

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

| | | | | | |
|--|--|---------------------------------------|--|--|-----------|
| The C/OH Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) | | 2 Total pages filed: 40 | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR | FIRST | MI | OFFICE USE ONLY | |
| | NICKNAME | LAST | SUFFIX | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 769677 San Antonio TX 78245 | | | Date Received | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE (210) | PHONE NUMBER 633-7369 | EXTENSION | Date Hand-delivered or Date Postmarked | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR | FIRST | MI | Receipt # | Amount \$ |
| | NICKNAME | LAST | SUFFIX | Date Processed | |
| | Cabello | | | Date Imaged | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE PO Box 769677 San Antonio TX 78245 | | | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE (210) | PHONE NUMBER 633-7369 | EXTENSION | | |
| 9 REPORT TYPE | 30th Day Before General Election | | | | |
| 10 PERIOD COVERED | <div>Month Day Year</div> <div>1/1/2021 THROUGH 3/22/2021</div> | | | | |
| 11 ELECTION | ELECTION DATE Month Day Year 5/1/2021 | | ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special | | |
| 12 OFFICE | OFFICE HELD (if any) Council District 6 | | 13 OFFICE SOUGHT (if known) Council District 6 | | |

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

| | |
|--|---|
| 14 C/OH NAME Melissa Cabello Havrda | 15 Filer ID (Ethics Commission Filers) |
|--|---|

| | | |
|--|--|--|
| 16 NOTICE FROM POLITICAL COMMITTEE(S) | <small>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.</small> | |
| <input type="checkbox"/> Additional Pages | COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC | COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS |

| | | |
|-----------------------------------|---|--------------------|
| 17 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ 0 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 10063.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES. | \$ 0 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 8323.83 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 36636.00 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 0 |

| | | |
|---|--|-------------------------------------|
| 18 AFFIDAVIT | | |
| <p>I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.</p> <p>*** Electronically Certified ***</p> <p>_____ Signature of Candidate or Officeholder</p> | | |
| AFFIX NOTARY STAMP / SEAL ABOVE | | |
| Sworn to and subscribed before me, by the said <u>Melissa Cabello Havrda</u> , this the <u>1st</u> day of <u>April</u> , <u>2021</u> , to certify which, witness my hand and seal of office. | | |
| Signature of officer administering oath | Printed name of officer administering oath | Title of officer administering oath |

SUBTOTALS - COH

FORM C/OH COVER SHEET PG 3

| | | |
|---|---|---|
| 19 FILER NAME Melissa Cabello Havrda | | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 10063.00 |
| 2. | <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ 0 |
| 3. | <input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ 0 |
| 4. | <input checked="" type="checkbox"/> SCHEDULE E: LOANS | \$ 0 |
| 5. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 8323.83 |
| 6. | <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ 0 |
| 7. | <input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ 0 |
| 8. | <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ 0 |
| 9. | <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ 0 |
| 10. | <input checked="" type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ 0 |
| 11. | <input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 0 |
| 12. | <input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ 1000.00 |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
1 of 9

2 FILER NAME

Melissa Cabello Havrda

3 Filer ID (Ethics Commission Filers)

4 Date
1/6/2021

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Ahsan Choudary

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**9210 Jole Cove
Windcrest, TX 78239**

8 Principal occupation / Job title (See instructions)
Research Scientist

9 Employer (See instructions)
MSR

Date
1/6/2021

Full name of contributor ☐ out-of-state PAC (ID# _____)
Vernon Oliver

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**PO Box 961
Converse, TX 78109**

Principal occupation / Job title (See instructions)
Manager

Employer (See instructions)
Mission Wrecker Service

Date
1/6/2021

Full name of contributor ☐ out-of-state PAC (ID# _____)
Sarah Shakil

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**1507 Palmer View
San Antonio, TX 78260**

Principal occupation / Job title (See instructions)
CEO

Employer (See instructions)
CAARS

Date
1/6/2021

Full name of contributor ☐ out-of-state PAC (ID# _____)
Khurshid Choudary

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**1507 Palmer View
San Antonio, TX 78260**

