

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)		2 Total pages filed: <b>55</b>		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST <b>Melissa</b>		MI		OFFICE USE ONLY Date Received          Date Hand-delivered or Date Postmarked   Receipt # Amount \$ Date Processed Date Imaged	
	NICKNAME LAST <b>Cabello Havrda</b>		SUFFIX			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>PO Box 769677 San Antonio TX 78245</b>					
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION ( <b>210</b> ) <b>633-7369</b>					
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST <b>Carlos</b>		MI			
	NICKNAME LAST <b>Cabello</b>		SUFFIX			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>PO Box 769677 San Antonio TX 78245</b>					
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION ( <b>210</b> ) <b>633-7369</b>					
9 REPORT TYPE	<b>8th Day Before General Election</b>					
10 PERIOD COVERED	Month Day Year <b>3/26/2019</b> THROUGH <b>4/24/2018</b>					
11 ELECTION	ELECTION DATE Month Day Year <b>5/4/2018</b>		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) <b>None</b>		13 OFFICE SOUGHT (if known) <b>Council District 6</b>			

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

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

<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	<b>\$ 0</b>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	<b>\$ 30778.40</b>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	<b>\$ 0</b>
	4. TOTAL POLITICAL EXPENDITURES	<b>\$ 21236.15</b>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	<b>\$ 9834.26</b>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	<b>\$ 0</b>

**18 AFFIDAVIT**

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.

**\*\*\* Electronically Certified \*\*\***  
 \_\_\_\_\_  
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Melissa Cabello Havrda, this the 29th day of April, 2019, 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

<b>19</b> FILER NAME <b>Melissa Cabello Havrda</b>		<b>20</b> Filer ID (Ethics Commission Filers)
<b>21</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	<b>\$ 28278.40</b>
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	<b>\$ 2500.00</b>
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	<b>\$ 0</b>
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	<b>\$ 0</b>
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	<b>\$ 21236.15</b>
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	<b>\$ 0</b>
7.	<input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	<b>\$ 0</b>
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	<b>\$ 0</b>
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	<b>\$ 0</b>
10.	<input checked="" type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	<b>\$ 0</b>
11.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	<b>\$ 0</b>
12.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	<b>\$ 50.00</b>

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**1 of 26**

2 FILER NAME

**Melissa Cabello Havrda**

3 Filer ID (Ethics Commission Filers)

4 Date  
**3/26/2019**

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

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

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

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

9 Employer (See instructions)  
**Bexar County**

Date  
**3/26/2019**

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

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

Contributor address; City; State; Zip Code  
**290 E John Carpenter Fwy  
Irving, TX 75062**

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

Employer (See instructions)  
**Vizient**

Date  
**3/26/2019**

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

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

Contributor address; City; State; Zip Code  
**1 UTSA Circle  
San Antonio, TX 78249**

Principal occupation / Job title (See instructions)  
**Assistant Professor**

Employer (See instructions)  
**UTSA**

Date  
**3/26/2019**

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

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

Contributor address; City; State; Zip Code  
**755 E Mulberry Ave  
San Antonio, TX 78212**

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

Employer (See instructions)  
**McCombs Enterprises**

**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: <b>2 of 26</b>
2 FILER NAME <b>Melissa Cabello Havrda</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/26/2019</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Emily Calderon Galdeano</b> ..... 6 Contributor address; City; State; Zip Code <b>314 North Dr</b> <b>San Antonio, TX 78201</b>	7 Amount of contribution (\$) <b>250.00</b>
8 Principal occupation / Job title (See instructions) <b>Community relations</b>		9 Employer (See instructions) <b>State of Texas</b>
Date <b>3/27/2019</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Charles Gonzalez</b> ..... Contributor address; City; State; Zip Code <b>112 E Pecan #2700</b> <b>San Antonio, TX 78205</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See instructions) <b>Attorney</b>		Employer (See instructions) <b>Ogletree Deakins, P.C.</b>
Date <b>3/27/2019</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Marco Barros</b> ..... Contributor address; City; State; Zip Code <b>110 Broadway #360</b> <b>San Antonio, TX 78205</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See instructions) <b>CEO</b>		Employer (See instructions) <b>SA Tourism Council</b>
Date <b>3/27/2019</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Robert Rochelle</b> ..... Contributor address; City; State; Zip Code <b>1421 Hanz Dr</b> <b>New Braunfels, TX 78130</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See instructions) <b>Manager</b>		Employer (See instructions) <b>TCOR Management</b>
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**3 of 26**

