CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to comp	lete this form.	1 Filer ID(Et	hics Commission Filers)	2 Total pages fi	iled:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST Melissa		MI	OFFICE U	SE ONLY
NAME	NICKNAME	LAST Cabello Havrda		SUFFIX	Date Received 1/15/2025 3:26:0	02PM
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT PO Box 769677 San Antonio TX 78245		ity; st/	ATE; ZIP CODE		
5 CANDIDATE / OFFICEHOLDER PHONE		E NUMBER 9-8620	EXTEN	ISION	Date Hand-delivered	I or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST Ed		MI	Receipt #	Amount \$
NAME	NICKNAME	LAST Garza	;	SUFFIX	Date Processed 1/15/2025 3:26:0 Date Imaged	2PM
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO 10000 I-H 10 San Antonio TX 78230		PT / SUITE #;	CITY; ST	ATE; ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE () -	ENUMBER	EXTEN	SION		
9 REPORT TYPE	January 15: Semi-	Annual				
10 PERIOD COVERED	Month 7 /-	Day Year 1/2024	THROUG	Month SH 12	Day Year 9/31/2024	
11 ELECTION	ELECTION DATE Month Day Year 5/3/2025	Primary X Genera		Description		
12 OFFICE	OFFICE HELD (if any) Council Member	,		13 OFFICE SOUGHT Mayor	(if known)	
		GO ТО	PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME					O (Ethics Commission Filers)
Melissa Cabello H	lavrda				
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL	COMMITTEE ADDRE	SS		
	SPECIFIC				
		COMMITTEE CAMPA	NIGN TREASURER NAME		
Additional Pages					
		COMMITTEE CAMPA	NIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS	 PLEDGES, LC 	MIZED POLITICAL CONT DANS, OR GUARANTEES ONS MADE ELECTRONIC		\$	0
		TICAL CONTRIBUTIONS N PLEDGES, LOANS, OR	GUARANTEES OF LOANS)	\$	20365.00
EXPENDITURE TOTALS	3. TOTAL UNITE	MIZED POLITICAL EXPE	INDITURES.	\$	0
	4. TOTAL POLIT	ICAL EXPENDITURES		\$	36938.57
CONTRIBUTION BALANCE	5. TOTAL POLIT		MAINTAINED AS OF THE LAST DAY	\$	38556.82
OUTSTANDING LOAN TOTALS	٥.	CIPAL AMOUNT OF ALL C	OUTSTANDING LOANS AS OF THE	\$	0
18 AFFIDAVIT					
			I swear, or affirm, under penalty of is true and correct and includes al me under Title 15, Election Code.		
			* * * Electronically		
AFFIX NOTARY STAM	P / SEAL ABOVE		Signature of Candidat	te or Officeho	older
Sworn to and subscribe	nd hofore me hy the	id Maliage Cahall	lo Havrda	thic t	tho 15th dou
Sworn to and subscribe of January ,				uns	the <u>15th</u> day
Signature of officer adm	ninistering oath	Printed name of	officer administering oath	Title	of officer administering oath

SUBTOTALS - COH

FORM C/OH COVER SHEET PG 3

			mmission Filers)
Melissa			
			SUBTOTAL AMOUNT
X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 20365.00
X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$0
X	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 0
. X SCHEDULE E: LOANS			\$0
X	X SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		
X	X SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		
X	X SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		
X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 0
SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS			\$ 0
X	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF	- C/OH	\$ 0
X	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTION	NS	\$ 0
X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$0
	Melissa SCHEDU NAME OI X X X X X X X X X X X X X X X X X X X	Melissa Cabello Havrda SCHEDULE SUBTOTALS NAME OF SCHEDULE X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS X SCHEDULE B: PLEDGED CONTRIBUTIONS X SCHEDULE E: LOANS X SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS X SCHEDULE F2: UNPAID INCURRED OBLIGATIONS X SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTION X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD X SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS X SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS X SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	Melissa Cabello Havrda SCHEDULE SUBTOTALS NAME OF SCHEDULE X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS X SCHEDULE B: PLEDGED CONTRIBUTIONS X SCHEDULE E: LOANS X SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS X SCHEDULE F2: UNPAID INCURRED OBLIGATIONS X SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD X SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS X SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS X SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH X SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS X SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS

SCHEDULE A1

	т	he Instruction Guide explains how to comp	ete this form.	1 Total pages Schedule A1: 1 of 18		
2	FILER NAME			3 Filer ID (Ethics Commission Filers)		
	Melissa Cabello	Havrda				
4	Date 7/1/2024	5 Full name of contributor ☐ out-o	f-state PAC (ID#)	7 Amount of contribution (\$) 500.00		
		6 Contributor address; Ci PO Box 1361 San Antonio, TX 78295	ty; State; Zip Code			
8	Principal occupa President and C	tion / Job title (See instructions) EEO	9 Employer (See instr RK Group	uctions)		
	Date 7/1/2024	Full name of contributor ☐ out-o	f-state PAC (ID#)	Amount of contribution (\$) 500.00		
		Contributor address; Ci PO Box 1361 San Antonio, TX 78295	ty; State; Zip Code			
	Principal occupa	tion / Job title (See instructions)	Employer (See instr	uctions)		
	Date 7/11/2024	Full name of contributor ☐ out-c	f-state PAC (ID#)	Amount of contribution (\$) 500.00		
		Contributor address; Ci 112 E. Pecan San Antonio, TX 78205	ty; State; Zip Code			
	Principal occupa Attorney	tion / Job title (See instructions)	Employer (See instr Martin & Drought, F	•		
	Date 8/16/2024	Full name of contributor	f-state PAC (ID#)	Amount of contribution (\$) 500.00		
		Contributor address; Ci PO Box 100455 San Antonio, TX 78201	ty; State; Zip Code			
	Principal occupation / Job title (See instructions) Employer (See instructions)					
		ATTACH ADDITIONAL CO	DIES OF THIS SCHEDIII E AS	NEEDED		

Forms provided by Texas Ethics Commission

SCHEDULE A1

	٦	he Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: 2 of 18
2	FILER NAME Melissa Cabello	o Havrda		3 Filer ID (Ethics Commission Filers)
4	Date 8/21/2024	5 Full name of contributor ☐ out-of-state PAC Tillman Fertitta	C (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; City; St 1510 West Loop South Houston, TX 77027	rate; Zip Code	
8	Principal occupa	ation / Job title (See instructions)	9 Employer (See instru Landrys	ctions)
	Date 8/31/2024	Full name of contributor □ out-of-state PAC Toni Marie Van Buren	C (ID#)	Amount of contribution (\$) 250.00
		Contributor address; City; St 115 Schreiner PI San Antonio, TX 78212	ate; Zip Code	
	Principal occupa	ation / Job title (See instructions)	Employer (See instru Retired UWSA	ctions)
	Date 9/4/2024	Full name of contributor	C (ID#)	Amount of contribution (\$) 50.00
		Contributor address; City; St 16333 Vance Jackson Road San Antonio, TX 78257	ate; Zip Code	
	Principal occupa Personal Devel	opment (See instructions)	Employer (See instru Self	ctions)
	Date 9/5/2024	Full name of contributor	C (ID#)	Amount of contribution (\$) 100.00
		Contributor address; City; St 704 Clower San Antonio, TX 78212	ate; Zip Code	
	Principal occupa Accountant	ation / Job title (See instructions)	Employer (See instru Self Employed	ctions)

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SCHEDULE A1

	The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: 3 of 18					
2	FILER NAME Melissa Cabello	Havrda		3 Filer ID (Ethics Commission Filers)		
4	Date 9/6/2024	5 Full name of contributor ☐ out-of-state Myrl & Marjorie Britten	PAC (ID#)	7 Amount of contribution (\$) 100.00		
		6 Contributor address; City; 5415 Timber Post San Antonio, TX 78250	State; Zip Code			
8	Principal occupa Retired	tion / Job title (See instructions)	9 Employer (See instru Retired	uctions)		
	Date 9/6/2024	Full name of contributor	PAC (ID#)	Amount of contribution (\$) 50.00		
		Contributor address; City; 15662 Robin Ridge Road San Antonio, TX 78248	State; Zip Code			
	Principal occupa Retired	tion / Job title (See instructions)	Employer (See instru Retired	uctions)		
	Date 9/6/2024	Full name of contributor	PAC (ID#)	Amount of contribution (\$) 50.00		
		Contributor address; City; 927 Serenade Drive San Antonio, TX 78213	State; Zip Code			
	Principal occupa Retired	tion / Job title (See instructions)	Employer (See instru Retired	uctions)		
	Date 10/2/2024	Full name of contributor	PAC (ID#)	Amount of contribution (\$) 500.00		
		Contributor address; City; 134 W Mistletoe Ave San Antonio, TX 78212	State; Zip Code			
	Principal occupa Self	tion / Job title (See instructions)	Employer (See instru	uctions)		

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

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SCHEDULE A1

	т	he Instruction Guide explains how to	complete this	form.	1 Total pages Schedule A1: 4 of 18
2	FILER NAME Melissa Cabello	Havrda			3 Filer ID (Ethics Commission Filers)
4	Date 10/5/2024	5 Full name of contributor Fernando Aguilar	out-of-state PA	AC (ID#)	7 Amount of contribution (\$) 25.00
		6 Contributor address; 206 Wake Forrest Dr San Antonio, TX 78228	City; S	State; Zip Code	
8	Principal occupa Constituent Adv	tion / Job title (See instructions) /ocate		9 Employer (See instru US House of Repres	•
	Date 10/5/2024	Full name of contributor Carlos RAYMOND	out-of-state PA	AC (ID#)	Amount of contribution (\$) 25.00
		Contributor address; 7490 Culebra Road San Antonio, TX 78251	City; S	State; Zip Code	
Principal occupation / Job title (See instructions) Employer (See instructions) Retired Retired			Employer (See instru Retired	ctions)	
	Date 10/5/2024	,		AC (ID#)	Amount of contribution (\$) 50.00
		Contributor address; 431 King William Street San Antonio, TX 78204	City; S	State; Zip Code	
	Principal occupa Nonprofit	tion / Job title (See instructions)		Employer (See instru Footbridge Foundat	
	Date 10/8/2024	Full name of contributor Oralia Lara-Vargas	out-of-state PA	AC (ID#)	Amount of contribution (\$) 20.00
		Contributor address; 8311 Willow Creek Dr San Antonio, TX 78251	City; S	State; Zip Code	
	Principal occupa Retired	tion / Job title (See instructions)		Employer (See instru Retired	ctions)

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SCHEDULE A1

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

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SCHEDULE A1

	т	he Instruction Guide explains how to com	nplete this form.	1 Total pages Schedule A1: 6 of 18
2	FILER NAME Melissa Cabello	Havrda		3 Filer ID (Ethics Commission Filers)
4	Date 10/10/2024	5 Full name of contributor □ ou Kye Fox	it-of-state PAC (ID#)	7 Amount of contribution (\$) 25.00
		6 Contributor address; 34 Haverhill Way San Antonio, TX 78209	City; State; Zip Code	
8	Principal occupa Retired	tion / Job title (See instructions)	9 Employer (See instru Retired	ctions)
	Date 10/11/2024	Full name of contributor	rt-of-state PAC (ID#)	Amount of contribution (\$) 25.00
		Contributor address; 11614 Foxford San Antonio, TX 78253	City; State; Zip Code	
Principal occupation / Job title (See instructions) Employer (See in Dental Hygienist Aspen Dentsl			Employer (See instru Aspen Dentsl	ctions)
Date Full name of contributor □ out-of-state PAC (ID#		it-of-state PAC (ID#)	Amount of contribution (\$) 250.00	
		Contributor address; 22603 Impala Bend San Antonio, TX 78259	City; State; Zip Code	
	Principal occupa Developer	tion / Job title (See instructions)	Employer (See instru The NRP Group	ctions)
	Date 10/14/2024	Ram Cabrera	tt-of-state PAC (ID#)	Amount of contribution (\$) 100.00
		Contributor address; 1210 Weston San Antonio, TX 78251	City; State; Zip Code	
	Principal occupa Retired	tion / Job title (See instructions)	Employer (See instru Retired	ctions)

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SCHEDULE A1

	T	he Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 7 of 18
2	FILER NAME Melissa Cabello	Havrda		3 Filer ID (Ethics Commission Filers)
4	Date 10/14/2024	5 Full name of contributor	C (ID#)	7 Amount of contribution (\$) 100.00
		6 Contributor address; City; S 708 Canterbury Hill San Antonio, TX 78209	tate; Zip Code	
8	Principal occupa Phsylcian	tion / Job title (See instructions)	9 Employer (See instru Self	ctions)
	Date 10/15/2024	Full name of contributor	C (ID#)	Amount of contribution (\$) 25.00
		Contributor address; City; S 133 Lotus Street San Antonio, TX 78210	tate; Zip Code	
Principal occupation / Job title (See instructions) Employer (See instructions) Animal rescue Na				ctions)
	Date 10/15/2024	Full name of contributor	C (ID#)	Amount of contribution (\$) 50.00
		Contributor address; City; S 1710 North Main Avenue San Antonio, TX 78212	tate; Zip Code	
	Principal occupa	tion / Job title (See instructions)	Employer (See instru Webhead	ctions)
	Date 10/15/2024	Full name of contributor	C (ID#)	Amount of contribution (\$) 100.00
		Contributor address; City; S 4230 Laterite Trail San Antonio, TX 78253	tate; Zip Code	
	Principal occupa	tion / Job title (See instructions) saving	Employer (See instru Petco Love	ctions)

