CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete this f		nics Commission Filers)	2 Total pages fi	led:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST Melissa		МІ	OFFICE US	SE ONLY
NAME	NICKNAME LAST Cabello	Havrda	 SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE # PO Box 769677 San Antonio TX 78245		TE; ZIP CODE		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (210) 633-7369	R EXTEN	SION	Date Hand-delivered	or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST Carlos	1	MI	Receipt #	Amount \$
NAME	NICKNAME LAST Cabello		SUFFIX	Date Processed Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business) 8 CAMPAIGN TREASURER PHONE	STREET ADDRESS (NO PO BOX PL PO Box 769677 San Antonio TX 78245 AREA CODE PHONE NUMBER (210) 633-7369			ATE; ZIP CODE	
9 REPORT TYPE	July 15: Semi-Annual				
10 PERIOD COVERED	Month Day 4/21/2021	Year THROUG	Month H 6/ 3	Day Year 80/2021	
11 ELECTION	ELECTION DATE Month Day Year 5/5/2023	Primary Runoff X General Specia	Description		
12 OFFICE	OFFICE HELD (if any) Council District 6		13 OFFICE SOUGHT Council Distri		
GO TO PAGE 2					

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME				15 Filer II	O (Ethics Commission Filers)
Melissa Cabello H	avrda				
16 NOTICE FROM POLITICAL COMMITTEE(S)	COMMITTEES TO SUI THE CANDIDATE'S	PPORT THE CANDIDATE OR OFFICEHOLDER'S		TURES MAY CANDIDATES	ITURES MADE BY POLITICAL HAVE BEEN MADE WITHOUT AND OFFICEHOLDERS ARE
	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL	COMMITTEE ADDRE	SS		
	SPECIFIC				
Additional Dagge		COMMITTEE CAMPA	IGN TREASURER NAME		
Additional Pages		COMMITTEE CAMPA	IIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS	1. PLEDGES, LO	EMIZED POLITICAL CONT DANS, OR GUARANTEES ONS MADE ELECTRONIC	•	\$	0
		TICAL CONTRIBUTIONS N PLEDGES, LOANS, OR	GUARANTEES OF LOANS)	\$	8700.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES.		\$	0	
	4. TOTAL POLIT	ICAL EXPENDITURES		\$	29516.98
CONTRIBUTION BALANCE	5. TOTAL POLIT		MAINTAINED AS OF THE LAST DAY	\$	20138.04
OUTSTANDING LOAN TOTALS	٥.	CIPAL AMOUNT OF ALL C	OUTSTANDING LOANS AS OF THE	\$	0
18 AFFIDAVIT					
			I swear, or affirm, under penalty or is true and correct and includes al me under Title 15, Election Code.		
			* * * Electronically		
AFFIX NOTARY STAM	P / SEAL ABOVE		Signature of Candida	te or Officeho	oider
Sworn to and subscribe of July ,				this	the <u>15th</u> day
Signature of officer adn	ninistering oath	Printed name of	officer administering oath	Title	of officer administering oath

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SUBTOTALS - COH

FORM C/OH COVER SHEET PG 3

19	FILER NAME		20 Filer ID (Ethics Commission Filers)
	Melissa Cabello	Havrda	
21	SCHEDULE SUBT		SUBTOTAL AMOUNT
1.	X SCHEDU	LE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 8700.00
2.	X SCHEDU	LE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$0
3.	X SCHEDU	LE B: PLEDGED CONTRIBUTIONS	\$0
4.	X SCHEDU	LE E: LOANS	\$0
5.	X SCHEDU	LE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 29516.98
6.	X SCHEDU	LE F2: UNPAID INCURRED OBLIGATIONS	\$0
7.	X SCHEDU	LE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTION	\$ \$0
8.	X SCHEDU	LE F4: EXPENDITURES MADE BY CREDIT CARD	\$0
9.	X SCHEDU	LE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$0
10.	X SCHEDU	LE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF	С/ОН \$0
11.	X SCHEDU	LE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTION	\$ \$ 0
12.		LE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS ED TO FILER	\$11.72

SCHEDULE A1

	Т	he Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 1 of 5
2	FILER NAME Melissa Cabello	o Havrda	3 Filer ID (Ethics Commission Filers)
4	Date 4/28/2021	5 Full name of contributor Blake Yantis	7 Amount of contribution (\$) 500.00
8	Principal occupa Developer	ation / Job title (See instructions) 9 Employer (See instructions) Yantis Construction	-
	Date 4/28/2021	Full name of contributor Jennifer Yantis Contributor address; 12018 Indigo Bend San Antonio, TX 78230	Amount of contribution (\$) 500.00
	Principal occupa Self employed	ation / Job title (See instructions) Employer (See ins Self employed	structions)
	Date 5/3/2021	Full name of contributor	Amount of contribution (\$) 500.00
	Principal occupa	ation / Job title (See instructions) Employer (See instructions)	structions)
	Date 5/4/2021	Full name of contributor AFSCME PAC Contributor address; 1625 L Street NW Washington, DC 20036	Amount of contribution (\$) 500.00
	Principal occupa	ation / Job title (See instructions) Employer (See instructions)	structions)
		ATTACH ADDITIONAL COPIES OF THIS SCHEDULE A	S NEEDED