Principal occupation / Job title (See instructions)
Engineer

Employer (See instructions)
Self

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
2 of 9

2 FILER NAME
Melissa Cabello Havrda

3 Filer ID (Ethics Commission Filers)

4 Date
1/6/2021

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Anwar Tahir

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**10623 Cavalier Point
San Antonio, TX 78254**

8 Principal occupation / Job title (See instructions)
Business Owner

9 Employer (See instructions)
Self

Date
1/6/2021

Full name of contributor ☐ out-of-state PAC (ID# _____)
Muhammad Amin Choudary

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**4535 FM 1516 N
Converse, TX 78109**

Principal occupation / Job title (See instructions)
Manager

Employer (See instructions)
Mission Wrecker Service

Date
1/7/2021

Full name of contributor ☐ out-of-state PAC (ID# _____)
Kevin Wolff

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**403 North Palmetto
San Antonio, TX 78202**

Principal occupation / Job title (See instructions)
Partner

Employer (See instructions)
Spire

Date
1/8/2021

Full name of contributor ☐ out-of-state PAC (ID# _____)
Jorge Herrera

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**105 Blackhawk Trl
San antonio, TX 78232**

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
Herrera Law Firm

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
3 of 9

2 FILER NAME
Melissa Cabello Havrda

3 Filer ID (Ethics Commission Filers)

4 Date
1/20/2021

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
S&B PAC

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**PO Box 266245
Houston, TX 77207**

8 Principal occupation / Job title (See instructions)

9 Employer (See instructions)

Date
1/21/2021

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

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**2909 Piping Rock
San Antonio, TX 78253**

Principal occupation / Job title (See instructions)
VP

Employer (See instructions)
Division Laundry

Date
2/4/2021

Full name of contributor ☐ out-of-state PAC (ID# _____)
Katherine Sanchez Rocha

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**232 Beverly Dr
San Antonio, TX 78226**

Principal occupation / Job title (See instructions)
Consultant

Employer (See instructions)
Self

Date
2/13/2021

Full name of contributor ☐ out-of-state PAC (ID# _____)
Matthew Starr

Amount of contribution (\$)
500.00

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

Principal occupation / Job title (See instructions)
Real Estate

Employer (See instructions)
Self

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
4 of 9

2 FILER NAME
Melissa Cabello Havrda

3 Filer ID (Ethics Commission Filers)

4 Date
2/22/2021

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Javier Espinoza

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**10202 Heritage Blvd
San Antonio, TX 78216**

8 Principal occupation / Job title (See instructions)
Attorney

9 Employer (See instructions)
Esponiza Law Firm

Date
2/26/2021

Full name of contributor ☐ out-of-state PAC (ID# _____)
Joanne Wells

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**600 E. Market #3302
San Antonio, TX 78266**

Principal occupation / Job title (See instructions)
Executive

Employer (See instructions)
Dailey & Wells

Date
2/26/2021

Full name of contributor ☐ out-of-state PAC (ID# _____)
Richard Wells

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**600 E. Market #3302
San Antonio, TX 78266**

Principal occupation / Job title (See instructions)
Executive

Employer (See instructions)
Dailey & Wells

Date
3/11/2021

Full name of contributor ☐ out-of-state PAC (ID# _____)
Eliot Lee

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
**1542 Wild Fire
San Antonio, TX 78251**

Principal occupation / Job title (See instructions)
Supervisor

Employer (See instructions)
Bexar County

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

| | | |
|---|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: 5 of 9 |
| 2 FILER NAME Melissa Cabello Havrda | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 3/14/2021 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Joe Oranday 6 Contributor address; City; State; Zip Code 3306 Cambria San Antonio, TX 78251 | 7 Amount of contribution (\$) 38.00 |
| 8 Principal occupation / Job title (See instructions) IT | | 9 Employer (See instructions) Frost |
| Date 3/15/2021 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Clif Douglas Contributor address; City; State; Zip Code 112 E Pecan San Antonio, TX 78205 | Amount of contribution (\$) 500.00 |
| Principal occupation / Job title (See instructions) Attorney | | Employer (See instructions) Linebarger Goggan Blair & Sampson |
| Date 3/15/2021 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Minerva Abrego Sanchez Contributor address; City; State; Zip Code 300 E Basse #1144 San Antonio, TX 78209 | Amount of contribution (\$) 100.00 |
| Principal occupation / Job title (See instructions) Consultant | | Employer (See instructions) Andrade Van de Putte |
| Date 3/15/2021 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) John & Virginia Salmons Contributor address; City; State; Zip Code 214 Meadow Glen Dr San Antonio, TX 78227 | Amount of contribution (\$) 100.00 |
| Principal occupation / Job title (See instructions) Retired | | Employer (See instructions) Retired |
| <p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p> | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
6 of 9