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SCHEDULE A1

	т	he Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 8 of 18
2	FILER NAME Melissa Cabello	Havrda		3 Filer ID (Ethics Commission Filers)
4	Date 10/15/2024	Adelfa Reyna	AC (ID#)	7 Amount of contribution (\$) 50.00
8	Principal occupa	tion / Job title (See instructions)	9 Employer (See instru	uctions)
	Date 10/15/2024	Full name of contributor	AC (ID#)	Amount of contribution (\$) 250.00
		Contributor address; City; S 3915 Skylark San Antonio, TX 78210	State; Zip Code	
, , , , , , , , , , , , , , , , , , , ,		Employer (See instru The NRP Group	uctions)	
	Date 10/23/2024	Full name of contributor Silvestre Vasquez Contributor address; City; 16006 Ponderosa Pass Helotes, TX 78023	AC (ID#)	Amount of contribution (\$) 500.00
	Principal occupa Consultant	tion / Job title (See instructions)	Employer (See instru Quatro Strategic So	*
	Date 10/23/2024	Full name of contributor	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; 5 707 Ridgewood Drive Antioch, IL 60002	State; Zip Code	
	•	tion / Job title (See instructions) of Business Development	Employer (See instru Dalkia Energy Solut	*

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SCHEDULE A1

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

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SCHEDULE A1

	Т	he Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 10 of 18
2	FILER NAME Melissa Cabello	Havrda		3 Filer ID (Ethics Commission Filers)
4	Date 10/30/2024	5 Full name of contributor ☐ out-of-state PA Clermont LLC	C (ID#)	7 Amount of contribution (\$) 1000.00
		6 Contributor address; City; S 7334 Blanco #200 San Antonio, TX 78216	tate; Zip Code	
8	Principal occupa	tion / Job title (See instructions)	9 Employer (See instru	ctions)
	Date 10/30/2024	Full name of contributor	C (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; S PO Box 593277 San Antonio, TX 78259	itate; Zip Code	
	Principal occupa	tion / Job title (See instructions)	Employer (See instru	ctions)
	Date 10/31/2024	Full name of contributor	C (ID#)	Amount of contribution (\$) 1000.00
		Contributor address; City; S 2902 Spider Lily San Antonio, TX 78258	tate; Zip Code	
	Principal occupa	tion / Job title (See instructions)	Employer (See instru	ctions)
	Date 11/17/2024	Full name of contributor	C (ID#)	Amount of contribution (\$) 1000.00
		Contributor address; City; S 809 Wyoming St San Antonio, TX 78203	itate; Zip Code	
	Principal occupa Owner	tion / Job title (See instructions)	Employer (See instru Tru-Matrix	ctions)

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SCHEDULE A1

		The Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 11 of 18
2	FILER NAME Melissa Cabello	o Havrda		3 Filer ID (Ethics Commission Filers)
4	Date 11/18/2024	5 Full name of contributor ☐ out-of-state PA Emily Garza	AC (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; City; S 757 Treaty Oak San Antonio, TX 78258	State; Zip Code	
8	Principal occupa	ation / Job title (See instructions)	9 Employer (See instru HSCSs	uctions)
	Date 11/18/2024	Full name of contributor	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; S 8039 Eagle peak Helotes, TX 78023	State; Zip Code	
	Principal occupa	ation / Job title (See instructions)	Employer (See instru One Seven Transpo	•
	Date 12/4/2024	Full name of contributor Fakhrudin Valibhai Contributor address; S710 Sandia Circle Helotes, TX 78023	AC (ID#)	Amount of contribution (\$) 1000.00
	Principal occupa	ation / Job title (See instructions)	Employer (See instructions) Dept of Defense	
	Date 12/4/2024	Full name of contributor out-of-state PA Suzanne Kaufman-McNamara Contributor address; City; S 8515 Oak Fence St San Antonio, TX 78251	AC (ID#)	Amount of contribution (\$) 25.00
	Principal occupa	ation / Job title (See instructions)	Employer (See instru	uctions)

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SCHEDULE A1

	Т	he Instruction Guide explains how to complete	this form.	1 Total pages Schedule A1: 12 of 18
2	FILER NAME Melissa Cabello	Havrda		3 Filer ID (Ethics Commission Filers)
4	Date 12/4/2024		ate PAC (ID#)	7 Amount of contribution (\$) 50.00
		6 Contributor address; City; 2715 Grosenbacher San Antonio, TX 78245	State; Zip Code	
8	Principal occupa Detective	tion / Job title (See instructions)	9 Employer (See instru	uctions)
	Date 12/4/2024	Full name of contributor Out-of-sta	ate PAC (ID#)	Amount of contribution (\$) 100.00
		Contributor address; City; 7330 S Old Hammer Aurora, CO 80016	State; Zip Code	
Principal occupation / Job title (See instructions) Employer (See instructions) retired			uctions)	
	Date 12/4/2024	Full name of contributor	ate PAC (ID#)	Amount of contribution (\$) 25.00
		Contributor address; City; 132 Seaton PI NW Washington, DC 20001	State; Zip Code	
		tion / Job title (See instructions) tic Agency Personnel	Employer (See instru	uctions)
	Date 12/4/2024	Full name of contributor	ate PAC (ID#)	Amount of contribution (\$) 25.00
		Contributor address; City; 207 SW 25th Street San Antonio, TX 78207	State; Zip Code	
	Principal occupa	tion / Job title (See instructions)	Employer (See instru	uctions)

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SCHEDULE A1

	т	he Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1: 13 of 18
2	FILER NAME Melissa Cabello	Havrda			3 Filer ID (Ethics Commission Filers)
4	Date 12/4/2024	5 Full name of contributor Luis Gomez	out-of-state P	AC (ID#)	7 Amount of contribution (\$) 100.00
		6 Contributor address; 4443 Eldridge Ave San Antonio, TX 78237	City;	State; Zip Code	
8	Principal occupa	tion / Job title (See instructions)		9 Employer (See instru	uctions)
	Date 12/4/2024	Full name of contributor Hector Santos	out-of-state P	AC (ID#)	Amount of contribution (\$) 100.00
		Contributor address; 734 Sawtooth Dr San Antonio, TX 78245	City;	State; Zip Code	
	Principal occupa Contractor	tion / Job title (See instructions)		Employer (See instru self	uctions)
	Date 12/5/2024	Full name of contributor Myfe Moore	out-of-state P	AC (ID#)	Amount of contribution (\$) 100.00
		Contributor address; 11409 Mountain Climb Helotes, TX 78023	City;	State; Zip Code	
	Principal occupa Mgr	tion / Job title (See instructions)		Employer (See instru Self	uctions)
	Date 12/6/2024	Full name of contributor Louis Ortega	out-of-state P	AC (ID#)	Amount of contribution (\$) 25.00
		Contributor address; 8814 Ansley Bend Dr San Antonio, TX 78251	City;	State; Zip Code	
	Principal occupa Project Manage	tion / Job title (See instructions) r		Employer (See instru ABM	uctions)

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SCHEDULE A1

	Т	he Instruction Guide explains how to comple	1 Total pages Schedule A1: 14 of 18			
2	2 FILER NAME				3 Filer ID (Ethics Commission Filers)	
	Melissa Cabello	Havrda				
4	Date 12/6/2024	5 Full name of contributor □ out-of- Myrl Britten	-state PA	AC (ID#)	7 Amount of contribution (\$) 50.00	
		6 Contributor address; City 5415 Timber Post St San Antonio, TX 78250	 y; S	State; Zip Code		
8	Principal occupa	tion / Job title (See instructions)		9 Employer (See instru	ctions)	
	Date 12/8/2024	Full name of contributor	-state PA	NC (ID#)	Amount of contribution (\$) 250.00	
	Contributor address; City; State; Zip Code 4811 Isaac Ryan San Antonio, TX 78253			State; Zip Code		
Principal occupation / Job title (See instructions) retired		Employer (See instructions) retired				
	Date Full name of contributor □ out-of-state PAC (ID#) 12/8/2024 Guillermina Reyna		AC (ID#)	Amount of contribution (\$) 25.00		
		Contributor address; City 9035 Wellwood St San Antonio, TX 78250	y; S	State; Zip Code		
	Principal occupa Housekeeping	tion / Job title (See instructions)		Employer (See instructions) Kairoi Residential		
	Date 12/10/2024	Full name of contributor	-state PA	NC (ID#)	Amount of contribution (\$) 50.00	
		Contributor address; City 2715 Grosenbacher Rd. San antonio, TX 78245	 y; S	State; Zip Code		
	Principal occupa Detective	tion / Job title (See instructions)		Employer (See instru	ctions)	

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SCHEDULE A1

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

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SCHEDULE A1

	٦	The Instruction Guide explains how to complete this	1 Total pages Schedule A1: 16 of 18	
2	FILER NAME Melissa Cabello	o Havrda		3 Filer ID (Ethics Commission Filers)
4	Date 12/20/2024	5 Full name of contributor		7 Amount of contribution (\$) 1000.00
		6 Contributor address; City; S 900 Seventh St., NW Washington, DC 20001	State; Zip Code	
8	Principal occupa	ation / Job title (See instructions)	9 Employer (See instru	ctions)
	Date 12/23/2024	Full name of contributor	AC (ID#)	Amount of contribution (\$) 1000.00
		Contributor address; City; S PO Box 17428 Austin, TX 78760	State; Zip Code	
	Principal occupa	ation / Job title (See instructions)	Employer (See instru	ctions)
	Date 12/26/2024	Full name of contributor	AC (ID#)	Amount of contribution (\$) 1000.00
		Contributor address; City; S 111 Piazza Vetta Dr #B Austin, TX 78734	State; Zip Code	
	Principal occupa	ation / Job title (See instructions)	Employer (See instru Pina Partners	ctions)
	Date 12/27/2024	Full name of contributor	AC (ID#)	Amount of contribution (\$) 250.00
		Contributor address; City; S 634 Spacious Sky San Antonio, TX 78260	State; Zip Code	
	Principal occupa	ation / Job title (See instructions)	Employer (See instru	ctions)

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

SCHEDULE A1

	Т	he Instruction Guide explains how to complete this	1 Total pages Schedule A1: 17 of 18		
2	FILER NAME			3 Filer ID (Ethics Commission Filers)	
	Melissa Cabello	Havrda			
4	Date 12/28/2024	5 Full name of contributor ☐ out-of-state P. Suzanne Carpenter	AC (ID#)	7 Amount of contribution (\$) 100.00	
		6 Contributor address; City; S 2115 Jim Bowie Dr San Antonio, TX 78238	State; Zip Code		
8	Principal occupa	tion / Job title (See instructions)	9 Employer (See instru	uctions)	
	Date 12/30/2024	Full name of contributor	AC (ID#)	Amount of contribution (\$) 500.00	
		Contributor address; City; Stan Antonio, TX 78212	State; Zip Code		
Principal occupation / Job title (See instructions) retired			Employer (See instructions) retired		
	Date Full name of contributor ☐ out-of-state PAC (ID# 12/31/2024 Teresa Frogge		AC (ID#)	Amount of contribution (\$) 100.00	
		Contributor address; City; 8931 Fabens San Antonio, TX 78251			
	Principal occupa	tion / Job title (See instructions)	Employer (See instructions) retired		
	Date 12/31/2024	Full name of contributor		Amount of contribution (\$) 50.00	
		Contributor address; City; 8930 Wurzbach Rd San Antonio, TX 78240	State; Zip Code		
	Principal occupa Business Owne	ntion / Job title (See instructions) r	Employer (See instru Alamo Travel	uctions)	

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SCHEDULE A1

	Т	he Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 18 of 18	
2	FILER NAME Melissa Cabello	Havrda		3 Filer ID (Ethics Commission Filers)	
4	Date 12/31/2024	5 Full name of contributor Marion Williams	C (ID#)	7 Amount of contribution (\$) 500.00	
8	Principal occupa Real Estate	tion / Job title (See instructions)	9 Employer (See instru	ictions)	
	Date 12/31/2024	Full name of contributor Rose Caballero Contributor address; City; Substituting TX 78239		Amount of contribution (\$) 25.00	
	Principal occupa Registered Nurs	se	Employer (See instru Galen college of Nu	*	
	Date 12/31/2024	Roman Pena	C (ID#) Ctate; Zip Code	Amount of contribution (\$) 50.00	
Principal occupation / Job title (See instructions) retired		Employer (See instructions) retired			
	Date	Full name of contributor □ out-of-state PA	C (ID#)	Amount of contribution (\$)	
	Principal occupa	tion / Job title (See instructions)	Employer (See instru	uctions)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements				

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

	The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 1 of 1		
2	FILER NAME Melissa Cabello Havrda		3 Filer ID (Ethics Commission Filers)		
4	TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS	3	\$ 0		
5	Date 6 Full name of contributor Out-of-state PAC (ID#	p Code	8 Amount of Contribution \$ 9 In-kind contribution description		
10	Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (F	Check if travel outside of Texas, complete Schedule T FOR NON-JUDICIAL) (See instructions)		
12	Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's	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)	1			
	Date Full name of contributor out-of-state PAC (ID#_ Contributor address; City; State; Zi	p Code	Amount of Contribution \$ In-kind contribution description		
	Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (F	Check if travel outside of Texas, complete Schedule T FOR NON-JUDICIAL) (See instructions)		
	Contributor's principal occupation (FOR JUDICIAL)	Contributor's	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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PLEDGED CONTRIBUTIONS