Forms provided by Texas Ethics Commission

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

SCHEDULE A1

	Т	he Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 2 of 5
2	FILER NAME Melissa Cabello) Havrda	3 Filer ID (Ethics Commission Filers)
4	Date 5/6/2021	5 Full name of contributor	7 Amount of contribution (\$) 500.00
		6 Contributor address; City; State; Zip Code 501 3rd Street NW Washington, DC 20001	, · ·
8	Principal occupa	ation / Job title (See instructions) 9 Employer (See	e instructions)
	Date 5/10/2021	Full name of contributor) Amount of contribution (\$) 200.00
		Contributor address; City; State; Zip Code 659 Old Hwy 90 W San Antonio, TX 78237)
	Principal occupa Owner	ation / Job title (See instructions) Employer (See 4-M Auto Sup	-
	Date 5/20/2021	Full name of contributor) Amount of contribution (\$) 500.00
		Contributor address; City; State; Zip Code 9110 W IH 10 San Antonio, TX 78230	
	Principal occupa	ation / Job title (See instructions) Employer (See	e instructions)
	Date 5/20/2021	Full name of contributor) Amount of contribution (\$) 500.00
		Contributor address; City; State; Zip Code PO Box 1590 Dallas, TX 75221	, • •
	Principal occupa	ation / Job title (See instructions) Employer (See	e instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE A1

	т	he Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: 3 of 5
2	FILER NAME Melissa Cabello	Havrda		3 Filer ID (Ethics Commission Filers)
4	Date 5/20/2021	5 Full name of contributor □ out-of-state PAC Southwest Laborers District Council PAC Contributor address; City; St 11720 East 21st #D Tulsa, OK 74129	C (ID#)	7 Amount of contribution (\$) 250.00
8	Principal occupa	tion / Job title (See instructions)	9 Employer (See instru	actions)
	Date 5/20/2021	Mary Rose Brown	c (ID#)	Amount of contribution (\$) 250.00
	Principal occupa Executive	tion / Job title (See instructions)	Employer (See instru NuStar	ictions)
	Date 5/20/2021	Gordon Hartman	C (ID#)	Amount of contribution (\$) 500.00
	Principal occupa	tion / Job title (See instructions)	Employer (See instru Hartman Foundation	·
	Date 5/20/2021	TREPAC	c (ID#)	Amount of contribution (\$) 500.00
	Principal occupa	tion / Job title (See instructions)	Employer (See instru	actions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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SCHEDULE A1

	1	he Instruction Guide explains how to complete this t	form.	1 Total pages Schedule A1: 4 of 5
2	FILER NAME Melissa Cabello	Havrda		3 Filer ID (Ethics Commission Filers)
4	Date 5/20/2021	5 Full name of contributor	C (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; City; S 300 Convent St #2500 San Antonio, TX 78205	state; Zip Code	
8	Principal occupa	tion / Job title (See instructions)	9 Employer (See instru	ctions)
	Date 5/20/2021	Full name of contributor	C (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; S 215 N Center St #1808 San Antonio, TX 78202	tate; Zip Code	
	Principal occupa Owner	ation / Job title (See instructions)	Employer (See instru Capitol Electric	ctions)
	Date 5/20/2021	Full name of contributor	C (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; S 215 N Center St #1808 San Antonio, TX 78202	tate; Zip Code	
	Principal occupa Owner	tion / Job title (See instructions)	Employer (See instru Capitol Electric	ctions)
	Date 5/24/2021	Full name of contributor	C (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; S 6100 Hollywood Blvd Hollywood, FL 33024	tate; Zip Code	
	Principal occupa	tion / Job title (See instructions)	Employer (See instru Falic Investments	ctions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE A1

	т	he Instruction Guide explains how to co	omplete this	form.	1 Total pages Schedule A1: 5 of 5
2	FILER NAME Melissa Cabello	Havrda			3 Filer ID (Ethics Commission Filers)
4	Date 5/24/2021	Leon Falic		AC (ID#)	7 Amount of contribution (\$) 500.00
		6100 Hollywood Bivd Hollywood, FL 33024			
8	Principal occupa	tion / Job title (See instructions)		9 Employer (See instru Falic Investments	uctions)
	Date 5/24/2021	Full name of contributor	out-of-state PA	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 6100 Hollywood Hollywood, FL 33024	City; S		
	Principal occupa Executive	tion / Job title (See instructions)		Employer (See instru Falic Investments	uctions)
	Date 6/15/2021	USAA Employee PAC		AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 9800 Fredericksburg Rd San Antonio, TX 78254	City; S	State; Zip Code	
	Principal occupa	tion / Job title (See instructions)		Employer (See instru	uctions)
	Date	Full name of contributor	out-of-state PA	AC (ID#)	Amount of contribution (\$)
		Contributor address;	City;	State; Zip Code	
	Principal occupa	tion / Job title (See instructions)		Employer (See instru	uctions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements				

Forms provided by Texas Ethics Commission

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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

	The Instruction Guide explains how to complete this form.	1 Total pages Schedule A2: 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 out-of-state PAC (ID#	9 In-kind contribution description
10	Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)	Check if travel outside of Texas, complete Schedule T 11 Employer (FOR NON-JUDICIAL) (See instructions)
12	Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See instructions)
14	Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16	If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	
	Date Full name of contributor out-of-state PAC (ID#	Amount of Contribution \$ In-kind contribution description ip Code Check if travel outside of Texas, complete Schedule T
	Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON-JUDICIAL) (See instructions)
	Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See instructions)
	Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)
	If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	
	ATTACH ADDITIONAL CODIES OF T	THE COUEDING AC MEEDED