2 FILER NAME
Melissa Cabello Havrda

3 Filer ID (Ethics Commission Filers)

4 Date
3/16/2021

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Walter Embrey

7 Amount of contribution (\$)
250.00

6 Contributor address; City; State; Zip Code
**405 Wiltshire Ave
San Antonio, TX 78209**

8 Principal occupation / Job title (See instructions)
CEO

9 Employer (See instructions)
Embrey Partners

Date
3/16/2021

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**2620 55th Street
Tempe, AZ 85282**

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date
3/16/2021

Full name of contributor ☐ out-of-state PAC (ID# _____)
Robert Worth

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**270 Terrell Rd
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)
Finance Manager

Employer (See instructions)
Worth Investments

Date
3/17/2021

Full name of contributor ☐ out-of-state PAC (ID# _____)
Katie Harvey

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**825 E Locust St
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)
CEO

Employer (See instructions)
KGB Texas

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: 7 of 9 |
| 2 FILER NAME Melissa Cabello Havrda | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 3/18/2021 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Charles Amato 6 Contributor address; City; State; Zip Code 9311 San Pedro Ave San Antonio, TX 78216 | 7 Amount of contribution (\$) 250.00 |
| 8 Principal occupation / Job title (See instructions) President | | 9 Employer (See instructions) SWBC |
| Date 3/21/2021 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Stonewall Democrats of San Antonio Contributor address; City; State; Zip Code PO Box 12814 San Antonio, TX 78212 | Amount of contribution (\$) 250.00 |
| Principal occupation / Job title (See instructions) | | Employer (See instructions) |
| Date 3/21/2021 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Geraldine Garcia Contributor address; City; State; Zip Code 300 E Basse #2520 San Antonio, TX 78209 | Amount of contribution (\$) 100.00 |
| Principal occupation / Job title (See instructions) Consultant | | Employer (See instructions) Andrade Van de Putte |
| Date 3/22/2021 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lorena Pulido Contributor address; City; State; Zip Code 1602 Sunbend Falls San Antonio, TX 78224 | Amount of contribution (\$) 50.00 |
| Principal occupation / Job title (See instructions) PR | | Employer (See instructions) VIA |
| <p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p> | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
8 of 9

2 FILER NAME
Melissa Cabello Havrda

3 Filer ID (Ethics Commission Filers)

4 Date
3/22/2021

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Pradeepkumar Bhakta

7 Amount of contribution (\$)
100.00

6 Contributor address; City; State; Zip Code
**9727 Wind Dancer
San Antonio, TX 78251**

8 Principal occupation / Job title (See instructions)
Self

9 Employer (See instructions)
Self

Date
3/22/2021

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

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**206 E Locust St
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
Ogletree Deakins PLLC

Date
3/22/2021

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

Amount of contribution (\$)
25.00

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

Principal occupation / Job title (See instructions)
Planner

Employer (See instructions)
VIA

Date
3/22/2021

Full name of contributor ☐ out-of-state PAC (ID# _____)
Lukin Gilliland, Jr.

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**901 901 NE Loop 410 #909
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)
Developer

Employer (See instructions)
Self

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

| | | |
|--|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: <div style="text-align: center;">9 of 9</div> |
| 2 FILER NAME Melissa Cabello Havrda | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 3/22/2021 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sonia Jasso 6 Contributor address; City; State; Zip Code 2627 Jade Hill San Antonio, TX 78251 | 7 Amount of contribution (\$) 50.00 |
| 8 Principal occupation / Job title (See instructions) Director | | 9 Employer (See instructions) St. Marys University |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code | Amount of contribution (\$) |
| Principal occupation / Job title (See instructions) | | Employer (See instructions) |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code | Amount of contribution (\$) |
| Principal occupation / Job title (See instructions) | | Employer (See instructions) |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code | Amount of contribution (\$) |
| Principal occupation / Job title (See instructions) | | Employer (See instructions) |
| | | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements | | |

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

PLEDGED CONTRIBUTIONS

SCHEDULE B

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

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:
1 of 1

2 FILER NAME
Melissa Cabello Havrda

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$ 0

5 Date of loan

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

9 Loan Amount (\$)

6 Is lender a financial institution?

8 Lender address; City; State; Zip Code

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See instructions)

13 Employer (See instructions)

14 Description of Collateral

☐ none

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

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address; City; State; Zip Code

☐ not applicable

20 Principal occupation (See instructions)

21 Employer (See instructions)

Date of loan

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

Loan Amount (\$)

Is lender a financial institution?

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See instructions)

Employer (See instructions)

Description of Collateral

☐ none

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

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address; City; State; Zip Code

☐ not applicable

Principal occupation (See instructions)

Employer (See instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

| | | | |
|--|---|--|--|
| 1 Total pages Schedule F1: 1 of 16 | 2 FILER NAME Melissa Cabello Havrda | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 1/4/2021 | 5 Payee name G Suite | | |
| 6 Amount (\$) 25.58 | 7 Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Mountain View, CA 94043 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense | | (b) Description Office software |
| | (c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held | | | |
| Date 1/6/2021 | Payee name Phyllis Viagran Campaign | | |
| Amount (\$) 250.00 | Payee address; City; State; Zip Code 4219 Flores St San Antonio, TX 78214 | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | | Description Donation |
| | <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held | | | |
| Date 1/11/2021 | Payee name Squarespace Inc. | | |
| Amount (\$) 17.32 | Payee address; City; State; Zip Code 8 Clarkson St. New York, NY 10014 | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense | | Description Website |
| | <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held | | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

| | | | |
|---|---|--|--|
| 1 Total pages Schedule F1: 2 of 16 | 2 FILER NAME Melissa Cabello Havrda | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 1/11/2021 | 5 Payee name Constant Contact | | |
| 6 Amount (\$) 21.32 | 7 Payee address; City; State; Zip Code 3675 Precision Dr Loveland, CO 80538 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense | | (b) Description Database |
| | (c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | |
| Candidate / Officeholder name Office sought Office held | | | |
| Date 1/13/2021 | Payee name City of San Antonio | | |
| Amount (\$) 100.00 | Payee address; City; State; Zip Code 100 Military Plaza San Antonio, TX 78205 | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Fees | | Description Filing fee |
| | <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | |
| Candidate / Officeholder name Office sought Office held | | | |
| Date 1/14/2021 | Payee name JVC Media LLC | | |
| Amount (\$) 1743.59 | Payee address; City; State; Zip Code 9335 Lamerton San Antonio, TX 78250 | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Printing Expense | | Description Signs |
| | <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | |
| Candidate / Officeholder name Office sought Office held | | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

| | | | |
|--|---|--|--|
| 1 Total pages Schedule F1: 3 of 16 | 2 FILER NAME Melissa Cabello Havrda | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 1/26/2021 | 5 Payee name JVC Media LLC | | |
| 6 Amount (\$) 147.50 | 7 Payee address; City; State; Zip Code 9335 Lamerton San Antonio, TX 78250 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Printing Expense | | (b) Description Stickers |
| | (c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held | | | |
| Date 1/28/2021 | Payee name Adobe Inc | | |
| Amount (\$) 16.23 | Payee address; City; State; Zip Code 345 Park Ave San Jose, TX 95110 | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense | | Description Software |
| | <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held | | | |
| Date 1/29/2021 | Payee name GoDaddy.com | | |
| Amount (\$) 122.31 | Payee address; City; State; Zip Code 14455 N Hayden Rd #226 Scottsdale, AZ 85260 | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense | | Description Domain hosting |
| | <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held | | | |