SCHEDULE B

	٦	The Instruction Guide explains how to complete this form.		1 Total pages Schedule B: 1 of 1		
2	FILER NAME Melissa Cab			3 Filer ID (Ethics Commission Filers)		
4	TOTAL OF U	JNITEMIZED PLEDGES		\$ 0		
5	Date	6 Full name of pledgor out-of-state PAC (ID#		8 Amount of Pledge \$		
10	Principal occu	pation / Job title (See instructions)	11 Employer	Check if travel outside of Texas, complete Schedule T		
	Date	Full name of pledgor out-of-state PAC (ID#	ode	Amount of Pledge \$ In-kind contribution description		
	Principal occu	upation / Job title (See instructions)	Employer	Check if travel outside of Texas, complete Schedule T (See instructions)		
	Date	Full name of pledgor out-of-state PAC (ID#	ode	Amount of Pledge \$ In-kind contribution description		
	Principal occu	pation / Job title (See instructions)	Employer	Check if travel outside of Texas, complete Schedule T (See instructions)		
	Date	Full name of pledgor out-of-state PAC (ID#	ode	Amount of Pledge \$		
	Principal occu	pation / Job title (See instructions)	Employer	Check if travel outside of Texas, complete Schedule T (See instructions)		
		ATTACH ADDITIONAL CODIES OF T	HIS SCHEDIN	E AS NEEDED		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements					

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

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Accounting/Banking Event Expense 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 Salaries/Wages/Contract Labor Other (enter a category not listed above) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 1 of 39 Melissa Cabello Havrda 4 Date 5 Payee name 7/1/2024 GoDaddy 6 Amount (\$) 7 Payee address: City; Zip Code State; 15.98 14455 N Hayden Rd #226 Scottsdale, AZ 85260 (a) Category (See categories listed at the top of this schedule) 8 (b) Description Office Overhead/Rental Expense **Domain Hosting PURPOSE** OF **EXPENDITURE** (c) Check if travel outside of Texas, complete schedule T Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Melissa Cabello Havrda Mayor **Council District 6** Date Payee name 7/2/2024 **Google Suite** Amount (\$) Payee address; City; State; Zip Code 15.35 1600 Amphitheatre Parkway Mountainview, CA 94043 Category (See categories listed at the top of this schedule) Description **Dues and Subscriptions** Office Overhead/Rental Expense **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas, complete schedule T Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Melissa Cabello Havrda Mayor **Council District 6** Payee name Date 7/3/2024 Anedot Inc. Amount (\$) Payee address; State; Zip Code City; 121.00 1340 Poydras Street #1770 New Orleans, LA 70112 Category (See categories listed at the top of this schedule) Description Fundraising fee Solicitation/Fundraising Expense **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas, complete schedule T Check if Austin, TX, officeholder living expense Complete ONLY if direct Office sought Office held Candidate / Officeholder name expenditure to benefit C/OH Melissa Cabello Havrda **Council District 6** Mayor

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Accounting/Banking	Event Expense		payment/Reimbursement	Solicitation/Fundraising Expense	
Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Fees Food/Beverage Expense Gifts/Awards/Memorials E ommittee Legal Services	Polling E xpense Printing	verhead/Rental Expense Expense Expense /Wages/Contract Labor	Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)	
-	The Instruction Guide	explains how to comp			
1 Total pages Schedule F1: 2 of 39	2 FILER NAME Melissa Cabello Havrda			3 Filer ID (Ethics Commission Filers)	
4 Date 7/8/2024	5 Payee name AAAA Mini Storage				
6 Amount (\$) 229.42	7 Payee address; City 8611 Potranco Road San Antonio, TX 78251	r; State; Zip(Code		
8 PURPOSE OF	(a) Category (See categories listed at the Office Overhead/Rental Exp		(b) Description Storage		
EXPENDITURE	(c) Check if travel outside of Texa	ıs, complete schedule	T Check if A	ustin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder na Melissa Cabello Havrda		Office sought Mayor	Office held Council District 6	
Date 7/8/2024	Payee name AAAA Mini Storage				
Amount (\$) 1140.00					
PURPOSE OF EXPENDITURE	Category (See categories listed at the Office Overhead/Rental Exp		Description Storage		
	Check if travel outside of Texa	s, complete schedule	T Check if A	ustin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder na DH Melissa Cabello Havrda		Office sought Mayor	Office held Council District 6	
Date 7/8/2024	Payee name Southwest Voter Registration	n Project			
Amount (\$) 2000.00	Payee address; City 320 El Paso St San Antonio, TX 78207	r; State; Zip(Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the Contributions/Donations MacCandidate/Officeholder/Policommittee	ade By	Description Political Committe	9e	
	Check if travel outside of Texa	s, complete schedule	T Check if A	ustin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C			Office sought Mayor	Office held Council District 6	
	ATTACH ADDITIONAL CO	PIES OF THIS SC	HEDULE AS NEEDE	D	

Accounting/Banking	EXPENDITURE CATEGORIES Event Expense	S FOR BOX 8(a) Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense Contributions/Donations Made By	Food/Beverage Expense Gifts/Awards/Memorials Expense	Polling Expense Printing Expense	Travel in District Travel Out Of District
Candidate/Officeholder/Political C		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 39	2 FILER NAME Melissa Cabello Havrda		3 Filer ID (Ethics Commission Filers)
4 Date 7/11/2024	5 Payee name Constant Contact		
6 Amount (\$) 278.22	7 Payee address; City; State; 3675 Precision Dr	Zip Code	
	Loveland, CO 80538		
8 PURPOSE OF	(a) Category (See categories listed at the top of this sche Office Overhead/Rental Expense	(b) Description Email Database	
EXPENDITURE	(c) Check if travel outside of Texas, complete so	ahadula T	Vocatio TV office healder living a superior
	, 1		Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6
Date 7/12/2024	Payee name Square Space		
Amount (\$) 30.91	Payee address; City; State; 8 Clarkson St New York, NY 10014	Zip Code	
PURPOSE OF	Category (See categories listed at the top of this sche Office Overhead/Rental Expense	Description Website Hosting	
EXPENDITURE	Check if travel outside of Texas, complete so	chedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought Mayor	Office held Council District 6
Date 7/15/2024	Payee name Anedot Inc.		
Amount (\$) 20.30	Payee address; City; State; 1340 Poydras Street #1770 New Orleans, LA 70112	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sche Solicitation/Fundraising Expense	Description Fundraising fee	
	Check if travel outside of Texas, complete so	chedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought Mayor	Office held Council District 6
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	EXPENDITURE CATE	GORIES FOR BOX 8(a)		
Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense Transportation Equipment & Related Expense	
Advertising Expense	Fees	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense		
Consulting Expense Contributions/Donations Made By	Gifts/Awards/Memorials Expens	Travel in District Travel Out Of District		
Candidate/Officeholder/Political C		Other (enter a category not listed above)		
Credit Card Payment	The Instruction Guide expla	ins how to complete this form		
1 Total pages Schedule F1: 4 of 39	2 FILER NAME Melissa Cabello Havrda		3 Filer ID (Ethics Commission Filers)	
4 Date 7/16/2024	5 Payee name Adobe Inc			
6 Amount (\$) 10.81	7 Payee address; City; State; Zip Code 345 Park Ave			
	San Jose, CA 95110			
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Software			
EXPENDITURE				
	(c) Check if travel outside of Texas, co	mplete schedule T Check	if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6	
Date 7/19/2024	Payee name Square Space			
Amount (\$) 35.18	Payee address; City; 8 Clarkson St New York, NY 10014	State; Zip Code		
PURPOSE OF	Category (See categories listed at the top of Office Overhead/Rental Expens	·	ng	
EXPENDITURE	Check if travel outside of Texas, co	mplete schedule T Check	if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6	
Date 7/19/2024	Payee name Alpha Graphics			
Amount (\$) 350.00	Payee address; City; 12077 Starcrest Drive San Antonio, TX 78247	State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of Advertising Expense	of this schedule) Description Printing		
	Check if travel outside of Texas, co	mplete schedule T Check	if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C		Office sought Mayor	Office held Council District 6	
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NEE	DED	

	EXPENDITURE CATEGORIES	S FOR BOX 8(a)			
Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense		
Advertising Expense Consulting Expense	Fees Food/Beverage Expense	Office Overhead/Rental Expense Polling Expense	Transportation Equipment & Related Expense Travel in District		
Contributions/Donations Made By	Gifts/Awards/Memorials Expense	Travel Out Of District			
Candidate/Officeholder/Political C		Printing Expense 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 FILER NAME		3 Filer ID (Ethics Commission Filers)		
5 of 39	Melissa Cabello Havrda				
4 Date 7/25/2024	5 Payee name Duable				
6 Amount (\$)	7 Payee address; City; State;	Zip Code			
3500.00	110 Broadway #170				
	San Antonio, TX 78205				
8	(a) Category (See categories listed at the top of this sche	edule) (b) Description			
PURPOSE	Consulting Expense	Consulting			
OF					
EXPENDITURE					
	(C) Check if travel outside of Texas, complete so	chedule T Check if A	Austin, TX, officeholder living expense		
9 Complete ONLY if direct		Office sought	Office held		
expenditure to benefit C/C	OH Melissa Cabello Havrda	Mayor	Council District 6		
D 1	6				
Date 7/29/2024	Payee name Adobe Inc				
Amount (\$)	Payee address; City; State;	Zip Code			
21.64					
San Jose, CA 95110					
	Category (See categories listed at the top of this sche	edule) Description			
PURPOSE	Office Overhead/Rental Expense	Software			
OF					
EXPENDITURE	URE				
	Check if travel outside of Texas, complete so	chedule T Check if A	Austin, TX, officeholder living expense		
Complete ONLY if direct		Office sought	Office held		
expenditure to benefit C/C	OH Melissa Cabello Havrda	Mayor	Council District 6		
Date 7/30/2024	Payee name GoDaddy				
Amount (\$)	Payee address; City; State;	Zip Code			
294.09	14455 N Hayden Rd #226	Zip Code			
204.00	Scottsdale, AZ 85260				
	Ocottodate, AL 00200				
	Category (See categories listed at the top of this sche	·			
PURPOSE	Office Overhead/Rental Expense	Domain Hosting			
OF					
EXPENDITURE					
	Check if travel outside of Texas, complete so	chedule T Check if A	Austin, TX, officeholder living expense		
Complete ONLY if direct		Office sought	Office held		
expenditure to benefit C/C	OH Melissa Cabello Havrda	Mayor	Council District 6		
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SCHEDULE F1

Accounting/Banking	EXPENDITURE CATEGORIES Event Expense	S FOR BOX 8(a) Loan Repayment/Reimbursement	Solicitation/Fundraising Expense	
Advertising Expense Consulting Expense	Fees Food/Beverage Expense	Office Overhead/Rental Expense Polling Expense	Transportation Equipment & Related Expense Travel in District	
Contributions/Donations Made By Candidate/Officeholder/Political C			Travel Out Of District 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 39	2 FILER NAME Melissa Cabello Havrda		3 Filer ID (Ethics Commission Filers)	
4 Date 7/31/2024	5 Payee name IBC bank			
6 Amount (\$) 25.00	7 Payee address; City; State; Zip Code 130 East Travis San Antonio, TX 78205			
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule) Accounting/Banking (b) Description Bank Fee			
EXPENDITURE	(c) Check if travel outside of Texas, complete so	chedule T Check if A	Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Mayor	Office held Council District 6	
Date 7/31/2024	Payee name GoDaddy			
Amount (\$) 35.16	Payee address; City; State; 14455 N Hayden Rd #226 Scottsdale, AZ 85260	Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sche Office Overhead/Rental Expense	Description Domain Hosting		
EXPENDITURE	Check if travel outside of Texas, complete so	chedule T Check if A	Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C		Office sought Mayor	Office held Council District 6	
Date 8/2/2024	Payee name Google Suite			
Amount (\$) 15.35	Payee address; City; State; 1600 Amphitheatre Parkway Mountainview, CA 94043	Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sche Office Overhead/Rental Expense	Description Dues and Subscr	iptions	
	Check if travel outside of Texas, complete so	chedule T Check if A	Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C		Office sought Mayor	Office held Council District 6	
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Accounting/Banking	EXPENDITURE CATEGO Event Expense	PRIES FOR BOX 8(a) Loan Repayment/Reimbursement	Solicitation/Fundraising Expense			
Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C	Fees Food/Beverage Expense Gifts/Awards/Memorials Expense ommittee Legal Services	Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)			
Credit Card Payment	The Instruction Guide explains	-	Other (enter a category not listed above)			
1 Total pages Schedule F1:	2 FILER NAME Melissa Cabello Havrda		3 Filer ID (Ethics Commission Filers)			
4 Date 8/12/2024	5 Payee name Constant Contact					
6 Amount (\$) 278.22	7 Payee address; City; State; Zip Code 3675 Precision Dr Loveland, CO 80538					
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Email Database					
EXPENDITURE	(c) Check if travel outside of Texas, compl	ete schedule T Check if A	Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6			
Date 8/12/2024	Payee name Square Space					
Amount (\$) 30.91	Payee address; City; Sta 8 Clarkson St New York, NY 10014	ate; Zip Code				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of thi Office Overhead/Rental Expense	s schedule) Description Website Hosting				
2/4 2/45/10/K2	Check if travel outside of Texas, comple	Check if travel outside of Texas, complete schedule T Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6			
Date 8/12/2024	Payee name Adobe Inc					
Amount (\$) 25.46	Payee address; City; Sta 345 Park Ave San Jose, CA 95110	ate; Zip Code				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of thi Office Overhead/Rental Expense	s schedule) Description Software				
	Check if travel outside of Texas, compl	ete schedule T Check if A	Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/C		Office sought Mayor	Office held Council District 6			
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NEEDE	ED .			