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

PLEDGED CONTRIBUTIONS

SCHEDULE B

	٦	The Instruction Guide explains how to complete this form.	,	1 Total pages Schedule B: 1 of 1
2	FILER NAME Melissa Cab	ello Havrda	;	3 Filer ID (Ethics Commission Filers)
4	TOTAL OF U	JNITEMIZED PLEDGES	!	\$ 0
5	Date	6 Full name of pledgor out-of-state PAC (ID# 7 Pledgor address; City; State; Zip Code		Amount of Pledge \$ In-kind contribution description
10	Principal occu	pation / Job title (See instructions) 11 Em	ıployer (Se	Check if travel outside of Texas, complete Schedule T e instructions)
	Date	Full name of pledgor out-of-state PAC (ID# Pledgor address; City; State; Zip Code		Amount of Pledge \$
	Principal occu	pation / Job title (See instructions) Em	iployer (Se	Check if travel outside of Texas, complete Schedule T e instructions)
	Date	Full name of pledgor out-of-state PAC (ID# Pledgor address; City; State; Zip Code		Amount of Pledge \$ In-kind contribution description
	Principal occu	pation / Job title (See instructions) Em	ployer (Se	Check if travel outside of Texas, complete Schedule T e instructions)
	Date	Full name of pledgor out-of-state PAC (ID#		Amount of Pledge \$
	Principal occu	pation / Job title (See instructions) Em	ployer (Se	Check if travel outside of Texas, complete Schedule T e instructions)
		ATTACH ADDITIONAL COPIES OF THIS SCH	HEDI!! F	AS NEEDED
		ATTACH ADDITIONAL COPIES OF THIS SCH		AS NEEDED

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

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

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Reverage Expens

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

Candidate/Officeholder/Political C Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form
1 Total pages Schedule F1: 1 of 17	2 FILER NAME Melissa Cabello Havrda 3 Filer ID (Ethics Commission Filers)
4 Date 4/21/2021	5 Payee name NGP VAN
6 Amount (\$) 210.68	7 Payee address; City; State; Zip Code 655 15th St Washington, DC 20005
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense (b) Description Text messages
	(c) Check if travel outside of Texas, complete schedule T Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C	
Date 4/21/2021	Payee name Dominic Carrascco
Amount (\$) 855.00	Payee address; City; State; Zip Code PO Box 769777 San Antonio, TX 78245
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor Description Deputy Field Director
	Check if travel outside of Texas, complete schedule T Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name Office sought Office held OH
Date 4/25/2021	Payee name Isaiah Rodriguez
Amount (\$) 195.80	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
	Check if travel outside of Texas, complete schedule T Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

	EXPENDITURE CATEGORIES	` '	
Accounting/Banking Advertising Expense	Event Expense Fees	Loan Repayment/Reimbursement Office Overhead/Rental Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense
Consulting Expense		Polling Expense	Travel in District
Contributions/Donations Made By Candidate/Officeholder/Political C		Printing Expense Salaries/Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how t	•	
1 Total pages Schedule F1: 2 of 17	2 FILER NAME Melissa Cabello Havrda		3 Filer ID (Ethics Commission Filers)
4 Date 4/25/2021	5 Payee name Noel Paniagua		
6 Amount (\$)	7 Payee address; City; State;	Zip Code	
195.00	PO Box 769677		
	San Antonio, TX 78245		
8 PURPOSE OF	(a) Category (See categories listed at the top of this sche Salaries/Wages/Contract Labor	(b) Description Block walking	
EXPENDITURE			
	(c) Check if travel outside of Texas, complete so	chedule T Check if A	Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held
Date 4/25/2021	Payee name Alamo Mailing		
Amount (\$) 3878.32	Payee address; City; State; 13114 Lookout Run	Zip Code	
	San Antonio, TX 78233		
	Category (See categories listed at the top of this sche	edule) Description	
PURPOSE	Printing Expense	Mailers	
OF			
EXPENDITURE			
	Check if travel outside of Texas, complete so	<u>—</u>	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held
Date	Payee name		
4/25/2021	Pramukh Rayasam		
Amount (\$)	Payee address; City; State;	Zip Code	
240.00	PO Box 769677		
	San Antonio, TX 78245		
	Category (See categories listed at the top of this sche	edule) Description	
PURPOSE	Salaries/Wages/Contract Labor	Block walking	
OF			
EXPENDITURE			
0 1. 0	Check if travel outside of Texas, complete so		Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held
	ATTACH ADDITIONAL COPIES OF TH	IIS SCHEDULE AS NEEDE	ED .

	EXPENDITURE CATEGORIES FO	OR BOX 8(a)	
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Fees Office Food/Beverage Expense Polli Gifts/Awards/Memorials Expense Print	n Repayment/Reimbursement te Overhead/Rental Expense ing Expense ting Expense ries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Melissa Cabello Havrda	omplete this form	3 Filer ID (Ethics Commission Filers)
4 Date 4/27/2021	5 Payee name Prestige Printing		
6 Amount (\$) 3860.00		ip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule Printing Expense	(b) Description Printing	
	(c) Check if travel outside of Texas, complete sched	ule T Check if	Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held
Date 4/27/2021	Payee name Alamo Mailing		
Amount (\$) 2328.51	Payee address; City; State; Z 13114 Lookout Run San Antonio, TX 78233	ip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule Printing Expense	Description Mailers	
	Check if travel outside of Texas, complete sched	ule T Check if	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held
Date 4/27/2021	Payee name Tailor Made Designs		
Amount (\$) 750.00	Payee address; City; State; Z 206 Bushnell San Antonio, TX 78212	ip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule Consulting Expense	Description Mail design	
	Check if travel outside of Texas, complete sched	ule T Check if	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	ED .