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

| | | |
|---|---|---|
| 1 Total pages Schedule F1: 4 of 16 | 2 FILER NAME Melissa Cabello Havrda | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 1/31/2021 | 5 Payee name Anedot | |
| 6 Amount (\$) 40.90 | 7 Payee address; City; State; Zip Code 1920 McKinney Ave Dallas, TX 75201 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Fees | (b) Description Credit card fees |
| | (c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| | Candidate / Officeholder name | Office sought Office held |

| | | | |
|--|--|------------------------------------|-------------|
| Date 1/31/2021 | Payee name IBC Bank | | |
| Amount (\$) 18.00 | Payee address; City; State; Zip Code 300 E Travis San Antonio , TX 78205 | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Fees | Description Banking fees | |
| | <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | |
| | Candidate / Officeholder name | Office sought | Office held |

| | | | |
|--|--|---------------------------------------|-------------|
| Date 2/1/2021 | Payee name G Suite | | |
| Amount (\$) 25.58 | Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Mountain View, CA 94043 | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense | Description Office software | |
| | <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | |
| | Candidate / Officeholder name | Office sought | Office held |

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

| | | |
|--|---|--|
| 1 Total pages Schedule F1: 5 of 16 | 2 FILER NAME Melissa Cabello Havrda | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 2/1/2021 | 5 Payee name Texas Secretary of State | |
| 6 Amount (\$) 4.11 | 7 Payee address; City; State; Zip Code 1019 Brazos Austin, TX 78701 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Fees | (b) Description Filing fees |
| | (c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held | | |

| | | | |
|---|--|---------------------------------------|--|
| Date 2/8/2021 | Payee name Harland Clark | | |
| Amount (\$) 63.35 | Payee address; City; State; Zip Code 5800 Northwest Pkwy San Antonio, TX 78249 | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense | Description Business checks | |
| | <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held | | | |

| | | | |
|---|--|-----------------------------------|--|
| Date 2/9/2021 | Payee name Bill Millers BBQ | | |
| Amount (\$) 8.11 | Payee address; City; State; Zip Code 8802 FM471 San Antonio, TX 78251 | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Food/Beverage Expense | Description Staff lunch | |
| | <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held | | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

| | | | |
|---|---|--|--|
| 1 Total pages Schedule F1: 6 of 16 | 2 FILER NAME Melissa Cabello Havrda | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 2/11/2021 | 5 Payee name Squarespace Inc. | | |
| 6 Amount (\$) 28.50 | 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 schedule) Office Overhead/Rental Expense | | (b) Description Website |
| | (c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | |
| Candidate / Officeholder name Office sought Office held | | | |
| Date 2/11/2021 | Payee name Constant Contact | | |
| Amount (\$) 21.32 | Payee address; City; State; Zip Code 3675 Precision Dr Loveland, CO 80538 | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense | | Description Database |
| | <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | |
| Candidate / Officeholder name Office sought Office held | | | |
| Date 2/12/2021 | Payee name Bill Millers BBQ | | |
| Amount (\$) 8.11 | Payee address; City; State; Zip Code 8802 FM471 San Antonio, TX 78251 | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Food/Beverage Expense | | Description Staff lunch |
| | <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | |
| Candidate / Officeholder name Office sought Office held | | | |

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

| | | | |
|---|---|--|--|
| 1 Total pages Schedule F1: 7 of 16 | 2 FILER NAME Melissa Cabello Havrda | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 2/25/2021 | 5 Payee name JVC Media LLC | | |
| 6 Amount (\$) 1055.44 | 7 Payee address; City; State; Zip Code 9335 Lamerton San Antonio, TX 78250 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Printing Expense | | (b) Description Signs |
| | (c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | |
| Candidate / Officeholder name Office sought Office held | | | |
| Date 2/28/2021 | Payee name IBC Bank | | |
| Amount (\$) 16.05 | Payee address; City; State; Zip Code 300 E Travis San Antonio , TX 78205 | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Fees | | Description Bank fees |
| | <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | |
| Candidate / Officeholder name Office sought Office held | | | |
| Date 2/28/2021 | Payee name Anedot | | |
| Amount (\$) 81.20 | Payee address; City; State; Zip Code 1920 McKinney Ave Dallas, TX 75201 | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Fees | | Description Credit card fees |
| | <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | |
| Candidate / Officeholder name Office sought Office held | | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