	EXPENDITURE CATEGORIE	S FOR BOX 8(a)			
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C	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)		
Credit Card Payment	The Instruction Guide explains how	to complete this form	,		
1 Total pages Schedule F1: 8 of 39	2 FILER NAME Melissa Cabello Havrda		3 Filer ID (Ethics Commission Filers)		
4 Date 8/13/2024	5 Payee name Domain Networks				
6 Amount (\$) 289.00	7 Payee address; City; State; Zip Code PO Box 1280 Henderson, NC 28793				
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this school Office Overhead/Rental Expense	(b) Description Domain Hosting			
	(c) Check if travel outside of Texas, complete s	chedule T Check if A	Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/C		Office sought Mayor	Office held Council District 6		
Date 8/14/2024	Payee name Duable				
Amount (\$) 3500.00	Payee address; City; State; 110 Broadway #170 San Antonio, TX 78205	Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this school Consulting Expense	Description Consulting			
	Check if travel outside of Texas, complete s	chedule T Check if A	Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Mayor	Office held Council District 6		
Date 8/15/2024	Payee name Nancy Reyna				
Amount (\$) 21.65	Payee address; City; State; Zip Code 7806 Coral Elm San Antonio, TX 78251				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sche Advertising Expense	Description Advertisement			
	Check if travel outside of Texas, complete s	chedule T Check if A	Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/C		Office sought Mayor	Office held Council District 6		
	ATTACH ADDITIONAL COPIES OF TH	HIS SCHEDULE AS NEEDE	ED		

Accounting/Panking	EXPENDITURE CATEGORIES Event Expense	FOR BOX 8(a) Loan Repayment/Reimbursement	Solicitation/Eundraining Evpopes	
Accounting/Banking Advertising Expense	Fees	Office Overhead/Rental Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense	
Consulting Expense Contributions/Donations Made By		Polling Expense Printing Expense	Travel in District Travel Out Of District	
Candidate/Officeholder/Political C Credit Card Payment	•	Salaries/Wages/Contract Labor	Other (enter a category not listed above)	
·	The Instruction Guide explains how t	o complete this form		
1 Total pages Schedule F1: 9 of 39	2 FILER NAME Melissa Cabello Havrda		3 Filer ID (Ethics Commission Filers)	
4 Date 8/15/2024	5 Payee name San Antonio AFL-CIO			
6 Amount (\$) 750.00	7 Payee address; City; State; Zip Code 9502 Computer Dr #201 San Antonio, TX 78229			
0		dula) (h) Description		
8 PURPOSE	(a) Category (See categories listed at the top of this sche Contributions/Donations Made By	dule) (b) Description Charitable Contri	ibutions	
OF	Candidate/Officeholder/Political			
EXPENDITURE	Committee			
	(c) Check if travel outside of Texas, complete so	hedule T Check if	Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/C		Office sought Mayor	Office held Council District 6	
Date 8/16/2024	Payee name Adobe Inc			
Amount (\$)	Payee address; City; State;	Zip Code		
10.81	345 Park Ave			
	San Jose, CA 95110			
DUDDOSE	Category (See categories listed at the top of this sche Office Overhead/Rental Expense	dule) Description Software		
PURPOSE OF				
EXPENDITURE				
	Check if travel outside of Texas, complete so	hedule T Check if	Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C		Office sought Mayor	Office held Council District 6	
Date	Payee name			
8/18/2024	San Antonio Alliance Local 67			
Amount (\$) 100.00	Payee address; City; State; 120 Adams St	Zip Code		
	San Antonio, TX 78210			
	Category (See categories listed at the top of this sche	dule) Description		
PURPOSE	Contributions/Donations Made By	Charitable Contri	ibutions	
OF	Candidate/Officeholder/Political			
EXPENDITURE	Committee			
	Check if travel outside of Texas, complete so		Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C		Office sought Mayor	Office held Council District 6	
	ATTACH ADDITIONAL COPIES OF TH	IIS SCHEDULE AS NEEDE	ED .	

Accounting/Banking	EXPENDITURE CATEGORIES Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense		
Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C	Fees Food/Beverage Expense Gifts/Awards/Memorials Expense	Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Mages/Contract Labor	Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)		
Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not like The Instruction Guide explains how to complete this form				
1 Total pages Schedule F1:	2 FILER NAME Melissa Cabello Havrda		3 Filer ID (Ethics Commission Filers)		
4 Date 8/19/2024	5 Payee name Square Space				
6 Amount (\$) 38.38	7 Payee address; City; State; 8 Clarkson St New York, NY 10014	Zip Code			
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Website Hosting				
EXPENDITURE	(c) Check if travel outside of Texas, complete so	chedule T Check if A	Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6		
Date 8/28/2024	Payee name Adobe Inc				
Amount (\$) 21.64	Payee address; City; State; 345 Park Ave San Jose, CA 95110	Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sche Office Overhead/Rental Expense	Description Software			
LAFENDITORE	Check if travel outside of Texas, complete so	Check if travel outside of Texas, complete schedule T Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/C		Office sought Mayor	Office held Council District 6		
Date 8/30/2024	Payee name Facebook				
Amount (\$) 10.00	Payee address; City; State; 1 Hacker Way Menlo Park, CA 94025	Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this school Advertising Expense	Description Advertisement			
	Check if travel outside of Texas, complete so	chedule T Check if A	Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/C		Office sought Mayor	Office held Council District 6		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

Accounting/Banking	EXPENDITURE CATEGORIES Event Expense	S FOR BOX 8(a) Loan Repayment/Reimbursement	Solicitation/Fundraising Expense	
Advertising Expense Consulting Expense	Fees Food/Beverage Expense	Office Overhead/Rental Expense Polling Expense	Transportation Equipment & Related Expense Travel in District	
Contributions/Donations Made By	Gifts/Awards/Memorials Expense Printing Expense		Travel Out Of District	
Candidate/Officeholder/Political C Credit Card Payment	3	Salaries/Wages/Contract Labor	Other (enter a category not listed above)	
1 Total pages Schedule F1:	The Instruction Guide explains how 2 FILER NAME	to complete this form	2 Filer ID (Ethica Commission Filers)	
11 of 39	Melissa Cabello Havrda		3 Filer ID (Ethics Commission Filers)	
4 Date 8/31/2024	5 Payee name IBC bank			
6 Amount (\$)	7 Payee address; City; State;	Zip Code		
24.12	130 East Travis			
	San Antonio, TX 78205			
PURPOSE	(a) Category (See categories listed at the top of this sche Accounting/Banking	(b) Description Bank Fee		
OF EXPENDITURE				
-	(c) Check if travel outside of Texas, complete so	chedule T Check if A	Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/C		Office sought Mayor	Office held Council District 6	
onponditure to benefit of	monosa Gabono Havraa	mayor	Sourion District S	
Date 9/3/2024	Payee name Facebook			
Amount (\$)	Payee address; City; State;	Zip Code		
10.00 1 Hacker Way				
	Menlo Park, CA 94025			
	Category (See categories listed at the top of this sche	· ·		
PURPOSE	Advertising Expense	Advertisement		
OF EXPENDITURE	IRE			
	Check if travel outside of Texas, complete so	chedule T Check if A	Austin, TX, officeholder living expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/C	OH Melissa Cabello Havrda	Mayor	Council District 6	
Date 9/3/2024	Payee name Facebook			
Amount (\$)	Payee address; City; State;	Zip Code		
10.00	1 Hacker Way			
	Menlo Park, CA 94025			
	Category (See categories listed at the top of this sche	·		
PURPOSE	Advertising Expense	Advertisement		
OF				
EXPENDITURE	Check if travel outside of Toyas, complete so	chadula T Chack if /	Austin TV officeholder living expense	
Complete ONLY if direct	Check if travel outside of Texas, complete so	Office sought	Austin, TX, officeholder living expense Office held	
expenditure to benefit C/C		Mayor	Council District 6	
	ATTACH ADDITIONAL COPIES OF TH	IIS SCHEDULE AS NEEDE	ED	

SCHEDULE F1

	EXPENDITI	JRE CATEGORIES FOR	BOX 8(a)	
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Event Expense Fees Food/Beverage Exp Gifts/Awards/Memo	Loan Rooffice Coense Polling orials Expense Printing	epayment/Reimbursement overhead/Rental Expense Expense Expense s/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
Credit Card Payment	The Instruction G	uide explains how to com	plete this form	
1 Total pages Schedule F1: 12 of 39	2 FILER NAME Melissa Cabello Havrda			3 Filer ID (Ethics Commission Filers)
4 Date 9/3/2024	5 Payee name Google Suite			
6 Amount (\$) 15.35	7 Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Mountainview, CA 94043			
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Dues and Subscriptions			
EXPENDITURE	(c) Check if travel outside o	f Texas, complete schedule	T Check if A	austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officehold PH Melissa Cabello Ha		Office sought Mayor	Office held Council District 6
Date 9/5/2024	Payee name Facebook			
Amount (\$) 15.00	Payee address; 1 Hacker Way Menlo Park, CA 94025	City; State; Zip	Code	
PURPOSE OF EXPENDITURE	Category (See categories liste Advertising Expense	d at the top of this schedule)	Description Advertisement	
	Check if travel outside o	f Texas, complete schedule	T Check if A	austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officehold	ler name	Office sought Mayor	Office held Council District 6
Date 9/6/2024	Payee name IBC bank			
Amount (\$) 12.00	Payee address; 130 East Travis San Antonio, TX 78205	City; State; Zip	Code	
PURPOSE OF EXPENDITURE	Category (See categories liste Accounting/Banking	d at the top of this schedule)	Description Bank Fee	
	Check if travel outside o	f Texas, complete schedule	T Check if A	ustin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C			Office sought Mayor	Office held Council District 6
	ATTACH ADDITIONAL	. COPIES OF THIS SC	CHEDULE AS NEEDE	D

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SCHEDULE F1

	EXPENDITURE CATEGORIES	S 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 Travel in District
Consulting Expense Contributions/Donations Made By	Food/Beverage Expense Gifts/Awards/Memorials Expense	Polling Expense Printing Expense	Travel Out Of District
Candidate/Officeholder/Political C		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 FILER NAME		3 Filer ID (Ethics Commission Filers)
13 of 39	Melissa Cabello Havrda		
4 Date 9/9/2024	5 Payee name Facebook		
6 Amount (\$)	7 Payee address; City; State;	Zip Code	
15.00	1 Hacker Way		
	Menlo Park, CA 94025		
8 PURPOSE	(a) Category (See categories listed at the top of this sche Advertising Expense	(b) Description Advertisement	
OF	5 .		
EXPENDITURE			
	(c) Check if travel outside of Texas, complete so	chedule T Check if A	Austin, TX, officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/C	OH Melissa Cabello Havrda	Mayor	Council District 6
Date 9/11/2024	Payee name Facebook		
Amount (\$)	Payee address; City; State;	Zip Code	
17.00	1 Hacker Way		
	Menlo Park, CA 94025		
	Category (See categories listed at the top of this sche	edule) Description	
DUDDOOF	Advertising Expense	Advertisement	
PURPOSE OF	raterioning Expenses		
EXPENDITURE			
EXPENDITORE	Chack if travel outside of Tayes, complete or	phodulo T Chock if A	Austin TV officeholder living evpense
Occupate ONLY if discret	Check if travel outside of Texas, complete so	<u>—</u>	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought Mayor	Office held Council District 6
experience to belief 6/6	Wellssa Cabello Havida	Wayor	Council District o
Data	Davis a name		
Date 9/11/2024	Payee name Constant Contact		
Amount (\$)	Payee address; City; State;	Zip Code	
300.61	3675 Precision Dr		
	Loveland, CO 80538		
	Category (See categories listed at the top of this sche	edule) Description	
DUDDOSE	Office Overhead/Rental Expense	Email Database	
PURPOSE OF			
EXPENDITURE			
LXI LIBITORE	Check if travel outside of Texas, complete so	chedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct		Office sought	Office held
expenditure to benefit C/C		Mayor	Council District 6
, 22 22		, •.	22
	ATTACH ADDITIONAL COPIES OF TH	IIS SCHEDULE AS NEEDE	ED

	EXPENDITURE CATEGO	RIES FOR BOX 8(a)	
Accounting/Banking Advertising Expense Consulting Expense	Event Expense Fees Food/Beverage Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District
Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Gifts/Awards/Memorials Expense ommittee Legal Services The Instruction Guide explains I	Printing Expense Salaries/Wages/Contract Labor how to complete this form	Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Melissa Cabello Havrda		3 Filer ID (Ethics Commission Filers)
4 Date 9/12/2024	5 Payee name Square Space		
6 Amount (\$) 35.18	7 Payee address; City; Sta 8 Clarkson St New York, NY 10014	ate; Zip Code	
8 PURPOSE OF	(a) Category (See categories listed at the top of this Office Overhead/Rental Expense	(b) Description Website Hosting	
EXPENDITURE	(c) Check if travel outside of Texas, comple	ete schedule T Check if A	Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6
Date 9/16/2024	Payee name Adobe Inc		
Amount (\$) 10.81	Payee address; City; Sta 345 Park Ave San Jose, CA 95110	ate; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this Office Overhead/Rental Expense	s schedule) Description Software	
	Check if travel outside of Texas, comple	ete schedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6
Date 9/17/2024	Payee name Duable		
Amount (\$) 6500.00	Payee address; City; Sta 110 Broadway #170 San Antonio, TX 78205	ate; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this Consulting Expense	Description Consulting	
	Check if travel outside of Texas, comple	ete schedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought Mayor	Office held Council District 6
	ATTACH ADDITIONAL COPIES OF	F THIS SCHEDULE AS NEEDE	ED .