	EXPENDITURE CATEGORIES	S FOR BOX 8(a)	
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Event Expense Fees Food/Beverage Expense Gifts/Awards/Memorials Expense Legal Services The Instruction Guide explains how	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor to complete this form	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1: 4 of 17	2 FILER NAME Melissa Cabello Havrda		3 Filer ID (Ethics Commission Filers)
4 Date 4/27/2021	5 Payee name Adobe Inc		
6 Amount (\$) 16.23	7 Payee address; City; State; 345 Park Ave San Jose, TX 95110	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this sche Office Overhead/Rental Expense	(b) Description Software	
	(c) Check if travel outside of Texas, complete so	chedule T Check if	Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held
Date 4/27/2021	Payee name Circle K		
Amount (\$) 41.32	Payee address; City; State; 11311 Huebner St San Antonio, TX 78219	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sche Food/Beverage Expense		es for poll watchers/ block walkers
	Check if travel outside of Texas, complete so	chedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held
Date 4/28/2021	Payee name Pramukh Rayasam		
Amount (\$) 240.00	Payee address; City; State; PO Box 769677 San Antonio, TX 78245	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sche Salaries/Wages/Contract Labor	Description Block walking	
	Check if travel outside of Texas, complete so	chedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held
	ATTACH ADDITIONAL COPIES OF TH	HIS SCHEDULE AS NEED!	ED .

	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Fees Food/Beverage Expense Gifts/Awards/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1: 5 of 17	2 FILER NAME Melissa Cabello Havrda	o complete una form	3 Filer ID (Ethics Commission Filers)
4 Date 4/28/2021	5 Payee name IBC Bank		
6 Amount (\$) 29.80	7 Payee address; City; State; 300 E Travis San Antonio , TX 78205	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schere Fees	(b) Description Bank fees	
	(c) Check if travel outside of Texas, complete sc	hedule T Check if A	Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			
Date 5/3/2021	Payee name G Suite		
Amount (\$) 25.58	Payee address; City; State; 1600 Amphitheatre Parkway Mountain View, CA 94043	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this scheen Office Overhead/Rental Expense	Description Office software	
	Check if travel outside of Texas, complete sc	hedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held
Date 5/3/2021	Payee name Pramukh Rayasam		
Amount (\$) 225.00	Payee address; City; State; PO Box 769677 San Antonio, TX 78245	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this scheen Salaries/Wages/Contract Labor	Description Block walking	
	Check if travel outside of Texas, complete sc	hedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held
	ATTACH ADDITIONAL COPIES OF TH	IIS SCHEDULE AS NEEDE	ED

Accounting/Banking	EXPENDITURE CATEGORIES Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense		
Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C	Fees Food/Beverage Expense Gifts/Awards/Memorials Expense committee Legal Services	Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)		
Credit Card Payment	The Instruction Guide explains how	to complete this form			
1 Total pages Schedule F1: 6 of 17	2 FILER NAME Melissa Cabello Havrda		3 Filer ID (Ethics Commission Filers)		
4 Date 5/3/2021	5 Payee name Taco Jalisco				
6 Amount (\$) 202.66	7 Payee address; City; State; 8099 Culebra San Antonio, TX 78245	Zip Code			
PURPOSE OF	(a) Category (See categories listed at the top of this sche Food/Beverage Expense	(b) Description Event catering			
EXPENDITURE	(c) Check if travel outside of Texas, complete so	chedule T Check if I	Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held		
Date 5/3/2021	Payee name Jasons Deli				
Amount (\$) 165.72	Payee address; City; State; 25 NE Loop 410 San Ant78216onio, TX 78216	Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sche Food/Beverage Expense	Description Event catering			
EXI ENDITORE	Check if travel outside of Texas, complete so	chedule T Check if A	Austin, TX, officeholder living expense		
	Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH				
Date 5/3/2021	Payee name Exxon Mobile				
Amount (\$) 73.31	Payee address; City; State; 4280 Potranco San Antonio, TX 78245	Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sche Food/Beverage Expense		block walkers/ poll watchers		
	Check if travel outside of Texas, complete so	chedule T Check if A	Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Event Expense L. Fees C Food/Beverage Expense P Gifts/Awards/Memorials Expense P	oan Repayment/Reimbursement office Overhead/Rental Expense folling Expense rinting Expense salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1: 7 of 17	2 FILER NAME Melissa Cabello Havrda		3 Filer ID (Ethics Commission Filers)
4 Date 5/3/2021	5 Payee name 7-11		
6 Amount (\$) 46.57	7 Payee address; City; State; 711 Culebra San Antonio, TX 78201	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schede Food/Beverage Expense		ock walkers ice and beverages
	(c) Check if travel outside of Texas, complete sch	nedule T Check if A	Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH Crieck it lave duside of Texas, complete scriedule 1 Crieck it lave duside of Texas, complete scried			
Date 5/4/2021	Payee name A AAA Storage		
Amount (\$) 93.00	Payee address; City; State; 8611 Potranco San Antonio, TX 78251	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schede Office Overhead/Rental Expense	Description Storage	
	Check if travel outside of Texas, complete sch	nedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held
Date 5/4/2021	Payee name A AAA Storage		
Amount (\$) 828.00	Payee address; City; State; 8611 Potranco San Antonio, TX 78251	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schede Office Overhead/Rental Expense	Description Rental space	
	Check if travel outside of Texas, complete sch	nedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