2 FILER NAME  
**Melissa Cabello Havrda**

3 Filer ID (Ethics Commission Filers)

4 Date  
**3/27/2019**

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

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

6 Contributor address; City; State; Zip Code  
**204 Clay St  
San Antonio, TX 78204**

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

9 Employer (See instructions)  
**MM Creative**

Date  
**3/27/2019**

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

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

Contributor address; City; State; Zip Code  
**122 Cliffside Dr  
Shavano Park, TX 78231**

Principal occupation / Job title (See instructions)  
**Vocational Expert**

Employer (See instructions)  
**Self**

Date  
**3/28/2019**

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

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

Contributor address; City; State; Zip Code  
**3716 National Dr  
Raleigh, NC 27612**

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

Employer (See instructions)  
**Moore & Alphin**

Date  
**3/28/2019**

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

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

Contributor address; City; State; Zip Code  
**2301 Broadway  
San Antonio, TX 78215**

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

Employer (See instructions)  
**Clark Hill**

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

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>4 of 26</b>
2 FILER NAME <b>Melissa Cabello Havrda</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/29/2019</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Analysse Escobar</b> ..... 6 Contributor address; City; State; Zip Code <b>5300 E Cherry Creek #606</b> <b>Denver, CO 80246</b>	7 Amount of contribution (\$) <b>50.00</b>
8 Principal occupation / Job title (See instructions) <b>Deputy Community Engagement Director</b>		9 Employer (See instructions) <b>State of Colorado</b>
Date <b>3/29/2019</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Karla Duran</b> ..... Contributor address; City; State; Zip Code <b>800 Quintana Rd #8</b> <b>San Antonio, TX 78211</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See instructions) <b>Education</b>		Employer (See instructions) <b>Alamo Academies</b>
Date <b>3/29/2019</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>IBC State PAC</b> ..... Contributor address; City; State; Zip Code <b>130 E Travis</b> <b>San Antonio, TX 78205</b>	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date <b>3/30/2019</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Diana Moore</b> ..... Contributor address; City; State; Zip Code <b>352 Bobby Clark Dr</b> <b>Canyon Lake, TX 78133</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See instructions) <b>Retired</b>		Employer (See instructions) <b>Retired</b>
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**5 of 26**

2 FILER NAME  
**Melissa Cabello Havrda**

3 Filer ID (Ethics Commission Filers)

4 Date  
**3/31/2019**

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

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

6 Contributor address; City; State; Zip Code  
**2414 S Hackberry  
San Antonio, TX 78210**

8 Principal occupation / Job title (See instructions)  
**TX State Representative 124**

9 Employer (See instructions)  
**State of Texas**

Date  
**4/1/2019**

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

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

Contributor address; City; State; Zip Code  
**17806 W Interstate 10  
San Antonio, TX 78257**

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

Employer (See instructions)  
**Polunsky Beitel Green LLP**

Date  
**4/1/2019**

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 Communications**

Date  
**4/1/2019**

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 Communications**

**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: <b>6 of 26</b>
2 FILER NAME <b>Melissa Cabello Havrda</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4/2/2019</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Ashlee Pena</b> ..... 6 Contributor address; City; State; Zip Code <b>126 Longridge Dr</b> <b>San Antonio, TX 78228</b>	7 Amount of contribution (\$) <b>50.00</b>
8 Principal occupation / Job title (See instructions) <b>Attorney</b>		9 Employer (See instructions) <b>Thrivent Financial</b>
Date <b>4/2/2019</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Phillip Rodriguez</b> ..... Contributor address; City; State; Zip Code <b>7122 Pineville Rd</b> <b>San Antonio, TX 78227</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See instructions) <b>Director</b>		Employer (See instructions) <b>Project 1000</b>
Date <b>4/2/2019</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Joshua Eyestone</b> ..... Contributor address; City; State; Zip Code <b>633 S St Marys #4107</b> <b>San Antonio, TX 78205</b>	Amount of contribution (\$) <b>250.00</b>
Principal occupation / Job title (See instructions) <b>Attorney</b>		Employer (See instructions) <b>Heard &amp; Smith</b>
Date <b>4/3/2019</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Judith Cassagne Fowles</b> ..... Contributor address; City; State; Zip Code <b>9615 Maytum Circle</b> <b>Helotes, TX 78023</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See instructions) <b>LCPC</b>		Employer (See instructions) <b>Self</b>