SCHEDULE F1

Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment 1 Total pages Schedule F1: 15 of 39	Fees Food/Beverage Expense Gifts/Awards/Memorials Expense	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) 3 Filer ID (Ethics Commission Filers)
4 Date 9/19/2024	5 Payee name Square Space		
6 Amount (\$) 38.38	7 Payee address; City; State; 8 Clarkson St New York, NY 10014	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this sche Office Overhead/Rental Expense	(b) Description Website Hosting	
	(c) Check if travel outside of Texas, complete so	chedule T Check if A	Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6
Date 9/25/2024	Payee name Society of professional journalists SA		
Amount (\$) 412.41	Payee address; City; State; 3909 N Meridian St Indianapolis, IN 46208	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sche Advertising Expense	Description Advertisement	
	Check if travel outside of Texas, complete so	chedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought Mayor	Office held Council District 6
Date 9/30/2024	Payee name Adobe Inc		
Amount (\$) 21.64	Payee address; City; State; 345 Park Ave San Jose, CA 95110	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sche Office Overhead/Rental Expense	Description Software	
	Check if travel outside of Texas, complete so	chedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought Mayor	Office held Council District 6
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

	EXPENDITURE CATEGORIES	S FOR BOX 8(a)	
Accounting/Banking		Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense Contributions/Donations Made By	Food/Beverage Expense Gifts/Awards/Memorials Expense	Polling Expense Printing Expense	Travel in District Travel Out Of District
Candidate/Officeholder/Political C		Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how	_	,
1 Total pages Schedule F1:	2 FILER NAME Melissa Cabello Havrda	·	3 Filer ID (Ethics Commission Filers)
4 Date 9/30/2024	5 Payee name IBC bank		
6 Amount (\$)	7 Payee address; City; State;	Zip Code	
24.61	130 East Travis		
	San Antonio, TX 78205		
8	(a) Category (See categories listed at the top of this sche	edule) (b) Description	
PURPOSE	Accounting/Banking	Bank Fee	
OF	•		
EXPENDITURE			
	(c) Check if travel outside of Texas, complete so		Austin, TX, officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/C	OH Melissa Cabello Havrda	Mayor	Council District 6
Date 9/30/2024	Payee name Anedot Inc.		
Amount (\$)	Payee address; City; State;	Zip Code	
25.80	1340 Poydras Street #1770	·	
	New Orleans, LA 70112		
	•		
	Category (See categories listed at the top of this sche	· ·	
PURPOSE	Solicitation/Fundraising Expense	Fundraising fee	
OF			
EXPENDITURE			
	Check if travel outside of Texas, complete so		Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/C	OH Melissa Cabello Havrda	Mayor	Council District 6
Date 10/1/2024	Payee name Google Suite		
		75- O- 4-	
Amount (\$) 15.35	Payee address; City; State; 1600 Amphitheatre Parkway	Zip Code	
13.33	Mountainview, CA 94043		
	Modification with the wind of		
	Category (See categories listed at the top of this sche	edule) Description	
PURPOSE	Office Overhead/Rental Expense	Dues and Subscr	riptions
OF			
EXPENDITURE			
	Check if travel outside of Texas, complete so	chedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct		Office sought	Office held
expenditure to benefit C/C	OH Melissa Cabello Havrda	Mayor	Council District 6
			_
	ATTACH ADDITIONAL COPIES OF TH	IIS SCHEDULE AS NEEDE	D

SCHEDULE F1

	EXPENDITURE CATEGORIES	` '	
Accounting/Banking Advertising Expense	Event Expense Fees	Loan Repayment/Reimbursement Office Overhead/Rental Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By Candidate/Officeholder/Political C		Printing Expense Salaries/Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how t	_	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
17 of 39	Melissa Cabello Havrda		
4 Date 10/1/2024	5 Payee name Vanessa Velasquez Photography		
6 Amount (\$)	7 Payee address; City; State;	Zip Code	
324.75	PO Box 23224		
	San Antonio, TX 78223		
8 PURPOSE	(a) Category (See categories listed at the top of this sche Advertising Expense	(b) Description Photography	
OF			
EXPENDITURE	(c) Check if travel outside of Texas, complete so	shadula T Chack if A	Austin TV officeholder living expense
9 Complete ONLY if direct		Office sought	Austin, TX, officeholder living expense Office held
expenditure to benefit C/C		Mayor	Council District 6
Date 10/1/2024	Payee name Facebook		
Amount (\$)	Payee address; City; State;	Zip Code	
6.51	1 Hacker Way		
	Menlo Park, CA 94025		
	Category (See categories listed at the top of this sche	edule) Description	
PURPOSE	Advertising Expense	Advertisement	
OF EXPENDITURE			
EXPENDITURE	Check if travel outside of Texas, complete so	chedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct	<u> </u>	Office sought	Office held
expenditure to benefit C/C		Mayor	Council District 6
Date 10/3/2024	Payee name Facebook		
Amount (\$)	Payee address; City; State;	Zip Code	
19.00	1 Hacker Way		
	Menlo Park, CA 94025		
	Category (See categories listed at the top of this sche		
PURPOSE	Advertising Expense	Advertisement	
OF			
EXPENDITURE			
Complete ONLY State 1	Check if travel outside of Texas, complete so		Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought Mayor	Office held Council District 6
	ATTACH ADDITIONAL COPIES OF TH	IIS SCHEDULE AS NEEDE	ED

SCHEDULE F1

	EXPENDITURE CATEGORIE	S FOR BOX 8(a)	
Accounting/Banking Advertising Expense	Event Expense Fees	Loan Repayment/Reimbursement Office Overhead/Rental Expense	Solicitation/Fundraising 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 C Credit Card Payment	ommittee Legal Services The Instruction Guide explains how	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME	to complete this form	3 Filer ID (Ethics Commission Filers)
18 of 39	Melissa Cabello Havrda		Critical Commission (Inc.)
4 Date 10/4/2024	5 Payee name Facebook		
6 Amount (\$)	7 Payee address; City; State;	Zip Code	
21.00	1 Hacker Way		
	Menlo Park, CA 94025		
PURPOSE	(a) Category (See categories listed at the top of this sche Advertising Expense	(b) Description Advertisement	
OF EXPENDITURE			
	(c) Check if travel outside of Texas, complete so	chedule T Check if A	Austin, TX, officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/C	OH Melissa Cabello Havrda	Mayor	Council District 6
Date 10/8/2024	Payee name Facebook		
Amount (\$)	Payee address; City; State;	Zip Code	
24.00	1 Hacker Way		
	Menlo Park, CA 94025		
	Category (See categories listed at the top of this sche	edule) Description	
PURPOSE	Advertising Expense	Advertisement	
OF			
EXPENDITURE			
	Check if travel outside of Texas, complete so	chedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct		Office sought	Office held
expenditure to benefit C/C	OH Melissa Cabello Havrda	Mayor	Council District 6
Date 10/11/2024	Payee name Facebook		
Amount (\$)	Payee address; City; State;	Zip Code	
27.00	1 Hacker Way		
	Menlo Park, CA 94025		
	Category (See categories listed at the top of this sche	edule) Description	
PURPOSE	Advertising Expense	Advertisement	
OF			
EXPENDITURE			
	Check if travel outside of Texas, complete so	chedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct		Office sought	Office held
expenditure to benefit C/C	OH Melissa Cabello Havrda	Mayor	Council District 6
	ATTACH ADDITIONAL COPIES OF TH	HIS SCHEDULE AS NEEDE	ED

SCHEDULE F1

	EXPENDITURE CATEGORIE	` '	
Accounting/Banking Advertising Expense	Event Expense Fees	Loan Repayment/Reimbursement Office Overhead/Rental Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By Candidate/Officeholder/Political C	Gifts/Awards/Memorials Expense Committee Legal Services	Printing Expense Salaries/Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how	•	, ,
1 Total pages Schedule F1: 19 of 39	2 FILER NAME Melissa Cabello Havrda		3 Filer ID (Ethics Commission Filers)
4 Date 10/11/2024	5 Payee name Constant Contact		
6 Amount (\$) 300.61	7 Payee address; City; State; 3675 Precision Dr	Zip Code	
300.61	Loveland, CO 80538		
PURPOSE	(a) Category (See categories listed at the top of this school Office Overhead/Rental Expense	(b) Description Email Database	
OF EXPENDITURE	_		
	(c) Check if travel outside of Texas, complete se	chedule T Check if A	Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6
Date 10/15/2024	Payee name Square Space		
Amount (\$) 35.18	Payee address; City; State; 8 Clarkson St New York, NY 10014	Zip Code	
PURPOSE OF	Category (See categories listed at the top of this sche Office Overhead/Rental Expense	Description Website Hosting	
EXPENDITURE	Check if travel outside of Texas, complete so	chedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought Mayor	Office held Council District 6
Date 10/15/2024	Payee name Facebook		
Amount (\$) 30.00	Payee address; City; State; 1 Hacker Way Menlo Park, CA 94025	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this school Advertising Expense	Description Advertisement	
	Check if travel outside of Texas, complete so	chedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought Mayor	Office held Council District 6
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

Accounting/Banking	EXPENDITURE CATEGORIE Event Expense	S FOR BOX 8(a) Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense Travel in District
Consulting Expense Contributions/Donations Made By	Food/Beverage Expense Gifts/Awards/Memorials Expense	Polling Expense Printing Expense	Travel Out Of District
Candidate/Officeholder/Political C	ommittee 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: 20 of 39	2 FILER NAME Melissa Cabello Havrda		3 Filer ID (Ethics Commission Filers)
4 Date 10/16/2024	5 Payee name Adobe Inc		
6 Amount (\$)	7 Payee address; City; State;	Zip Code	
10.81	345 Park Ave		
	San Jose, CA 95110		
8 PURPOSE OF	(a) Category (See categories listed at the top of this school Office Overhead/Rental Expense	(b) Description Software	
EXPENDITURE			
	(c) Check if travel outside of Texas, complete s	chedule T Check if A	Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6
Date 10/21/2024	Payee name Square Space		
Amount (\$) 38.38	Payee address; City; State; 8 Clarkson St New York, NY 10014	Zip Code	
PURPOSE OF	Category (See categories listed at the top of this schoolffice Overhead/Rental Expense	Description Website Hosting	
EXPENDITURE	Check if travel outside of Texas, complete s	chedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct	<u> </u>	Office sought	Office held
expenditure to benefit C/C		Mayor	Council District 6
Date 10/21/2024	Payee name Facebook		
Amount (\$) 33.00	Payee address; City; State; 1 Hacker Way Menlo Park, CA 94025	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sch. Advertising Expense	Description Advertisement	
	Check if travel outside of Texas, complete s	chedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought Mayor	Office held Council District 6
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

	EXPENDITURE CATEGORIES	S FOR BOX 8(a)		
Accounting/Banking Advertising Expense	Event Expense Fees	Loan Repayment/Reimbursement Office Overhead/Rental Expense	Solicitation/Fundraising 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 C Credit Card Payment	ommittee Legal Services The Instruction Guide explains how to	Salaries/Wages/Contract Labor	Other (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME	to complete this form	3 Filer ID (Ethics Commission Filers)	
21 of 39	Melissa Cabello Havrda		Critical 12 (Europe Commission 1 note)	
4 Date 10/22/2024	5 Payee name Alpha Graphics			
6 Amount (\$)	7 Payee address; City; State;	Zip Code		
350.00	12077 Starcrest Drive			
	San Antonio, TX 78247			
PURPOSE	(a) Category (See categories listed at the top of this sche Advertising Expense	(b) Description Printing		
OF EXPENDITURE				
	(c) Check if travel outside of Texas, complete so	chedule T Check if A	Austin, TX, officeholder living expense	
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/C	OH Melissa Cabello Havrda	Mayor	Council District 6	
Date 10/23/2024	Payee name J Alexander S			
Amount (\$)	Payee address; City; State;	Zip Code		
53.79				
	San Antonio, TX 78209			
	Category (See categories listed at the top of this sche	edule) Description		
PURPOSE	Food/Beverage Expense	Meal		
OF				
EXPENDITURE				
	Check if travel outside of Texas, complete so		Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/C		Office sought Mayor	Office held Council District 6	
experience to benefit eye	menssa sabeno navida	Mayor	Council District C	
Date	Payee name			
10/23/2024	La Panaderia			
Amount (\$)	Payee address; City; State;	Zip Code		
21.23	8305 Broadway			
	San Antonio, TX 78209			
	Category (See categories listed at the top of this sche	edule) Description		
PURPOSE	Food/Beverage Expense	Meal		
OF				
EXPENDITURE				
	Check if travel outside of Texas, complete so	chedule T Check if A	Austin, TX, officeholder living expense	
Complete ONLY if direct		Office sought	Office held	
expenditure to benefit C/C	OH Melissa Cabello Havrda	Mayor	Council District 6	
	ATTACH ADDITIONAL COPIES OF TH	IIS SCHEDULE AS NEEDE	E D	