	EXPENDITURE CATEGORIE	ES FOR BOX 8(a)		
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Event Expense Fees Food/Beverage Expense Gifts/Awards/Memorials Expense Legal Services The Instruction Guide explains how	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor V to complete this form	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule F1: 8 of 17	2 FILER NAME Melissa Cabello Havrda	·	3 Filer ID (Ethics Commission Filers)	
4 Date 5/4/2021	5 Payee name Sign Busters			
6 Amount (\$) 650.00	7 Payee address; City; State; Zip Code 330 W Baetz Bld San Antonio, TX 78221			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this sch Salaries/Wages/Contract Labor	Sign removal		
9 Complete ONLY if direct expenditure to benefit C/C		Office sought	Austin, TX, officeholder living expense Office held	
Date 5/4/2021	Payee name Scale to Win			
Amount (\$) 573.32	Payee address; City; State; 4675 E 11th Austin, TX 78705	Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sch Advertising Expense	nedule) Description Robocalls		
	Check if travel outside of Texas, complete :	schedule T Check if A	Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held	
Date 5/5/2021	Payee name Andrew Melghem			
Amount (\$) 375.00	Payee address; City; State; PO Box 76977 San Antonio, TX 78245	Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sct Salaries/Wages/Contract Labor	Description Block walking		
	Check if travel outside of Texas, complete :	schedule T Check if A	Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS NEED!	E D	

	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Fees Food/Beverage Expense Gifts/Awards/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor to complete this form	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1: 9 of 17	2 FILER NAME Melissa Cabello Havrda		3 Filer ID (Ethics Commission Filers)
4 Date 5/5/2021	5 Payee name Noel Paniagua		
6 Amount (\$) 60.00	7 Payee address; City; State; PO Box 769677 San Antonio, TX 78245	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this sche Salaries/Wages/Contract Labor	(b) Description Block walking	
	(c) Check if travel outside of Texas, complete so	chedule T Check if A	Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held
Date 5/5/2021	Payee name Circle K		
Amount (\$) 21.85	Payee address; City; State; 11311 Huebner St San Antonio, TX 78219	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sche Food/Beverage Expense	· · · · · · · · · · · · · · · · · · ·	ck walkers ice and drinks
	Check if travel outside of Texas, complete so	chedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held
Date 5/6/2021	Payee name Raul Zamora		
Amount (\$) 500.00	Payee address; City; State; 7 Westlyn San Antonio, TX 78245	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sche Salaries/Wages/Contract Labor	Description Block walking	
	Check if travel outside of Texas, complete so	chedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held
	ATTACH ADDITIONAL COPIES OF TH	IIS SCHEDULE AS NEEDE	ED .

Accounting / Panking	EXPENDITURE CATEGORIE	` '	Collection/Fundraising Funance	
Accounting/Banking Advertising Expense	Event Expense Fees	Loan Repayment/Reimbursement Office Overhead/Rental Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense	
Consulting Expense Contributions/Donations Made By	Food/Beverage Expense Gifts/Awards/Memorials Expense	Polling Expense Printing Expense	Travel in District Travel Out Of District	
Candidate/Officeholder/Political C		Salaries/Wages/Contract Labor	Other (enter a category not listed above)	
Credit Card Payment	The Instruction Guide explains how	to complete this form		
1 Total pages Schedule F1: 10 of 17	2 FILER NAME Melissa Cabello Havrda		3 Filer ID (Ethics Commission Filers)	
4 Date 5/6/2021	5 Payee name Angelica Flores			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
1140.00	PO Box 769777			
	San Antonio, TX 78245			
8 PURPOSE OF	(a) Category (See categories listed at the top of this school Salaries/Wages/Contract Labor	(b) Description Block walking		
EXPENDITURE				
	(c) Check if travel outside of Texas, complete so	chedule T Check if A	Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held	
Date 5/6/2021	Payee name Dana De La Rosa			
Amount (\$)	Payee address; City; State;	Zip Code		
360.00	PO Box 769677			
	San Antonio, TX 78245			
	Category (See categories listed at the top of this sche	· · · · · · · · · · · · · · · · · · ·		
PURPOSE	Salaries/Wages/Contract Labor	Poll watching		
OF EXPENDITURE				
EXPENDITURE	Check if travel outside of Texas, complete s	chedule T Check if A	Austin, TX, officeholder living expense	
Complete ONLY if direct		Office sought	Office held	
expenditure to benefit C/C				
Date 5/6/2021	Payee name Damian Colunga			
Amount (\$)	Payee address; City; State;	Zip Code		
360.00	PO Box 769677	Zip Code		
	San Antn=onio, TX 78245			
	Category (See categories listed at the top of this sche	edule) Description		
PURPOSE	Salaries/Wages/Contract Labor	Poll watching		
OF	_			
EXPENDITURE				
	Check if travel outside of Texas, complete se	chedule T Check if A	Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF TH	HIS SCHEDULE AS NEEDE	ED .	

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Fees Food/Beverage Expense Gifts/Awards/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor to complete this form	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1: 11 of 17	2 FILER NAME Melissa Cabello Havrda		3 Filer ID (Ethics Commission Filers)
4 Date 5/7/2021	5 Payee name La Placita Cafe		
6 Amount (\$) 270.63	7 Payee address; City; State; 5403 Commerce San Antonio, TX 78237	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this sche Food/Beverage Expense	(b) Description Volunteer event of	catering
	(c) Check if travel outside of Texas, complete so	chedule T Check if A	Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held
Date 5/10/2021	Payee name A AAA Storage		
Amount (\$) 15.16	Payee address; City; State; 8611 Potranco San Antonio, TX 78251	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sche Office Overhead/Rental Expense	Description Rental space	
	Check if travel outside of Texas, complete so	chedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held
Date 5/10/2021	Payee name Prestige Printing		
Amount (\$) 3860.00	Payee address; City; State; 8 Burwood Ln San Antonio, TX 78212	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sche Printing Expense	Description Printing	
	Check if travel outside of Texas, complete so	chedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held
	ATTACH ADDITIONAL COPIES OF TH	IIS SCHEDULE AS NEEDE	ED

