held Council District 6

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 2 of 16	2 FILER NAME Melissa Cabello Havrda		3 Filer ID (Ethics Commission Filers)
4 Date 3/27/2025	5 Payee name Facebook		
6 Amount (\$) 302.00	7 Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense		(b) Description Advertisement
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Melissa Cabello Havrda Office sought Mayor Office held Council District 6			
Date 3/28/2025	Payee name Google Suite		
Amount (\$) 15.35	Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Mountainview, CA 94043		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense		Description Dues and Subscriptions
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Melissa Cabello Havrda Office sought Mayor Office held Council District 6			
Date 3/31/2025	Payee name IBC bank		
Amount (\$) 37.71	Payee address; City; State; Zip Code 130 East Travis San Antonio, TX 78205		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Accounting/Banking		Description Bank Fee
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Melissa Cabello Havrda Office sought Mayor Office held Council District 6			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 3 of 16	2 FILER NAME Melissa Cabello Havrda		3 Filer ID (Ethics Commission Filers)
4 Date 3/31/2025	5 Payee name Constant Contact		
6 Amount (\$) 300.61	7 Payee address; City; State; Zip Code 3675 Precision Dr Loveland, CO 80538		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Email Database
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Melissa Cabello Havrda Office sought Mayor Office held Council District 6			
Date 3/31/2025	Payee name Adobe Inc		
Amount (\$) 16.23	Payee address; City; State; Zip Code 345 Park Ave San Jose, CA 95110		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense		Description Software
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Melissa Cabello Havrda Office sought Mayor Office held Council District 6			
Date 3/31/2025	Payee name Facebook		
Amount (\$) 87.58	Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense		Description Advertisement
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Melissa Cabello Havrda Office sought Mayor Office held Council District 6			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking
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

1 Total pages Schedule F1: 4 of 16	2 FILER NAME Melissa Cabello Havrda		3 Filer ID (Ethics Commission Filers)
4 Date 3/31/2025	5 Payee name Facebook		
6 Amount (\$) 111.51	7 Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense		(b) Description Advertisement
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Melissa Cabello Havrda Office sought Mayor Office held Council District 6			
Date 3/31/2025	Payee name SP DTF SAN ANTONIO DTF SATX COM TX		
Amount (\$) 80.12	Payee address; City; State; Zip Code 7711 Eckert Rd #115 San Antonio, TX 78240		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense		Description Printing
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Melissa Cabello Havrda Office sought Mayor Office held Council District 6			
Date 4/1/2025	Payee name Google Suite		
Amount (\$) 15.35	Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Mountainview, CA 94043		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense		Description Dues and Subscriptions
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Melissa Cabello Havrda Office sought Mayor Office held Council District 6			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 5 of 16	2 FILER NAME Melissa Cabello Havrda		3 Filer ID (Ethics Commission Filers)
4 Date 4/1/2025	5 Payee name Facebook		
6 Amount (\$) 333.00	7 Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense		(b) Description Advertisement
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Melissa Cabello Havrda Office sought Mayor Office held Council District 6			
Date 4/1/2025	Payee name Adobe Inc		
Amount (\$) 21.64	Payee address; City; State; Zip Code 345 Park Ave San Jose, CA 95110		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense		Description Software
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Melissa Cabello Havrda Office sought Mayor Office held Council District 6			
Date 4/3/2025	Payee name Prestige Printing		
Amount (\$) 64.95	Payee address; City; State; Zip Code 8 Burwood Ln San Antonio, TX 78216		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense		Description Printing
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Melissa Cabello Havrda Office sought Mayor Office held Council District 6			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 6 of 16	2 FILER NAME Melissa Cabello Havrda		3 Filer ID (Ethics Commission Filers)
4 Date 4/3/2025	5 Payee name Prestige Printing		
6 Amount (\$) 116.91	7 Payee address; City; State; Zip Code 8 Burwood Ln San Antonio, TX 78216		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense		(b) Description Printing
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Melissa Cabello Havrda Office sought Mayor Office held Council District 6			

Date 4/3/2025	Payee name Prestige Printing		
Amount (\$) 351.81	Payee address; City; State; Zip Code 8 Burwood Ln San Antonio, TX 78216		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense		Description Printing
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Melissa Cabello Havrda Office sought Mayor Office held Council District 6			

Date 4/3/2025	Payee name Duabie		
Amount (\$) 4500.00	Payee address; City; State; Zip Code 110 Broadway #170 San Antonio, TX 78205		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting Expense		Description Consulting
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Melissa Cabello Havrda Office sought Mayor Office held Council District 6			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 7 of 16	2 FILER NAME Melissa Cabello Havrda		3 Filer ID (Ethics Commission Filers)
4 Date 4/3/2025	5 Payee name Duabie		
6 Amount (\$) 5311.88	7 Payee address; City; State; Zip Code 110 Broadway #170 San Antonio, TX 78205		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Consulting Expense		(b) Description Consulting
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6