| | | |
|--|---|--|
| 1 Total pages Schedule F1: 8 of 16 | 2 FILER NAME Melissa Cabello Havrda | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 3/1/2021 | 5 Payee name Adobe Inc | |
| 6 Amount (\$) 16.23 | 7 Payee address; City; State; Zip Code 345 Park Ave San Jose, TX 95110 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description Software |
| | (c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held | | |

| | | | |
|---|--|---------------------------------------|--|
| Date 3/2/2021 | Payee name G Suite | | |
| Amount (\$) 25.58 | Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Mountain View, CA 94043 | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense | Description Office software | |
| | <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held | | | |

| | | | |
|---|--|--------------------------------------|--|
| Date 3/4/2021 | Payee name Tailor Made Designs | | |
| Amount (\$) 375.00 | Payee address; City; State; Zip Code 206 Bushnell San Antonio, TX 78212 | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Advertising Expense | Description Graphic Design | |
| | <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held | | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

| | | |
|---|---|--|
| 1 Total pages Schedule F1: 9 of 16 | 2 FILER NAME Melissa Cabello Havrda | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 3/5/2021 | 5 Payee name Prestige Printing | |
| 6 Amount (\$) 649.50 | 7 Payee address; City; State; Zip Code 8 Burwood Ln San Antonio, TX 78212 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Printing Expense | (b) Description Pushcards |
| | (c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| | Candidate / Officeholder name | Office sought Office held |

| | | | |
|--|--|------------------------------|--|
| Date 3/10/2021 | Payee name Prestige Printing | | |
| Amount (\$) 1467.87 | Payee address; City; State; Zip Code 8 Burwood Ln San Antonio, TX 78212 | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Printing Expense | Description Mailer | |
| | <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | |
| | Candidate / Officeholder name | Office sought Office held | |

| | | | |
|--|--|-------------------------------|--|
| Date 3/11/2021 | Payee name Squarespace Inc. | | |
| Amount (\$) 28.15 | Payee address; City; State; Zip Code 8 Clarkson St. New York, NY 10014 | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense | Description Website | |
| | <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | |
| | Candidate / Officeholder name | Office sought Office held | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

| | | | |
|---|---|--|--|
| 1 Total pages Schedule F1: 10 of 16 | 2 FILER NAME Melissa Cabello Havrda | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 3/11/2021 | 5 Payee name Constant Contact | | |
| 6 Amount (\$) 21.32 | 7 Payee address; City; State; Zip Code 3675 Precision Dr Loveland, CO 80538 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense | | (b) Description Database |
| | (c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | |
| Candidate / Officeholder name Office sought Office held | | | |
| Date 3/12/2021 | Payee name JVC Media LLC | | |
| Amount (\$) 441.12 | Payee address; City; State; Zip Code 9335 Lamerton San Antonio, TX 78250 | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Printing Expense | | Description T-shirts |
| | <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | |
| Candidate / Officeholder name Office sought Office held | | | |
| Date 3/12/2021 | Payee name Monarch Trophy | | |
| Amount (\$) 74.85 | Payee address; City; State; Zip Code 16227 San Pedro San Antonio, TX 78259 | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Printing Expense | | Description Name tags |
| | <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | |
| Candidate / Officeholder name Office sought Office held | | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

| | | |
|---|---|--|
| 1 Total pages Schedule F1: 11 of 16 | 2 FILER NAME Melissa Cabello Havrda | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 3/13/2021 | 5 Payee name Lulu Curiel | |
| 6 Amount (\$) 75.00 | 7 Payee address; City; State; Zip Code PO Box 769677 San Antonio, TX 78245 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description Block walking |
| | (c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| | Candidate / Officeholder name | Office sought Office held |

| | | | |
|--|--|-------------------------------------|--|
| Date 3/13/2021 | Payee name Joseph Koch | | |
| Amount (\$) 75.00 | Payee address; City; State; Zip Code PO Box 769677 San Antonio, TX 78245 | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor | Description Block walking | |
| | <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | |
| | Candidate / Officeholder name | Office sought Office held | |

| | | | |
|--|--|-------------------------------------|--|
| Date 3/13/2021 | Payee name Pramukh Rayasam | | |
| Amount (\$) 75.00 | Payee address; City; State; Zip Code PO Box 769677 San Antonio, TX 78245 | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor | Description Block walking | |
| | <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | |
| | Candidate / Officeholder name | Office sought Office held | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