	EXPENDITURE CATEGORIES F	OR BOX 8(a)	
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Fees Off Food/Beverage Expense Po Gifts/Awards/Memorials Expense Pri	an Repayment/Reimbursement fice Overhead/Rental Expense Illing Expense nting Expense laries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1: 12 of 17	2 FILER NAME Melissa Cabello Havrda		3 Filer ID (Ethics Commission Filers)
4 Date 5/11/2021	5 Payee name Squarespace Inc.		
6 Amount (\$) 28.15	7 Payee address; City; State; 8 Clarkson St. New York, NY 10014	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedul Office Overhead/Rental Expense	(b) Description Website	
	(c) Check if travel outside of Texas, complete sche	edule T Check if A	Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held
Date 5/13/2021	Payee name Ashley Barth		
Amount (\$) 5500.00	Payee address; City; State; 208 Busnell San Antonio, TX 78212	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedul Consulting Expense	Description Campaign consu	lting
	Check if travel outside of Texas, complete sche	edule T Check if	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held
Date 5/19/2021	Payee name Just Because Flowers		
Amount (\$) 54.13	Payee address; City; State; 614 McCullough San Antinio, TX 78204	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedul Gift/Awards/Memorials Expense	Description Memorial gift	
	Check if travel outside of Texas, complete sche	dule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEEDE	ED.

	EXPENDITURE CATEGORI	ES FOR BOX 8(a)		
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Event Expense Fees Food/Beverage Expense Gifts/Awards/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule F1: 13 of 17	2 FILER NAME Melissa Cabello Havrda		3 Filer ID (Ethics Commission Filers)	
4 Date 5/24/2021	5 Payee name UPS Store			
6 Amount (\$) 3.81	7 Payee address; City; State; Zip Code 1645 Huebner San Antonio, TX 78256			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this so Printing Expense	(b) Description Printing		
9 Complete ONLY if direct expenditure to benefit C/C		Schedule T Check if A	Austin, TX, officeholder living expense Office held	
Date 5/25/2021	Payee name Cristina Vela			
Amount (\$) 500.00	Payee address; City; State 1112 Auburn Woods San Antonio, TX 78202	; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this so Salaries/Wages/Contract Labor	Description Blockwalking		
	Check if travel outside of Texas, complete	schedule T Check if A	Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held	
Date 5/27/2021	Payee name HEB			
Amount (\$) 30.30	Payee address; City; State 2118 Fredricksburg Rd San Antonio, TX 78201	; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this so Gift/Awards/Memorials Expense	Description Memorial flowers	3	
	Check if travel outside of Texas, complete	schedule T Check if A	Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEED!	E D	

	EXPENDITURE CATEGORIES FO	R BOX 8(a)	
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Fees Offic Food/Beverage Expense Pollir Gifts/Awards/Memorials Expense Print	Repayment/Reimbursement e Overhead/Rental Expense ng Expense ing Expense ries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Melissa Cabello Havrda	•	3 Filer ID (Ethics Commission Filers)
4 Date 5/27/2021	5 Payee name Pramukh Rayasam		
6 Amount (\$) 240.00	7 Payee address; City; State; Zi PO Box 769677 San Antonio, TX 78245	ip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description Block walking	
	(c) Check if travel outside of Texas, complete schedu	ule T Check if	Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held
Date 5/28/2021	Payee name Adobe Inc		
Amount (\$) 16.23	Payee address; City; State; Zi 345 Park Ave San Jose, TX 95110	p Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Software	
	Check if travel outside of Texas, complete schedu	ule T Check if	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held
Date 5/30/2021	Payee name Anedot		
Amount (\$) 10.30	Payee address; City; State; Zi 1920 McKinney Ave Dallas, TX 75201	p Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description Credit Card Fees	
	Check if travel outside of Texas, complete schedu	ule T Check if	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	E D

	EXPENDITURE CATEGORIES	S FOR BOX 8(a)		
Accounting/Banking Advertising Expense	Event Expense Fees	Loan Repayment/Reimbursement Office Overhead/Rental Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense	
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District	
Contributions/Donations Made By	Gifts/Awards/Memorials Expense	Printing Expense Salaries/Wages/Contract Labor	Travel Out Of District	
Candidate/Officeholder/Political C Credit Card Payment	•	Other (enter a category not listed above)		
1 Total pages Schedule F1:	The Instruction Guide explains how 2 FILER NAME	to complete this form	2 Filer ID (Ethics Commission Filers)	
15 of 17	Melissa Cabello Havrda		3 Filer ID (Ethics Commission Filers)	
4 Date 5/31/2021	5 Payee name IBC Bank			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
21.10	300 E Travis			
	San Antonio , TX 78205			
PURPOSE	(a) Category (See categories listed at the top of this sche Fees	(b) Description Bank fees		
OF EXPENDITURE				
	(c) Check if travel outside of Texas, complete so	chedule T Check if A	Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held	
Date 6/2/2021	Payee name Google Apps			
Amount (\$)	Payee address; City; State;	Zip Code		
25.58	1600 Amphitheatre Parkway Mountain View, CA 94043			
	Mountain view, OA 34043			
	Category (See categories listed at the top of this sche	· · · · · · · · · · · · · · · · · · ·		
PURPOSE	Office Overhead/Rental Expense	Office software		
OF				
EXPENDITURE	Object (free description of Texas accordate of	abada T	Availa TV afficialistical lateral	
0 14 001117 '5 1' 4	Check if travel outside of Texas, complete so		Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held	
Date	Payee name			
6/4/2021	Academy			
Amount (\$)	Payee address; City; State;	Zip Code		
108.14	4638 Loop 410			
	San Antonio, TX 78246			
	Category (See categories listed at the top of this sche	edule) Description		
PURPOSE	Event Expense	Soccer ball dona	tion	
OF				
EXPENDITURE				
	Check if travel outside of Texas, complete so	chedule T Check if A	Austin, TX, officeholder living expense	
Complete ONLY if direct		Office sought	Office held	
expenditure to benefit C/C	ЭН			
	ATTACH ADDITIONAL COPIES OF TH	HIS SCHEDULE AS NEEDE	ED .	