Date 4/3/2025	Payee name Duabie		
Amount (\$) 1250.00	Payee address; City; State; Zip Code 110 Broadway #170 San Antonio, TX 78205		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting Expense		Description Consulting
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6

Date 4/3/2025	Payee name Duabie		
Amount (\$) 1480.00	Payee address; City; State; Zip Code 110 Broadway #170 San Antonio, TX 78205		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting Expense		Description Consulting
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 8 of 16	2 FILER NAME Melissa Cabello Havrda		3 Filer ID (Ethics Commission Filers)
4 Date 4/3/2025	5 Payee name Duabe		
6 Amount (\$) 2000.00	7 Payee address; City; State; Zip Code 110 Broadway #170 San Antonio, TX 78205		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Consulting Expense		(b) Description Consulting
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Melissa Cabello Havrda Office sought Mayor Office held Council District 6			

Date 4/3/2025	Payee name LeReta Gatlin		
Amount (\$) 1500.00	Payee address; City; State; Zip Code 3666 Versailles Dr San Antonio, TX 78219		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting Expense		Description Consulting
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Melissa Cabello Havrda Office sought Mayor Office held Council District 6			

Date 4/4/2025	Payee name Facebook		
Amount (\$) 367.00	Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense		Description Advertisement
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Melissa Cabello Havrda Office sought Mayor Office held Council District 6			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 9 of 16	2 FILER NAME Melissa Cabello Havrda		3 Filer ID (Ethics Commission Filers)
4 Date 4/7/2025	5 Payee name Facebook		
6 Amount (\$) 404.00	7 Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense		(b) Description Advertisement
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Melissa Cabello Havrda Office sought Mayor Office held Council District 6			
Date 4/7/2025	Payee name Cat Palace Screen Printing		
Amount (\$) 425.00	Payee address; City; State; Zip Code 16096 N Evans Rd Schertz, TX 78154		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense		Description Advertisement
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Melissa Cabello Havrda Office sought Mayor Office held Council District 6			
Date 4/10/2025	Payee name X corp		
Amount (\$) 8.64	Payee address; City; State; Zip Code 1355 Market St #900 San Francisco, CA 94103		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense		Description Advertisement
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Melissa Cabello Havrda Office sought Mayor Office held Council District 6			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 10 of 16	2 FILER NAME Melissa Cabello Havrda		3 Filer ID (Ethics Commission Filers)
4 Date 4/10/2025	5 Payee name Facebook		
6 Amount (\$) 445.00	7 Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense		(b) Description Advertisement
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Melissa Cabello Havrda Office sought Mayor Office held Council District 6			
Date 4/10/2025	Payee name Constant Contact		
Amount (\$) 395.48	Payee address; City; State; Zip Code 3675 Precision Dr Loveland, CO 80538		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense		Description Email Database
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Melissa Cabello Havrda Office sought Mayor Office held Council District 6			
Date 4/11/2025	Payee name Facebook		
Amount (\$) 135.22	Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense		Description Advertisement
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Melissa Cabello Havrda Office sought Mayor Office held Council District 6			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 11 of 16	2 FILER NAME Melissa Cabello Havrda		3 Filer ID (Ethics Commission Filers)
4 Date 4/11/2025	5 Payee name Prestige Printing		
6 Amount (\$) 795.64	7 Payee address; City; State; Zip Code 8 Burwood Ln San Antonio, TX 78216		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense		(b) Description Printing
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6

Date 4/11/2025	Payee name Prestige Printing		
Amount (\$) 1091.16	Payee address; City; State; Zip Code 8 Burwood Ln San Antonio, TX 78216		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense		Description Printing
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6