	EXPENDITURE CATEGOR	RIES FOR BOX 8(a)	
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Event Expense Fees Food/Beverage Expense Gifts/Awards/Memorials Expense Legal Services The Instruction Guide explains h	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)
1 Total pages Schedule F1:	2 FILER NAME Melissa Cabello Havrda	ow to complete this form	3 Filer ID (Ethics Commission Filers)
4 Date 10/23/2024	5 Payee name Duable		
6 Amount (\$) 4810.00	7 Payee address; City; Sta 110 Broadway #170 San Antonio, TX 78205	te; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this Consulting Expense	(b) Description Consulting	
9 Complete ONLY if direct expenditure to benefit C/C	Check if travel outside of Texas, comple Candidate / Officeholder name Melissa Cabello Havrda	te schedule T Check if A Office sought Mayor	Austin, TX, officeholder living expense Office held Council District 6
Date 10/24/2024	Payee name Facebook		
Amount (\$) 37.00	Payee address; City; Sta 1 Hacker Way Menlo Park, CA 94025	te; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this Advertising Expense	schedule) Description Advertisement	
	Check if travel outside of Texas, comple	te schedule T Check if	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6
Date 10/25/2024	Payee name Alamedas Cafe		
Amount (\$) 13.23	Payee address; City; Star 342 W Houston San Antonio, TX 78205	te; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this Food/Beverage Expense	schedule) Description Meal	
	Check if travel outside of Texas, comple	te schedule T Check if	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought Mayor	Office held Council District 6
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEED!	ED

Accounting/Banking	EXPENDITURE CATEGORIES Event Expense	S FOR BOX 8(a) Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense Contributions/Donations Made By	Food/Beverage Expense Gifts/Awards/Memorials Expense	Polling Expense Printing Expense	Travel in District Travel Out Of District
Candidate/Officeholder/Political C	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: 23 of 39	2 FILER NAME Melissa Cabello Havrda		3 Filer ID (Ethics Commission Filers)
4 Date 10/25/2024	5 Payee name Walgreens		
6 Amount (\$)	7 Payee address; City; State;	Zip Code	
25.73	10718 Bandera		
	San Antonio, TX 78250		
8 PURPOSE OF	(a) Category (See categories listed at the top of this sche Office Overhead/Rental Expense	(b) Description Supplies	
EXPENDITURE			
	(c) Check if travel outside of Texas, complete se	chedule T Check if A	Austin, TX, officeholder living expense
9 Complete ONLY if direct		Office sought	Office held
expenditure to benefit C/C	OH Melissa Cabello Havrda	Mayor	Council District 6
Date 10/28/2024	Payee name Facebook		
Amount (\$)	Payee address; City; State;	Zip Code	
28.08	1 Hacker Way		
	Menlo Park, CA 94025		
	Category (See categories listed at the top of this sche	edule) Description	
PURPOSE	Advertising Expense	Advertisement	
OF			
EXPENDITURE			
	Check if travel outside of Texas, complete so	chedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct		Office sought	Office held
expenditure to benefit C/C	OH Melissa Cabello Havrda	Mayor	Council District 6
Date 10/28/2024	Payee name Adobe Inc		
Amount (\$)	Payee address; City; State;	Zip Code	
21.64	345 Park Ave		
	San Jose, CA 95110		
	Category (See categories listed at the top of this sche	edule) Description	
PURPOSE	Office Overhead/Rental Expense	Software	
OF	-		
EXPENDITURE			
	Check if travel outside of Texas, complete so	chedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct		Office sought	Office held
expenditure to benefit C/C	OH Melissa Cabello Havrda	Mayor	Council District 6
	ATTACH ADDITIONAL COPIES OF TH	IIS SCHEDUI F AS NEFDE	ED
	ATTION ASSESSMENT OF THE OF THE	JOI.LEGE AU HEEDE	

	EVDENDITURE CATEGORIES	EOD BOY 9(a)	
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Fees Food/Beverage Expense Gifts/Awards/Memorials Expense	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)
1 Total pages Schedule F1: 24 of 39	2 FILER NAME Melissa Cabello Havrda		3 Filer ID (Ethics Commission Filers)
4 Date 10/28/2024	5 Payee name Facebook		
6 Amount (\$) 8.46	7 Payee address; City; State; 1 Hacker Way Menlo Park, CA 94025	Zip Code	
8 PURPOSE OF	(a) Category (See categories listed at the top of this scheen Advertising Expense	(b) Description Advertisement	
EXPENDITURE	(c) Check if travel outside of Texas, complete sc	hedule T Check if A	Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6
Date 10/31/2024	Payee name IBC bank		
Amount (\$) 27.85	Payee address; City; State; 130 East Travis San Antonio, TX 78205	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this scheen Accounting/Banking	Description Bank Fee	
	Check if travel outside of Texas, complete sc	hedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6
Date 10/31/2024	Payee name Anedot Inc.		
Amount (\$) 116.60	Payee address; City; State; 1340 Poydras Street #1770 New Orleans, LA 70112	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this scheen Solicitation/Fundraising Expense	Description Fundraising fee	
	Check if travel outside of Texas, complete sc	hedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought Mayor	Office held Council District 6
	ATTACH ADDITIONAL COPIES OF TH	IIS SCHEDULE AS NEEDE	ED .

	EXPENDITURE CATEGORIE	S FOR BOX 8(a)		
Accounting/Banking Advertising Expense	Event Expense Fees	Loan Repayment/Reimbursement Office Overhead/Rental Expense	Solicitation/Fundraising 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 C Credit Card Payment	· ·	Salaries/Wages/Contract Labor	Other (enter a category not listed above)	
1 Total pages Schedule F1:	The Instruction Guide explains how 2 FILER NAME	to complete this form	2 Filer ID (Ethics Commission Filers)	
25 of 39	Melissa Cabello Havrda		3 Filer ID (Ethics Commission Filers)	
4 Date 11/1/2024	5 Payee name Google Suite			
6 Amount (\$)	7 Payee address; City; State;	Zip Code		
15.35	1600 Amphitheatre Parkway			
	Mountainview, CA 94043			
8	(a) Category (See categories listed at the top of this scho	edule) (b) Description		
PURPOSE	Office Overhead/Rental Expense	Dues and Subscr	riptions	
OF				
EXPENDITURE	(c) Check if travel outside of Texas, complete so	chedule T Check if A	Austin, TX, officeholder living expense	
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/C		Mayor	Council District 6	
Date 11/4/2024	Payee name Facebook			
Amount (\$)	Payee address; City; State;	Zip Code		
41.00	1 Hacker Way			
	Menlo Park, CA 94025			
	Category (See categories listed at the top of this sche	edule) Description		
PURPOSE	Advertising Expense	Advertisement		
OF				
EXPENDITURE				
	Check if travel outside of Texas, complete so	<u>—</u>	Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C		Office sought Mayor	Office held Council District 6	
experialities to beliefit 6/6	Melissa Capello Havida	Mayor	Council District 6	
Date	Payee name			
11/12/2024	Constant Contact			
Amount (\$)	Payee address; City; State;	Zip Code		
300.61	3675 Precision Dr			
	Loveland, CO 80538			
	Category (See categories listed at the top of this sche	edule) Description		
PURPOSE	Office Overhead/Rental Expense	Email Database		
OF				
EXPENDITURE				
	Check if travel outside of Texas, complete s		Austin, TX, officeholder living expense	
Complete ONLY if direct		Office sought	Office held	
expenditure to benefit C/OH Melissa Cabello Havrda Mayor Council District 6				
	ATTACH ADDITIONAL COPIES OF TH	HIS SCHEDULE AS NEEDE	ED .	

	EXPENDITURE CATEGORIE	S FOR BOX 8(a)			
Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense		
Advertising Expense Consulting Expense	Fees Food/Beverage Expense	Office Overhead/Rental Expense Polling Expense	Transportation Equipment & Related Expense Travel in District		
Contributions/Donations Made By	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District		
Candidate/Officeholder/Political C		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: 26 of 39	2 FILER NAME Melissa Cabello Havrda		3 Filer ID (Ethics Commission Filers)		
4 Date 11/12/2024	5 Payee name Square Space				
6 Amount (\$)	7 Payee address; City; State;	Zip Code			
35.18	8 Clarkson St	·			
	New York, NY 10014				
	,				
8	(a) Category (See categories listed at the top of this sch				
PURPOSE	Office Overhead/Rental Expense	Website Hosting			
OF					
EXPENDITURE	(c) Check if travel outside of Texas, complete s	chadula T Chack if A	Austin, TX, officeholder living expense		
O Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C		Mayor	Council District 6		
	monosa subono navia	ayo.	Council District C		
Date 11/18/2024	Payee name Adobe Inc				
Amount (\$)	Payee address; City; State;	Zip Code			
10.81	345 Park Ave	Zip Oodc			
10101	San Jose, CA 95110				
	Jan 5556, 5A 55115				
	Category (See categories listed at the top of this sch	Description			
PURPOSE	Office Overhead/Rental Expense	Software			
OF					
EXPENDITURE					
	Check if travel outside of Texas, complete s	schedule T Check if A	Austin, TX, officeholder living expense		
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held		
expenditure to benefit C/C	Melissa Cabello Havrda	Mayor	Council District 6		
Date	Payee name				
11/18/2024	Facebook				
Amount (\$)	Payee address; City; State;	Zip Code			
62.00	1 Hacker Way				
	Menlo Park, CA 94025				
	Category (See categories listed at the top of this sch Advertising Expense	Description Advertisement			
PURPOSE	Advertising Expense	Advertisement			
OF					
EXPENDITURE					
	Check if travel outside of Texas, complete s		Austin, TX, officeholder living expense		
Complete ONLY if direct		Office sought	Office held		
expenditure to benefit C/C	Melissa Cabello Havrda	Mayor	Council District 6		
	ATTACH ADDITIONAL CODIES OF T		-n		
	ATTACH ADDITIONAL COPIES OF T	III SUNEDULE AS NEEDE	:U		

	EXPENDITURE CATEGORI	ES EOD BOY 8(a)	
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Event Expense Fees Food/Beverage Expense Gifts/Awards/Memorials Expense	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)
1 Total pages Schedule F1: 27 of 39	2 FILER NAME Melissa Cabello Havrda		3 Filer ID (Ethics Commission Filers)
4 Date 11/18/2024	5 Payee name Facebook		
6 Amount (\$) 69.00	7 Payee address; City; State 1 Hacker Way Menlo Park, CA 94025	; Zip Code	
8 PURPOSE OF	(a) Category (See categories listed at the top of this so Advertising Expense	(b) Description Advertisement	
EXPENDITURE	(c) Check if travel outside of Texas, complete	schedule T Check if A	Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6
Date 11/18/2024	Payee name Facebook		
Amount (\$) 76.00	Payee address; City; State 1 Hacker Way Menlo Park, CA 94025	; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this so Advertising Expense	Description Advertisement	
	Check if travel outside of Texas, complete	schedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6
Date 11/18/2024	Payee name Facebook		
Amount (\$) 84.00	Payee address; City; State 1 Hacker Way Menlo Park, CA 94025	; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this so Advertising Expense	Description Advertisement	
	Check if travel outside of Texas, complete	schedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought Mayor	Office held Council District 6
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEEDE	ED

SCHEDULE F1

	EXPENDITURE CATEGOR	LIES FOR BOX 8(a)			
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Event Expense Fees Food/Beverage Expense Gifts/Awards/Memorials Expense Legal Services The Instruction Guide explains he	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)		
1 Total pages Schedule F1: 28 of 39	2 FILER NAME Melissa Cabello Havrda	w to complete uns form	3 Filer ID (Ethics Commission Filers)		
4 Date 11/18/2024	5 Payee name Facebook	,			
6 Amount (\$) 93.00	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 s Advertising Expense	(b) Description Advertisement			
9 Complete ONLY if direct expenditure to benefit C/C	Check if travel outside of Texas, complete Candidate / Officeholder name Melissa Cabello Havrda	e schedule T Check if A Office sought Mayor	Austin, TX, officeholder living expense Office held Council District 6		
Date 11/18/2024	Payee name Facebook				
Amount (\$) 103.00	Payee address; City; State 1 Hacker Way Menlo Park, CA 94025	e; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this s Advertising Expense	Description Advertisement			
	Check if travel outside of Texas, complete	e schedule T Check if A	Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6		
Date 11/19/2024	Payee name Facebook				
Amount (\$) 114.00	Payee address; City; State 1 Hacker Way Menlo Park, CA 94025	e; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this s Advertising Expense	Description Advertisement			
	Check if travel outside of Texas, complete	e schedule T Check if A	Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/C		Office sought Mayor	Office held Council District 6		
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEEDE	ED .		