**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 26**

2 FILER NAME  
**Melissa Cabello Havrda**

3 Filer ID (Ethics Commission Filers)

4 Date  
**4/3/2019**

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

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

6 Contributor address; City; State; Zip Code  
**PO Box 780489**  
**San Antonio, TX 78278**

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

9 Employer (See instructions)  
**NuStar**

Date  
**4/3/2019**

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

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

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

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

Employer (See instructions)  
**Self**

Date  
**4/3/2019**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Linebarger Goggan Blair & Sampson LLP**

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

Contributor address; City; State; Zip Code  
**PO Box 17428**  
**Austin, TX 78760**

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date  
**4/3/2019**

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

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

Contributor address; City; State; Zip Code  
**PO Box 781609**  
**San Antonio, TX 78278**

Principal occupation / Job title (See instructions)

Employer (See instructions)

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

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

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
**8 of 26**

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

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

**4** Date  
**4/3/2019**

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

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

**6** Contributor address; City; State; Zip Code  
**1804 Belford  
Austin, TX 78757**

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

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

Date  
**4/3/2019**

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

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

Contributor address; City; State; Zip Code  
**48 Vineyard  
San Antonio, TX 78257**

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

Employer (See instructions)  
**NuStar**

Date  
**4/3/2019**

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

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

Contributor address; City; State; Zip Code  
**105 Blackhawk Trail  
San Antonio, TX 78232**

Principal occupation / Job title (See instructions)  
**Self employed**

Employer (See instructions)  
**Self employed**

Date  
**4/3/2019**

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

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

Contributor address; City; State; Zip Code  
**14115 Oakland Mills St  
San Antonio, TX 78231**

Principal occupation / Job title (See instructions)  
**Self employed**

Employer (See instructions)  
**Self employed**

**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: <b>9 of 26</b>
2 FILER NAME <b>Melissa Cabello Havrda</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4/3/2019</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Alison Cochran</b> ..... 6 Contributor address; City; State; Zip Code <b>208 Grandview Pl #1</b> <b>San Antonio, TX 78209</b>	7 Amount of contribution (\$) <b>500.00</b>
8 Principal occupation / Job title (See instructions) <b>VP</b>		9 Employer (See instructions) <b>Zachry Group</b>
Date <b>4/3/2019</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Roger Flores</b> ..... Contributor address; City; State; Zip Code <b>3206 Whisper Bells</b> <b>San Antonio, TX 78230</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See instructions) <b>Consultant</b>		Employer (See instructions) <b>Self</b>
Date <b>4/3/2019</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Daniel Barrett</b> ..... Contributor address; City; State; Zip Code <b>1407 Viewridge Dr</b> <b>San Antonio, TX 78213</b>	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See instructions) <b>Owner</b>		Employer (See instructions) <b>Barrett Insurance</b>
Date <b>4/3/2019</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Melissa Aguillon</b> ..... Contributor address; City; State; Zip Code <b>133 Harriett</b> <b>San Antonio, TX 78216</b>	Amount of contribution (\$) <b>200.00</b>
Principal occupation / Job title (See instructions) <b>Owner</b>		Employer (See instructions) <b>Aguillon &amp; Associates</b>
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		<b>1</b> Total pages Schedule A1: <b>10 of 26</b>
<b>2</b> FILER NAME <b>Melissa Cabello Havrda</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>4/3/2019</b>	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Margaret Day</b> ..... <b>6</b> Contributor address; City; State; Zip Code <b>316 Harrison Ave</b> <b>San Antonio, TX 78209</b>	<b>7</b> Amount of contribution (\$) <b>50.00</b>
<b>8</b> Principal occupation / Job title (See instructions) <b>Consultant</b>		<b>9</b> Employer (See instructions) <b>Self employed</b>
Date <b>4/3/2019</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Geraldine Garcia</b> ..... Contributor address; City; State; Zip Code <b>300 E Basse #2520</b> <b>San Antonio, TX 78209</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See instructions) <b>Consultant</b>		Employer (See instructions) <b>Andrade Van de Putte</b>
Date <b>4/3/2019</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Elva Anderson</b> ..... Contributor address; City; State; Zip Code <b>518 Sanderling</b> <b>San Antonio, TX 78244</b>	Amount of contribution (\$) <b>5.00</b>
Principal occupation / Job title (See instructions) <b>Coordinator</b>		Employer (See instructions) <b>City of San Antonio Animal Care Services</b>
Date <b>4/3/2019</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Hope Andrade</b> ..... Contributor address; City; State; Zip Code <b>680 E Basse #128</b> <b>San antonio, TX 78209</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See instructions) <b>Entrepreneur</b>		Employer (See instructions) <b>Self</b>
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements		