	EXPENDITURE CATEGOR	IES FOR BOX 8(a)			
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Event Expense Fees Food/Beverage Expense Gifts/Awards/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule F1: 16 of 17	2 FILER NAME Melissa Cabello Havrda		3 Filer ID (Ethics Commission Filers)		
4 Date 6/7/2021	5 Payee name Starbucks				
6 Amount (\$) 155.45					
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this s Food/Beverage Expense	Volunteer event o			
9 Complete ONLY if direct expenditure to benefit C/C		Office sought	Austin, TX, officeholder living expense Office held		
Date 6/11/2021	Payee name Squarespace Inc.				
Amount (\$) 28.15	Payee address; City; State 8 Clarkson St. New York, NY 10014	e; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this s Office Overhead/Rental Expense	chedule) Description Website			
	Check if travel outside of Texas, complete	e schedule T Check if A	Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held		
Date 6/28/2021	Payee name Adobe Inc				
Amount (\$) 16.23	Payee address; City; State 345 Park Ave San Jose, TX 95110	e; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this s Office Overhead/Rental Expense	chedule) Description Software			
	Check if travel outside of Texas, complete	e schedule T Check if A	Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEEDE	ED		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Advertising Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/Donations Made By Gifts/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 17 of 17 Melissa Cabello Havrda 4 Date 5 Payee name 6/28/2021 Hyatt 6 Amount (\$) 7 Payee address; City; Zip Code State; 78.05 600 Market San Antonio, TX 78205 (a) Category (See categories listed at the top of this schedule) 8 (b) Description Catering Food/Beverage Expense **PURPOSE** OF **EXPENDITURE** (c) Check if travel outside of Texas, complete schedule T Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date **IBC Bank** 6/30/2021 Amount (\$) Pavee address: City: State: Zip Code 14.90 300 E Travis San Antonio, TX 78205 Category (See categories listed at the top of this schedule) Description Bank fees Fees **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas, complete schedule T Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; Zip Code State; Category (See categories listed at the top of this schedule) Description **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas, complete schedule T Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH 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

Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense

Gifts/Awards/Memorials Expense Printing Expense Solicitation/Fundraising Expense

Transportation Equipment & Related Expense Travel in District

Travel Out Of District

Candidate/Officeholder/Political C	Committee Legal Services Salaries/Wages/Contract Labor Other (enter The Instruction Guide explains how to complete this form	r a category not listed above)
1 Total pages Schedule F2: 1 of 1	2 FILER NAME Melissa Cabello Havrda 3 Filer ID (E	thics Commission Filers)
4 TOTAL OF UNITEMIZ	ZED UNPAID INCURRED OBLIGATIONS \$ 0	
5 Date	6 Payee name	
7 Amount (\$)	8 Payee address; City; State; Zip Code	
9 TYPE OF EXPENDITURE	Political Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) (b) Description	
	(c) Check if travel outside of Texas, complete schedule T Check if Austin, TX, of	ficeholder living expense
11 Complete ONLY if direct expenditure to benefit C/C		held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
TYPE OF EXPENDITURE	Political Non-Political	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Description	
	Check if travel outside of Texas, complete schedule T Check if Austin, TX, of	ficeholder living expense
Complete ONLY if direct expenditure to benefit C/6		held

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PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

	Ti	ne Instruction Guide explains how to complete this form.		Total pages Schedule F3:	
2	FILER NAME Melissa Cabel	lo Havrda	3 F	Filer ID (Ethics Commission Filers)	
4	Date	5 Name of person from whom investment is purchased			
		6 Address of person from whom investment is purchased; City;			-
		7 Description of investment			
		8 Amount of investment (\$)			
	Date	Name of person from whom investment is purchased			
		Address of person from whom investment is purchased; City;		State; Zip Code	•
		Description of investment			
		Amount of investment (\$)			
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

EXPENDITURE CATEGORIES FOR BOX 10(a)

Accounting/Banking Advertising Expense Consulting Expense

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Consulting Expense Contributions/Donations Made By	Food/Beverage Expense Gifts/Awards/Memorials Expense	Travel in District Travel Out Of District		
Candidate/Officeholder/Political C	·	Labor Other (enter a category not listed abo	ve)	
	The Instruction Guide explain	s how to complete this	form	
1 Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics Commission F	ilers)
1 of 1	Melissa Cabello Havrda			
4 TOTAL OF UNITEMIZ	ED EXPENDITURES CHARGED TO A CF	REDIT CARD	\$ 0	
5 Date	6 Payee name			
7 Amount (\$)	8 Payee address; City; State	e; Zip Code		
9 TYPE OF EXPENDITURE	Political Non-Po	olitical		
10 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this s	chedule) (b) De	escription	
	(c) Check if travel outside of Texas, complete	e schedule T	Check if Austin, TX, officeholder living expens	se
11 Complete ONLY if direct expenditure to benefit C/0		Office soug	ht Office held	
Date	Payee name			
Amount (\$)	Payee address; City; State	e; Zip Code		
TYPE OF EXPENDITURE	Political Non-Po	olitical		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this s	chedule) De	escription	
	Check if travel outside of Texas, complete	e schedule T	Check if Austin, TX, officeholder living expens	se
Complete ONLY if direct expenditure to benefit C/0		Office soug	ht Office held	
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE	AS NEEDED	