Accounting/Banking Advertising Expense	EXPENDITURE CATEGORIES Event Expense Fees	S FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense
Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Food/Beverage Expense Gifts/Awards/Memorials Expense	Polling Expense Printing Expense Salaries/Wages/Contract Labor	Travel in District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Melissa Cabello Havrda	to complete and form	3 Filer ID (Ethics Commission Filers)
4 Date 11/19/2024	5 Payee name Square Space		
6 Amount (\$) 38.38	7 Payee address; City; State; 8 Clarkson St New York, NY 10014	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this sche Office Overhead/Rental Expense	(b) Description Website Hosting	
	(c) Check if travel outside of Texas, complete so	chedule T Check if A	Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6
Date 11/20/2024	Payee name AAAA Mini Storage		
Amount (\$) 19.49	Payee address; City; State; 8611 Potranco Road San Antonio, TX 78251	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sche Office Overhead/Rental Expense	Description Storage	
EXPENDITURE	Check if travel outside of Texas, complete so	chedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought Mayor	Office held Council District 6
Date 11/20/2024	Payee name Facebook		
Amount (\$) 126.00	Payee address; City; State; 1 Hacker Way Menlo Park, CA 94025	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sche Advertising Expense	Description Advertisement	
	Check if travel outside of Texas, complete so	chedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought Mayor	Office held Council District 6
	ATTACH ADDITIONAL COPIES OF TH	HIS SCHEDULE AS NEEDE	ED

SCHEDULE F1

	EXPENDITURE CATEGORIE	` '		
Accounting/Banking Advertising Expense	Event Expense Fees	Loan Repayment/Reimbursement Office Overhead/Rental Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense	
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District	
Contributions/Donations Made By Candidate/Officeholder/Political C	Gifts/Awards/Memorials Expense Committee Legal Services	Printing Expense Salaries/Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)	
Credit Card Payment	The Instruction Guide explains how	•	Care (cine, a category normalized aporto)	
1 Total pages Schedule F1: 30 of 39	2 FILER NAME Melissa Cabello Havrda		3 Filer ID (Ethics Commission Filers)	
4 Date 11/21/2024	5 Payee name Facebook			
6 Amount (\$)	7 Payee address; City; State;	Zip Code		
139.00	1 Hacker Way			
	Menlo Park, CA 94025			
8 PURPOSE OF	(a) Category (See categories listed at the top of this sche Advertising Expense	(b) Description Advertisement		
EXPENDITURE				
	(c) Check if travel outside of Texas, complete so	chedule T Check if A	Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/C		Office sought Mayor	Office held Council District 6	
Date 11/21/2024	Payee name Facebook			
Amount (\$)	Payee address; City; State;	Zip Code		
153.00	1 Hacker Way Menlo Park, CA 94025			
	Category (See categories listed at the top of this scho	edule) Description		
PURPOSE	Advertising Expense	Advertisement		
OF				
EXPENDITURE	Check if travel outside of Texas, complete so	chedule T Check if A	Austin, TX, officeholder living expense	
Complete ONLY if direct	<u> </u>	Office sought	Office held	
expenditure to benefit C/C		Mayor	Council District 6	
Date 11/25/2024	Payee name Duable			
		7in Codo		
Amount (\$) 4500.00	Payee address; City; State; 110 Broadway #170	Zip Code		
	San Antonio, TX 78205			
	Category (See categories listed at the top of this sche	edule) Description		
PURPOSE	Consulting Expense	Consulting		
OF				
EXPENDITURE				
	Check if travel outside of Texas, complete so	chedule T Check if A	Austin, TX, officeholder living expense	
Complete ONLY if direct		Office sought	Office held	
expenditure to benefit C/OH Melissa Cabello Havrda Mayor Council District 6				
	ATTACH ADDITIONAL COPIES OF TH	IIS SCHEDULE AS NEEDE	ED	

SCHEDULE F1

	EXPENDITURE CATEGORI	ES FOR BOX 8(a)	
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Event Expense Fees Food/Beverage Expense Gifts/Awards/Memorials Expense Legal Services The Instruction Guide explains ho	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)
1 Total pages Schedule F1: 31 of 39	2 FILER NAME Melissa Cabello Havrda	,	3 Filer ID (Ethics Commission Filers)
4 Date 11/29/2024	5 Payee name Square Space	,	
6 Amount (\$) 20.00	7 Payee address; City; State 8 Clarkson St New York, NY 10014	; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this so Office Overhead/Rental Expense	(b) Description Website Hosting	
9 Complete ONLY if direct expenditure to benefit C/C	Check if travel outside of Texas, complete Candidate / Officeholder name Melissa Cabello Havrda	office sought Mayor	Office held Council District 6
Date 11/29/2024	Payee name Adobe Inc		
Amount (\$) 21.64	Payee address; City; State 345 Park Ave San Jose, CA 95110	; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this so Office Overhead/Rental Expense	Description Software	
	Check if travel outside of Texas, complete	schedule T Check if A	uustin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6
Date 11/29/2024	Payee name Facebook		
Amount (\$) 169.00	Payee address; City; State 1 Hacker Way Menlo Park, CA 94025	; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this so Advertising Expense	Description Advertisement	
	Check if travel outside of Texas, complete	schedule T Check if A	austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought Mayor	Office held Council District 6
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEEDE	D

	EX	PENDITURE CATEGORIES	FOR BOX 8(a)	
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Co	Gifts/Aw	verage Expense ards/Memorials Expense	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)
Credit Card Payment	The Inst	ruction Guide explains how t	o complete this form	
1 Total pages Schedule F1: 32 of 39	2 FILER NAME Melissa Cabello	Havrda		3 Filer ID (Ethics Commission Filers)
4 Date 11/29/2024	5 Payee name Facebook			
6 Amount (\$) 51.15	7 Payee address; 1 Hacker Way Menio Park, CA 9	City; State; 94025	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See cate Advertising Exp	gories listed at the top of this sched	(b) Description Advertisement	
	(c) Check if travel	outside of Texas, complete sc	hedule T Check if	Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C		officeholder name pello Havrda	Office sought Mayor	Office held Council District 6
Date 11/30/2024	Payee name Anedot Inc.			
Amount (\$) 40.60	Payee address; 1340 Poydras Str New Orleans, LA		Zip Code	
PURPOSE OF EXPENDITURE		gories listed at the top of this sched draising Expense	Description Fundraising fee	
	Check if travel	outside of Texas, complete sc	hedule T Check if	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	•	officeholder name pello Havrda	Office sought Mayor	Office held Council District 6
Date 11/30/2024	Payee name IBC bank			
Amount (\$) 25.99	Payee address; 130 East Travis San Antonio, TX	City; State; 78205	Zip Code	
PURPOSE OF EXPENDITURE	Category (See cate Accounting/Bar	gories listed at the top of this sche nking	Description Bank Fee	
	Check if travel	outside of Texas, complete sc	hedule T Check if	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		officeholder name pello Havrda	Office sought Mayor	Office held Council District 6
	ATTACH ADDI	TIONAL COPIES OF TH	IS SCHEDULE AS NEEDI	ED

	EXPENDITURE CATEGORIE	ES FOR BOX 8(a)	
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	ŭ	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)
Credit Card F ayment	The Instruction Guide explains how	v to complete this form	
1 Total pages Schedule F1: 33 of 39	2 FILER NAME Melissa Cabello Havrda		3 Filer ID (Ethics Commission Filers)
4 Date 12/2/2024	5 Payee name Google Suite		
6 Amount (\$) 15.35	7 Payee address; City; State; 1600 Amphitheatre Parkway Mountainview, CA 94043	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this sci Office Overhead/Rental Expense	(b) Description Dues and Subscri	riptions
	(c) Check if travel outside of Texas, complete	schedule T Check if	Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C		Office sought Mayor	Office held Council District 6
Date 12/2/2024	Payee name Facebook		
Amount (\$) 186.00	Payee address; City; State; 1 Hacker Way Menlo Park, CA 94025	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sci Advertising Expense	Description Advertisement	
	Check if travel outside of Texas, complete	schedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought Mayor	Office held Council District 6
Date 12/2/2024	Payee name Facebook		
Amount (\$) 205.00	Payee address; City; State; 1 Hacker Way Menlo Park, CA 94025	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sci Advertising Expense	Description Advertisement	
	Check if travel outside of Texas, complete	schedule T Check if	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought Mayor	Office held Council District 6
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS NEED!	ED

	EXPENDITURE CATEGORIE	S FOR BOX 8(a)	
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Officeholder	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)
Credit Card Payment	The Instruction Guide explains how	to complete this form	
1 Total pages Schedule F1: 34 of 39	2 FILER NAME Melissa Cabello Havrda		3 Filer ID (Ethics Commission Filers)
4 Date 12/2/2024	5 Payee name Facebook		
6 Amount (\$) 226.00	7 Payee address; City; State; 1 Hacker Way Menlo Park, CA 94025	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this sch Advertising Expense	(b) Description Advertisement	
	(c) Check if travel outside of Texas, complete s	schedule T Check if A	Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C		Office sought Mayor	Office held Council District 6
Date 12/6/2024	Payee name Flower Bucket		
Amount (\$) 56.25	Payee address; City; State; 11305 West Ave San Antonio, TX 78213	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sch Other: Gifts/Awards/Memorials Expense	Description Gifts	
	Check if travel outside of Texas, complete s	schedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought Mayor	Office held Council District 6
Date 12/9/2024	Payee name Facebook		
Amount (\$) 251.92	Payee address; City; State; 1 Hacker Way Menlo Park, CA 94025	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sch Advertising Expense	Description Advertisement	
	Check if travel outside of Texas, complete s	schedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought Mayor	Office held Council District 6
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS NEEDE	ED

	EXP	NDITURE CATEGORIES	FOR BOX 8(a)			
Accounting/Banking	Event Exp		Loan Repayment/Reimbursement	Solicitation/Fundraising Expense		
Advertising Expense	Fees		Office Overhead/Rental Expense	Transportation Equipment & Related Expense		
Consulting Expense	Food/Beve	rage Expense	Polling Expense	Travel in District		
Contributions/Donations Made By	Gifts/Awar	ds/Memorials Expense	Printing Expense	Travel Out Of District		
Candidate/Officeholder/Political C	ommittee Legal Serv	ices	Salaries/Wages/Contract Labor	Other (enter a category not listed above)		
Credit Card Payment	The Instru	ction Guide explains how to	o complete this form			
1 Total pages Schedule F1:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
35 of 39	Melissa Cabello Ha	avrda		C • • (
•= .						
4 Date	5 Payee name					
12/9/2024	Personalization Ma	all				
6 Amount (\$)	7 Payee address;	City; State;	Zip Code			
28.24	850 Veterans Park	•	·			
	Bolingbrook, IL 60	-				
	Boilingbrook, IL 00	440				
8	(a) Cotogony (See catego	ories listed at the top of this sched	dule) (b) Description			
0			(b) Description Gifts			
PURPOSE	Other: Gifts/Awa	as/Memorials	Gills			
OF	Expense					
EXPENDITURE						
	(c) Check if travel or	utside of Texas, complete scl	hedule T Check if	Austin, TX, officeholder living expense		
O Complete ONLY if direct	Candidata / Off	iooholdor nama	Office cought	Office hold		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C		iceholder name	Office sought	Office held		
experiditure to beliefit C/C	OH Melissa Cabe	ello navrua	Mayor	Council District 6		
Date	Payee name					
12/9/2024	Personalization Ma	all				
		-				
Amount (\$)	Payee address;	City; State;	Zip Code			
363.78	850 Veterans Park	way				
Bolingbrook, IL 60440						
	Category (See catego	ories listed at the top of this sched	dule) Description			
DUDDOCE	Other: Gifts/Awa	ds/Memorials	Gifts			
PURPOSE	Expense					
OF	Ехропос					
EXPENDITURE						
	Check if travel or	utside of Texas, complete scl	hedule T Check if A	Austin, TX, officeholder living expense		
Complete ONLY if direct	Candidate / Off	iceholder name	Office sought	Office held		
expenditure to benefit C/C	H Melissa Cabe	llo Havrda	Mayor	Council District 6		
			•			
Date	Payee name					
12/10/2024	X corp					
Amount (\$)	Payee address;	City; State;	Zip Code			
8.64	1355 Market St #9	• • • • • • • • • • • • • • • • • • • •	21p 000c			
0.04						
	San Francisco, CA	1 94103				
	Cotogom: (Soo cotom	ories listed at the top of this sched	dule) December			
	0 ,		dule) Description Advertisement			
PURPOSE	Advertising Expe	nse	Advertisement			
OF						
EXPENDITURE						
	Check if travel or	utside of Texas, complete scl	hedule T Check if	Austin, TX, officeholder living expense		
Complete ONLY If it is		· · · · · · · · · · · · · · · · · · ·				
Complete ONLY if direct expenditure to benefit C/C		iceholder name	Office sought	Office held Council District 6		
experiulture to benefit C/C	OH Melissa Cabe	no navrua	Mayor	Council district 6		
	ATTACH ADDIT	ONAL COPIES OF TH	IS SCHEDULE AS NEEDE	ED .		