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		<b>1</b> Total pages Schedule A1: <b>11 of 26</b>
<b>2</b> FILER NAME <b>Melissa Cabello Havrda</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>4/5/2019</b>	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Rebecca Cedillo</b> ..... <b>6</b> Contributor address; City; State; Zip Code <b>75 Longsford</b> <b>San Antonio, TX 78209</b>	<b>7</b> Amount of contribution (\$) <b>250.00</b>
<b>8</b> Principal occupation / Job title (See instructions) <b>Urban planner</b>		<b>9</b> Employer (See instructions) <b>Self</b>
Date <b>4/6/2019</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Kate Hansen</b> ..... Contributor address; City; State; Zip Code <b>PO Box 769111</b> <b>san antonio, TX 78245</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See instructions) <b>Operator</b>		Employer (See instructions) <b>United Language Group</b>
Date <b>4/6/2019</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Trey Porter</b> ..... Contributor address; City; State; Zip Code <b>501 E Dewey Pl</b> <b>San Antonio, TX 78212</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See instructions) <b>Attorney</b>		Employer (See instructions) <b>Self</b>
Date <b>4/7/2019</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>David Burd</b> ..... Contributor address; City; State; Zip Code <b>1713 Bay Street Se</b> <b>Washington, DC 20003</b>	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See instructions) <b>Executive Recruiter</b>		Employer (See instructions) <b>Heidrick &amp; Struggles</b>
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# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>12 of 26</b>
2 FILER NAME <b>Melissa Cabello Havrda</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4/7/2019</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Diann Andy</b> ..... 6 Contributor address; City; State; Zip Code <b>7522 Kleberg</b> <b>San Antonio, TX 78250</b>	7 Amount of contribution (\$) <b>10.00</b>
8 Principal occupation / Job title (See instructions) <b>Educator</b>		9 Employer (See instructions) <b>Retired</b>
Date <b>4/8/2019</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Andrew Casillas</b> ..... Contributor address; City; State; Zip Code <b>229 W Rosewood Ave</b> <b>San Antonio, TX 78212</b>	Amount of contribution (\$) <b>50.00</b>
Principal occupation / Job title (See instructions) <b>Attorney</b>		Employer (See instructions) <b>InGenesis, Inc.</b>
Date <b>4/9/2019</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Kimberly Jimenez</b> ..... Contributor address; City; State; Zip Code <b>7818 Galaway Bay</b> <b>San Antonio , TX 78240</b>	Amount of contribution (\$) <b>200.00</b>
Principal occupation / Job title (See instructions) <b>Project Manager</b>		Employer (See instructions) <b>Haemonetics</b>
Date <b>4/9/2019</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Ana Perez</b> ..... Contributor address; City; State; Zip Code <b>8539 Timber Place</b> <b>San Antonio, TX 78250</b>	Amount of contribution (\$) <b>50.00</b>
Principal occupation / Job title (See instructions) <b>Social Worker</b>		Employer (See instructions) <b>SW General</b>
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		<b>1</b> Total pages Schedule A1: <b>13 of 26</b>
<b>2</b> FILER NAME <b>Melissa Cabello Havrda</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>4/9/2019</b>	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Thomas Mayes Jr</b> ..... <b>6</b> Contributor address; City; State; Zip Code <b>221 Lexington Ave #318</b> <b>San Antonio, TX 78215</b>	<b>7</b> Amount of contribution (\$) <b>100.00</b>
<b>8</b> Principal occupation / Job title (See instructions) <b>Partner</b>		<b>9</b> Employer (See instructions) <b>Phipps Deacon Purnell PLLC</b>
Date <b>4/9/2019</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Abram Alonso</b> ..... Contributor address; City; State; Zip Code <b>10000 Ih 10 West #110</b> <b>San Antonio, TX 78230</b>	Amount of contribution (\$) <b>25.00</b>
Principal occupation / Job title (See instructions) <b>Marketing</b>		Employer (See instructions) <b>Chile Media</b>