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)Event Expense Loan Repayment/Re
Fees Office Overhead/Rer

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

ense ges/Contract Labor Solicitation/Fundraising Expense

Transportation Equipment & Related Expense

Travel in District
Travel Out Of District

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

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

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking Event Expense Loan Repayment/Reimbursement

Advertising Expense Consulting Expense

Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Fees
Food/Beverage Expense
Gifts/Awards/Memorials Expense

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

Candidate/Officeholder/Political C Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form
1 Total pages Schedule 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) Check if travel outside of Texas, complete schedule T Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name Office sought Office held
Date	Business name
Amount (\$)	Business address; City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Description
	Check if travel outside of Texas, complete schedule T Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/0	
Date	Business name
Amount (\$)	Business address; City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Description
	Check if travel outside of Texas, complete schedule T Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE

The Instruction Guide explains how to complete this form.			
1 Total pages Schedule I: 1 of 1	2 FILER NAME Melissa Cabello Havrda	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) (b) Description	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 NEE	DED	

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 Cabell	o Havrda	3 Filer ID (Ethics Commission Filers)
4 Date 5/12/2021	5 Name of person from whom amount is received Prestige Printing	8 Amount (\$) 11.72
	6 Address of person from whom amount is received; City; State; 8 Burwood Ln San Antonio, TX 78212	Zip Code
	7 Purpose for which amount is received Overpayment	eck if political contribution returned to filer
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State;	Zip Code
	Purpose for which amount is received	eck if political contribution returned to filer
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State;	Zip Code
	Purpose for which amount is received	eck if political contribution returned to filer
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State;	Zip Code
	Purpose for which amount is received Ch	eck if political contribution returned to filer
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE A	S 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 Ha	2 FILER NAME Melissa Cabello Havrda 3 Filer ID (Ethics Commission Filers)				
4 Name of Contributor /	Corporation or L	abor Organization / Pledgor / Pa	yee		
5 Contribution / Expendi	ture reported on	:			
Schedule A2	Schedule	B Schedule B(J)	Schedule C2	Schedule D	Schedule F1
Schedule F2	Schedule	F4 Schedule G	Schedule H	Schedule COH-UC	Schedule B-SS
6 Dates of travel	7 Name of pers	son(s) traveling			
	8 Departure cit	y or name of departure location			
	9 Destination of	ity or name of destination location	on		
10 Means of transporta	ition	11 Purpose of travel (including r	name of conference, semi	inar, or other event)	
Name of Contributor /	Corporation or L	abor Organization / Pledgor / Pa	yee		
Contribution / Expendi	ture reported on	•			
Schedule A2	Schedule	B Schedule B(J)	Schedule C2	Schedule D	Schedule F1
Schedule F2	Schedule	F4 Schedule G	Schedule H	Schedule COH-UC	Schedule B-SS
Dates of travel	Dates of travel Name of person(s) traveling				
	Departure cit	y or name of departure location			
	Destination of	ity or name of destination location	on		
Means of transporta	ition	Purpose of travel (including r	name of conference, semi	inar, or other event)	
Name of Contributor /	Corporation or L	abor Organization / Pledgor / Pa	yee		
Contribution / Expendi	ture reported on	:			
Schedule A2	Schedule	B Schedule B(J)	Schedule C2	Schedule D	Schedule F1
Schedule F2	Schedule	F4 Schedule G	Schedule H	Schedule COH-UC	Schedule B-SS
Dates of travel	Name of pers	son(s) traveling			
Departure city or name of departure location					
	Destination city or name of destination location				
Means of transporta	ition	Purpose of travel (including r	name of conference, semi	inar, or other event)	
	ATTA	CH ADDITIONAL COPIES OF	THIS SCHEDULE AS	NEEDED	

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

	The Instruction Guide explains how to com •• Complete only if "Report Type" on page 1 is mar	•
C/OH NA	AME a Cabello Havrda	Filer ID (Ethics Commission Filers)
SIGNA	TURE	
a repo	ot expect any further political contributions or political expenditures in connort as a final report terminates my campaign treasurer appointment. I also uputions or make any campaign expenditures without a campaign treasurer	understand that I may not accept any campaign
		Signature of Candidate / Officeholder
	WHO IS NOT AN OFFICEHOLDER lete A & B below only if you are not an officeholder. ••	
A.	CAMPAIGN FUNDS	
Chec	k only one:	
	I do not have unexpended contributions or unexpended interest or incom	ne earned from political contributions.
	I have unexpended contributions or unexpended interest or income earn convert unexpended political contributions or unexpended interest or income also understand that I must file an annual report of unexpended contribution unexpended interest or income earned on political contributions longe understand that I must dispose of unexpended political contributions and contributions in accordance with the requirements of Election Code, § 25	ome earned on political contributions to personal use. I tions and that I may not retain unexpended contributions or than six years after filing this final report. Further, I described interest or income earned on political
В.	ASSETS	
Chec	k 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 may not convert assets purchased with political contributions or interest use. I also understand that I must dispose of assets purchased with political Code, § 254.204.	or other income from political contributions to personal
		Signature of Candidate
	EHOLDER lete this section only if you are an officeholder. ••	
	I am aware that I remain subject to filing requirements applicable to an o am also aware that I will be required to file reports of unexpended contrib I retain political contributions, interest of other income from political contributions.	outions if, after filing the last required report as an officeholder
		Signature of Officeholder