	EXPENDITURE CATEGORIES	S FOR BOX 8(a)			
Accounting/Banking	Event Expense Fees	Loan Repayment/Reimbursement Office Overhead/Rental Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense		
Advertising Expense Consulting Expense	Food/Beverage Expense	Polling Expense	Transportation Equipment & Related Expense Travel in District		
Contributions/Donations Made By	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District		
Candidate/Officeholder/Political C	ommittee 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: 36 of 39	2 FILER NAME Melissa Cabello Havrda		3 Filer ID (Ethics Commission Filers)		
4 Date 12/11/2024	5 Payee name Dollar Tree				
6 Amount (\$)	7 Payee address; City; State;	Zip Code			
9.47	6511 W Loop 1604				
	San Antonio, TX 78254				
•	(Consistencial links of at the Arm of this calculation	(L) Description			
	(a) Category (See categories listed at the top of this sche Office Overhead/Rental Expense	(b) Description Supplies			
PURPOSE OF	Omoo Ovornoda/Nomai Exponeo	Сирриос			
EXPENDITURE					
	(c) Check if travel outside of Texas, complete so	chedule T Check if A	Austin, TX, officeholder living expense		
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held		
expenditure to benefit C/C	OH Melissa Cabello Havrda	Mayor	Council District 6		
Date	Payee name				
12/11/2024	Constant Contact				
Amount (\$) 300.61	Payee address; City; State; 3675 Precision Dr	Zip Code			
300.01	Loveland, CO 80538				
	Loveland, CO 60536				
	Category (See categories listed at the top of this sche				
PURPOSE	Office Overhead/Rental Expense	Email Database			
OF					
EXPENDITURE					
	Check if travel outside of Texas, complete so	chedule T Check if A	Austin, TX, officeholder living expense		
Complete ONLY if direct		Office sought	Office held		
expenditure to benefit C/C	Melissa Cabello Havrda	Mayor	Council District 6		
Date	Payee name				
12/12/2024	Adobe Inc				
Amount (\$)	Payee address; City; State;	Zip Code			
10.81	345 Park Ave				
	San Jose, CA 95110				
	Category (See categories listed at the top of this sche	edule) Description			
PURPOSE	Office Overhead/Rental Expense	Software			
OF					
EXPENDITURE					
	Check if travel outside of Texas, complete so	chedule T Check if A	Austin, TX, officeholder living expense		
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held		
expenditure to benefit C/C		Mayor	Council District 6		
	ATTACH ADDITIONAL COPIES OF TH	IIS SCHEDULE AS NEEDE	ED		

Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment 1 Total pages Schedule F1: 37 of 39	EXPENDITURE CATEGORIES Event Expense Fees Food/Beverage Expense Gifts/Awards/Memorials Expense ommittee Legal Services The Instruction Guide explains how to the services 2 FILER NAME Melissa Cabello Havrda	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) 3 Filer ID (Ethics Commission Filers)	
4 Date 12/12/2024	5 Payee name Square Space			
6 Amount (\$) 35.18	7 Payee address; City; State; Zip Code 8 Clarkson St New York, NY 10014			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this sche Office Overhead/Rental Expense	(b) Description Website Hosting		
	(c) Check if travel outside of Texas, complete so	chedule T Check if A	Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name PH Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6	
Date 12/12/2024	Payee name Texas Democratic Party			
Amount (\$) 840.00				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sche Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description Political Committe	ee	
	Check if travel outside of Texas, complete so	chedule T Check if A	Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C		Office sought Mayor	Office held Council District 6	
Date 12/18/2024	Payee name Alpha Graphics			
Amount (\$) 560.00	Payee address; City; State; 12077 Starcrest Drive San Antonio, TX 78247	Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sche Advertising Expense	Description Printing		
	Check if travel outside of Texas, complete so	chedule T Check if A	Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C		Office sought Mayor	Office held Council District 6	
	ATTACH ADDITIONAL COPIES OF TH	HIS SCHEDULE AS NEEDE	:D	

Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment 1 Total pages Schedule F1:	EXPENDITURE CATEGORIES Event Expense Fees Food/Beverage Expense Gifts/Awards/Memorials Expense Legal Services The Instruction Guide explains how a	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)	
38 of 39	Melissa Cabello Havrda		3 Filer ID (Ethics Commission Filers)	
4 Date 12/19/2024	5 Payee name Square Space			
6 Amount (\$) 38.38	7 Payee address; City; State; Zip Code 8 Clarkson St New York, NY 10014			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this sche Office Overhead/Rental Expense	(b) Description Website Hosting		
	(c) Check if travel outside of Texas, complete so	chedule T Check if A	Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6	
Date 12/19/2024	Payee name GoDaddy			
Amount (\$) 48.34				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sche Office Overhead/Rental Expense	Description Domain Hosting		
	Check if travel outside of Texas, complete so	chedule T Check if A	Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C		Office sought Mayor	Office held Council District 6	
Date 12/27/2024	Payee name Adobe Inc			
Amount (\$) 21.64	Payee address; City; State; 345 Park Ave San Jose, CA 95110	Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sche Office Overhead/Rental Expense	Description Software		
	Check if travel outside of Texas, complete so	chedule T Check if A	Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C		Office sought Mayor	Office held Council District 6	
	ATTACH ADDITIONAL COPIES OF TH	HIS SCHEDULE AS NEEDE	:D	

SCHEDULE F1

	EXPENDITURE CATEGOR	ES FOR BOX 8(a)			
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Event Expense Fees Food/Beverage Expense Gifts/Awards/Memorials Expense	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)		
1 Total pages Schedule F1:	2 FILER NAME Melissa Cabello Havrda	w to complete this form	3 Filer ID (Ethics Commission Filers)		
4 Date 12/30/2024	5 Payee name Facebook				
6 Amount (\$) 208.28	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 s Advertising Expense	(b) Description Advertisement			
9 Complete ONLY if direct expenditure to benefit C/C	Check if travel outside of Texas, complete Candidate / Officeholder name Melissa Cabello Havrda	oschedule T Check if A Office sought Mayor	Office held Council District 6		
Date 12/31/2024	Payee name Anedot Inc.				
Amount (\$) 102.40	Payee address; City; State 1340 Poydras Street #1770 New Orleans, LA 70112	e; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this s Solicitation/Fundraising Expense	chedule) Description Fundraising fee			
	Check if travel outside of Texas, complete	schedule T Check if A	austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name Melissa Cabello Havrda	Office sought Mayor	Office held Council District 6		
Date 12/31/2024	Payee name IBC bank				
Amount (\$) 12.49	Payee address; City; State 130 East Travis San Antonio, TX 78205	e; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this s Accounting/Banking	chedule) Description Bank Fee			
	Check if travel outside of Texas, complete	schedule T Check if A	austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/C		Office sought Mayor	Office held Council District 6		
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEEDE	D		

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

Solicitation/Fundraising Expense

EXPENDITURE CATEGORIES FOR BOX 10(a)

Accounting/Banking

Event Expense Loan Repayment/Reimbursement

Consulting Expense		Polling Expense	Travel in District		
Contributions/Donations Made By		Printing Expense	Travel Out Of District		
Candidate/Officeholder/Political Co		Salaries/Wages/Contract Labor	Other (enter a category not listed above)		
	The Instruction Guide explains how to complete this form				
	The instruction duide explains	now to complete this form			
1 Total pages Schedule F2:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
1 of 1	Melissa Cabello Havrda		,		
	Menssa Gabeno Havida				
4 TOTAL OF UNITEMIZ	ED UNPAID INCURRED OBLIGATIONS		\$ 0		
5 Date	6 Payee name				
7 Amount (\$)	8 Payee address; City; State;	Zip Code			
9 TYPE OF EXPENDITURE	Political Non-Poli	tical			
10 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this sch	(b) Description			
	(c) Check if travel outside of Texas, complete s	chedule T Check	if Austin, TX, officeholder living expense		
11 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held		
Date	Payee name				
Amount (\$)	Payee address; City; State;	Zip Code			
TYPE OF EXPENDITURE	Political Non-Poli	tical			
	Category (See categories listed at the top of this sch	edule) Description			
PURPOSE OF EXPENDITURE		,			
	Check if travel outside of Texas, complete s	chedule T Check	if Austin, TX, officeholder living expense		
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH					
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEE	EDED		

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

	The Instruction Guide explains how to complete this form.			Total pages Schedule F3: 1 of 1
2	2 FILER NAME Melissa Cabello Havrda			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;		
		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

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising 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 C	Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above)				
	The Instruction Guide explains how to complete this form				
1 Total pages Schedule F4:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
1 of 1	Melissa Cabello Havrda	,			
4 TOTAL OF UNITEMIZ	ZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 0			
5 Date	6 Payee name				
7 Amount (\$)	8 Payee address; City; State; Zip Code				
9 TYPE OF EXPENDITURE	Political Non-Political				
10 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) (b) Description				
	(c) Check if travel outside of Texas, complete schedule T Check if	f Austin, TX, officeholder living expense			
11 Complete <u>ONLY</u> if direct expenditure to benefit C/		Office held			
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
TYPE OF EXPENDITURE	Political Non-Political				
	Category (See categories listed at the top of this schedule) Description				
PURPOSE OF EXPENDITURE					
	Check if travel outside of Texas, complete schedule T Check if	f Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/		Office held			
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEE	DED			

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees

Food/Beverage Expense Gifts/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

Solicitation/Fundraising Expense

Transportation Equipment & Related Expense Travel in District

Travel Out Of District

Candidate/Officeholder/Political C	Committee Legal Services Salaries,	Wages/Contract Labor Other (enter a category not listed above)		
Credit Card Payment	The Instruction Guide explains how to comp	olete this form		
1 Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
1 of 1	Melissa Cabello Havrda			
4 Date	5 Payee Name			
6 Amount (\$)	7 Payee address; City; State; Zip (Code		
Reimbursement from political contributions				
intended	(See estamping listed at the top of this school list	(In) Description		
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description		
OF				
EXPENDITURE	(c) Check if travel outside of Texas, complete schedule	T Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct		Office sought Office held		
expenditure to benefit C/0				
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip (Code		
Reimbursement from political contributions				
intended				
BUBBOOS	Category (See categories listed at the top of this schedule)	Description		
PURPOSE OF				
EXPENDITURE				
	Check if travel outside of Texas, complete schedule	T Check if Austin, TX, officeholder living expense		
Complete ONLY if direct		Office sought Office held		
expenditure to benefit C/C	JH			
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip 0	Code		
Reimbursement from				
political contributions				
intended				
PURPOSE	Category (See categories listed at the top of this schedule)	Description		
OF				
EXPENDITURE				
	Check if travel outside of Texas, complete schedule			
Complete ONLY if direct expenditure to benefit C/C		Office sought Office held		
	ATTACH ADDITIONAL COPIES OF THIS SC	HEDULE AS NEEDED		

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

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking Advertising Expense Consulting Expense

Contributions/Donations Made By

Event Expense Food/Beverage Expense

Gifts/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

Solicitation/Fundraising Expense

Transportation Equipment & Related Expense Travel in District Travel Out Of District

Credit Card Payment	The Instruction Guide explains how to complete this f	
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) Des	cription
	(c) Check if travel outside of Texas, complete schedule T	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/0		ught Office held
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Des	cription
	Check if travel outside of Texas, complete schedule T	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/0		ught Office held
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Des	cription
	Check if travel outside of Texas, complete schedule T	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/0		ught Office held
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULI	E AS NEEDED

SCHEDULE

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	ription (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.)	ription (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.)	ription (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.)	ription (See instructions regarding type of information required.)		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

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

SCHEDULE K

The	1 Total pages Schedule K: 1 of 1				
2 FILER NAME	3 Filer ID (Ethics Commission Filers)				
Melissa Cabello					
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	eck 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	eck 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	eck 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 Ch	eck if political contribution returned to filer			
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

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

SCHEDULE T

The Instruction Guide explains how to complete this form. 1 Total pages Schedule T: 1 of 1					T:	
2 FILER NAME Melissa Cabello Havrda			3 Filer ID (Ethics Comm	ission Filers)		
4 Name of Contributor /	Corporation or L	abor Organization / Pledgor / F	Payee			
5 Contribution / Expendi	ture reported on					
Schedule A2	Schedule		Schedule C2	Schedule D	Schedule F1	
Schedule F2	Schedule		Schedule H	Schedule COH-UC	Schedule B-SS	
6 Dates of travel						
b Batter of flavor	, riamo or por	oon(o) uuvomig				
	8 Departure cit	y or name of departure location	n			
	9 Destination of	ity or name of destination locat	tion			
10 Means of transporta	ation	11 Purpose of travel (including	g name of conference, semi	inar, or other event)		
Name of Contributor /	Corporation or L	abor Organization / Pledgor / F	Payee			
Contribution / Expendi	ture reported on					
Schedule A2	Schedule	B Schedule B(J)	Schedule C2	Schedule D	Schedule F1	
Schedule F2	Schedule		Schedule H	Schedule COH-UC	Schedule B-SS	
Dates of travel	ates of travel Name of person(s) traveling					
	Departure cit	y or name of departure location	n			
	Destination of	ity or name of destination locat	tion			
Means of transporta	ation	Purpose of travel (including	g name of conference, semi	inar, or other event)		
Name of Contributor /	Corporation or L	abor Organization / Pledgor / F	Payee			
Contribution / Expendi	ture reported on					
Schedule A2	Schedule		Schedule C2	Schedule D	Schedule F1	
Schedule F2	Schedule		Schedule H	Schedule COH-UC	Schedule B-SS	
Dates of travel		son(s) traveling	Concadic 11			
	Departure city or name of departure location					
		, ₋	•			
	Destination of	ity or name of destination locat	tion			
Means of transporta	ation	Purpose of travel (including	name of conference, semi	inar, or other event)		
	ATTA	CH ADDITIONAL COPIES C	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 Filer ID (Ethics Commission Filers) Melissa Cabello Havrda **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. .. **CAMPAIGN FUNDS** A. 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. В. **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