| | | | |
|---|---|--|--|
| 1 Total pages Schedule F1: 12 of 16 | 2 FILER NAME Melissa Cabello Havrda | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 3/13/2021 | 5 Payee name Logan Sullivan | | |
| 6 Amount (\$) 75.00 | 7 Payee address; City; State; Zip Code PO Box 769677 San Antonio, TX 78245 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor | | (b) Description Block walking |
| | (c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | |
| Candidate / Officeholder name Office sought Office held | | | |
| Date 3/13/2021 | Payee name Isaiah Rodriguez | | |
| Amount (\$) 75.00 | Payee address; City; State; Zip Code PO Box 769677 San Antonio, TX 78245 | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor | | Description Block walking |
| | <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | |
| Candidate / Officeholder name Office sought Office held | | | |
| Date 3/15/2021 | Payee name Amazon | | |
| Amount (\$) 28.77 | Payee address; City; State; Zip Code 410 Terry Ave San Antonio, TX 98109 | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense | | Description Office supplies |
| | <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | |
| Candidate / Officeholder name Office sought Office held | | | |

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

| | | | |
|---|---|--|--|
| 1 Total pages Schedule F1: 13 of 16 | 2 FILER NAME Melissa Cabello Havrda | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 3/16/2021 | 5 Payee name Ace Parking | | |
| 6 Amount (\$) 8.00 | 7 Payee address; City; State; Zip Code 100 Convent St San Antonio, TX 78205 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Transportation Equipment & Related Expense | | (b) Description Parking |
| | (c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | |
| Candidate / Officeholder name Office sought Office held | | | |
| Date 3/16/2021 | Payee name Bill Millers BBQ | | |
| Amount (\$) 15.52 | Payee address; City; State; Zip Code 8802 FM471 San Antonio, TX 78251 | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Food/Beverage Expense | | Description Staff lunch |
| | <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | |
| Candidate / Officeholder name Office sought Office held | | | |
| Date 3/17/2021 | Payee name Circle K | | |
| Amount (\$) 75.00 | Payee address; City; State; Zip Code 11311 Huebner St San Antonio, TX 78219 | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Transportation Equipment & Related Expense | | Description Fuel |
| | <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | |
| Candidate / Officeholder name Office sought Office held | | | |

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

| | | | |
|---|---|--|--|
| 1 Total pages Schedule F1: 14 of 16 | 2 FILER NAME Melissa Cabello Havrda | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 3/17/2021 | 5 Payee name Amazon | | |
| 6 Amount (\$) 179.68 | 7 Payee address; City; State; Zip Code 410 Terry Ave San Antonio, TX 98109 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense | | (b) Description Office supplies |
| | (c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | |
| Candidate / Officeholder name Office sought Office held | | | |
| Date 3/20/2021 | Payee name Isaiah Rodriguez | | |
| Amount (\$) 195.00 | Payee address; City; State; Zip Code PO Box 769677 San Antonio, TX 78245 | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor | | Description Block walking |
| | <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | |
| Candidate / Officeholder name Office sought Office held | | | |
| Date 3/20/2021 | Payee name Lulu Curiel | | |
| Amount (\$) 75.00 | Payee address; City; State; Zip Code PO Box 769677 San Antonio, TX 78245 | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor | | Description Block walking |
| | <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | |
| Candidate / Officeholder name Office sought Office held | | | |

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

| | | | |
|---|---|--|--|
| 1 Total pages Schedule F1: 15 of 16 | 2 FILER NAME Melissa Cabello Havrda | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 3/20/2021 | 5 Payee name Logan Sullivan | | |
| 6 Amount (\$) 120.00 | 7 Payee address; City; State; Zip Code PO Box 769677 San Antonio, TX 78245 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor | | (b) Description Block walking |
| | (c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | |
| Candidate / Officeholder name Office sought Office held | | | |
| Date 3/20/2021 | Payee name Pramukh Rayasam | | |
| Amount (\$) 195.00 | Payee address; City; State; Zip Code PO Box 769677 San Antonio, TX 78245 | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor | | Description Block walking |
| | <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | |
| Candidate / Officeholder name Office sought Office held | | | |
| Date 3/20/2021 | Payee name Joseph Koch | | |
| Amount (\$) 75.00 | Payee address; City; State; Zip Code PO Box 769677 San Antonio, TX 78245 | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor | | Description Block walking |
| | <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | |
| Candidate / Officeholder name Office sought Office held | | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