Date 4/11/2025	Payee name Prestige Printing		
Amount (\$) 1317.40	Payee address; City; State; Zip Code 8 Burwood Ln San Antonio, TX 78216		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense		Description Printing
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 12 of 16	2 FILER NAME Melissa Cabello Havrda		3 Filer ID (Ethics Commission Filers)
4 Date 4/11/2025	5 Payee name SP DTF SAN ANTONIO DTF SATX COM TX		
6 Amount (\$) 129.90	7 Payee address; City; State; Zip Code 7711 Eckert Rd #115 San Antonio, TX 78240		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense		(b) Description Printing
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Melissa Cabello Havrda Office sought Mayor Office held Council District 6			
Date 4/14/2025	Payee name Bakery		
Amount (\$) 10.00	Payee address; City; State; Zip Code 415 N New Braunfels San Antonio, TX 78202		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage Expense		Description Meal
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Melissa Cabello Havrda Office sought Mayor Office held Council District 6			
Date 4/14/2025	Payee name JVC MEDIA, LLC SALE		
Amount (\$) 4237.99	Payee address; City; State; Zip Code 3106 Fall Crest Dr San Antonio, TX 78247		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense		Description Printing
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Melissa Cabello Havrda Office sought Mayor Office held Council District 6			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 13 of 16	2 FILER NAME Melissa Cabello Havrda		3 Filer ID (Ethics Commission Filers)
4 Date 4/14/2025	5 Payee name Facebook		
6 Amount (\$) 490.00	7 Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense		(b) Description Advertisement
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Melissa Cabello Havrda Office sought Mayor Office held Council District 6			

Date 4/14/2025	Payee name Facebook		
Amount (\$) 539.00	Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense		Description Advertisement
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Melissa Cabello Havrda Office sought Mayor Office held Council District 6			

Date 4/16/2025	Payee name Facebook		
Amount (\$) 593.00	Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense		Description Advertisement
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Melissa Cabello Havrda Office sought Mayor Office held Council District 6			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 14 of 16	2 FILER NAME Melissa Cabello Havrda		3 Filer ID (Ethics Commission Filers)
4 Date 4/16/2025	5 Payee name Adobe Inc		
6 Amount (\$) 16.23	7 Payee address; City; State; Zip Code 345 Park Ave San Jose, CA 95110		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Software
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6

Date 4/17/2025	Payee name Duabe		
Amount (\$) 2361.00	Payee address; City; State; Zip Code 110 Broadway #170 San Antonio, TX 78205		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting Expense		Description Consulting
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6

Date 4/17/2025	Payee name Vanessa Velasquez Photography		
Amount (\$) 324.75	Payee address; City; State; Zip Code PO Box 23224 San Antonio, TX 78223		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense		Description Photography
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 15 of 16	2 FILER NAME Melissa Cabello Havrda		3 Filer ID (Ethics Commission Filers)
4 Date 4/21/2025	5 Payee name Facebook		
6 Amount (\$) 653.00	7 Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense		(b) Description Advertisement
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Melissa Cabello Havrda Office sought Mayor Office held Council District 6			
Date 4/21/2025	Payee name Facebook		
Amount (\$) 719.00	Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense		Description Advertisement
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Melissa Cabello Havrda Office sought Mayor Office held Council District 6			
Date 4/22/2025	Payee name Uber eats		
Amount (\$) 136.77	Payee address; City; State; Zip Code 1455 Market St #400 San Francisco, CA 94103		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage Expense		Description Meal
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Melissa Cabello Havrda Office sought Mayor Office held Council District 6			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 16 of 16	2 FILER NAME Melissa Cabello Havrda		3 Filer ID (Ethics Commission Filers)
4 Date 4/23/2025	5 Payee name LeReta Gatlin		
6 Amount (\$) 650.00	7 Payee address; City; State; Zip Code 3666 Versailles Dr San Antonio, TX 78219		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Consulting Expense		(b) Description Consulting
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6

Date 4/23/2025	Payee name Anedot Inc.		
Amount (\$) 618.45	Payee address; City; State; Zip Code 1340 Poydras Street #1770 New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting Expense		Description Fundraising fee
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

7 Amount (\$)	8 Payee address; City; State; Zip Code
----------------------	---

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

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

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

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

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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F3:
1 of 1

2 FILER NAME

Melissa Cabello Havrda

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom investment is purchased

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

7 Description of investment

8 Amount of investment (\$)

Date

Name of person from whom investment is purchased

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

Description of investment

Amount of investment (\$)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

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

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

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

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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

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

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

SCHEDULE K

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T: 1 of 1
2 FILER NAME Melissa Cabello Havrda		3 Filer ID (Ethics Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
5 Contribution / Expenditure reported on: <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>		
6 Dates of travel	7 Name of person(s) traveling	
	8 Departure city or name of departure location	
	9 Destination city or name of destination location	
10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <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)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

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

C/OH NAME
Melissa Cabello Havrda

Filer ID (Ethics Commission Filers)

SIGNATURE

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

Signature of Candidate / Officeholder

FILER WHO IS NOT AN OFFICEHOLDER

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

A. CAMPAIGN FUNDS

Check only one:

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

B. ASSETS

Check only one:

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

Signature of Candidate

OFFICEHOLDER

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

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

Signature of Officeholder