| | | | |
|---|---|--|--|
| 1 Total pages Schedule F1: 16 of 16 | 2 FILER NAME Melissa Cabello Havrda | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 3/22/2021 | 5 Payee name Bill Millers BBQ | | |
| 6 Amount (\$) 30.20 | 7 Payee address; City; State; Zip Code 8802 FM471 San Antonio, TX 78251 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Food/Beverage Expense | | (b) Description Staff lunch |
| | (c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | |
| Candidate / Officeholder name Office sought Office held | | | |
| Date 3/22/2021 | Payee name Anedot | | |
| Amount (\$) 37.52 | Payee address; City; State; Zip Code 1920 McKinney Ave Dallas, TX 75201 | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Fees | | Description Credit card fees |
| | <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | |
| Candidate / Officeholder name Office sought Office held | | | |
| Date | Payee name | | |
| Amount (\$) | Payee address; City; State; Zip Code | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | | Description |
| | <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | |
| Candidate / Officeholder name Office sought Office held | | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form

| | | |
|--|---|--|
| 1 Total pages Schedule F2: 1 of 1 | 2 FILER NAME Melissa Cabello Havrda | 3 Filer ID (Ethics Commission Filers) |
| 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS | | \$ 0 |
| 5 Date | 6 Payee name | |
| 7 Amount (\$) | 8 Payee address; City; State; Zip Code | |
| 9 TYPE OF EXPENDITURE | <input type="checkbox"/> Political <input type="checkbox"/> Non-Political | |
| 10 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) | (b) Description |
| | (c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date | Payee name | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| TYPE OF EXPENDITURE | <input type="checkbox"/> Political <input type="checkbox"/> Non-Political | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description |
| | <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| | | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | |

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F3:
1 of 1

2 FILER NAME

Melissa Cabello Havrda

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom investment is purchased

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

7 Description of investment

8 Amount of investment (\$)

Date

Name of person from whom investment is purchased

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

Description of investment

Amount of investment (\$)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form

| | | |
|--|--|--|
| 1 Total pages Schedule F4: 1 of 1 | 2 FILER NAME Melissa Cabello Havrda | 3 Filer ID (Ethics Commission Filers) |
|--|--|--|

| | |
|--|-------------|
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ 0 |
|--|-------------|

| | |
|---------------|---------------------|
| 5 Date | 6 Payee name |
|---------------|---------------------|

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

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

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

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

| | |
|------|------------|
| Date | Payee name |
|------|------------|

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

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

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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

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

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

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

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

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

1 of 1

2 FILER NAME

Melissa Cabello Havrda

3 Filer ID (Ethics Commission Filers)

4 Date
3/15/2021

5 Name of person from whom amount is received
Pat Frost

8 Amount (\$)
500.00

6 Address of person from whom amount is received; City; State; Zip Code
**605 Garraty
San Antonio, TX 78209**

7 Purpose for which amount is received
Contribution return

☒ Check if political contribution returned to filer

Date
3/15/2021

Name of person from whom amount is received
Phillip Green

Amount (\$)
500.00

Address of person from whom amount is received; City; State; Zip Code
**157 Cibolo Ridge Trail
Boerne, TX 78015**

Purpose for which amount is received
Contribution Return

☒ Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

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

Purpose for which amount is received

☐ Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

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

Purpose for which amount is received

☐ Check if political contribution returned to filer

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE T

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

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CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

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

C/OH NAME
Melissa Cabello Havrda

Filer ID (Ethics Commission Filers)

SIGNATURE

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

Signature of Candidate / Officeholder

FILER WHO IS NOT AN OFFICEHOLDER

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

A. CAMPAIGN FUNDS

Check only one:

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

B. ASSETS

Check only one:

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

Signature of Candidate

OFFICEHOLDER

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

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

Signature of Officeholder