Date <b>4/10/2019</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Steven Alaniz</b> ..... Contributor address; City; State; Zip Code <b>12118 Harris Hawk</b> <b>San Antonio, TX 78253</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See instructions) <b>Partner</b>		Employer (See instructions) <b>Momentum Physical Therapy</b>
Date <b>4/10/2019</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Melissa Sparks</b> ..... Contributor address; City; State; Zip Code <b>9103 Tezel Bluff</b> <b>San Antonio, TX 78250</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See instructions) <b>Corporate Communications</b>		Employer (See instructions) <b>Toyota Motor North America</b>
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# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>14 of 26</b>
2 FILER NAME <b>Melissa Cabello Havrda</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4/10/2019</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>USAA Employee PAC</b> ..... 6 Contributor address; City; State; Zip Code <b>9800 Fredericksburg Rd</b> <b>San Antonio, TX 78254</b>	7 Amount of contribution (\$) <b>500.00</b>
8 Principal occupation / Job title (See instructions)		9 Employer (See instructions)
Date <b>4/11/2019</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Diego Bernal</b> ..... Contributor address; City; State; Zip Code <b>213 Woodlief</b> <b>San Antonio, TX 78212</b>	Amount of contribution (\$) <b>300.00</b>
Principal occupation / Job title (See instructions) <b>Attorney</b>		Employer (See instructions) <b>Self Employed</b>
Date <b>4/12/2019</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>George Salinas</b> ..... Contributor address; City; State; Zip Code <b>2819 Whisper Hill</b> <b>San Antonio, TX 78230</b>	Amount of contribution (\$) <b>250.00</b>
Principal occupation / Job title (See instructions) <b>Attorney</b>		Employer (See instructions) <b>Law Offices of George Salinas, PLLC</b>
Date <b>4/12/2019</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Jorge Herrera</b> ..... Contributor address; City; State; Zip Code <b>1800 E Commerce</b> <b>San Antonio, TX 78207</b>	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See instructions) <b>Attorney</b>		Employer (See instructions) <b>Herrera Law Firm</b>
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		<b>1</b> Total pages Schedule A1: <b>15 of 26</b>
<b>2</b> FILER NAME <b>Melissa Cabello Havrda</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>4/12/2019</b>	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Marc Whyte</b> ..... <b>6</b> Contributor address; City; State; Zip Code <b>9140 Merymont Park</b> <b>San Antonio, TX 78209</b>	<b>7</b> Amount of contribution (\$) <b>100.00</b>
<b>8</b> Principal occupation / Job title (See instructions) <b>Attorney</b>		<b>9</b> Employer (See instructions) <b>Whyte PLLC</b>
Date <b>4/12/2019</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Roberto Rios</b> ..... Contributor address; City; State; Zip Code <b>13807 Shavano Wind</b> <b>San Antonio, TX 78230</b>	Amount of contribution (\$) <b>250.00</b>
Principal occupation / Job title (See instructions) <b>Attorney</b>		Employer (See instructions) <b>The Rios Legal Group PLCC</b>
Date <b>4/15/2019</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Toni-Marie Van Buren</b> ..... Contributor address; City; State; Zip Code <b>115 Schreiner Place</b> <b>San Antonio, TX 78212</b>	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See instructions) <b>Self employed</b>		Employer (See instructions) <b>Self employed</b>
Date <b>4/15/2019</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mary Elizabeth Heard</b> ..... Contributor address; City; State; Zip Code <b>8700 Crownhill Blvd #505</b> <b>San Antonio, TX 78209</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See instructions) <b>Attorney</b>		Employer (See instructions) <b>Self</b>
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# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>16 of 26</b>
2 FILER NAME <b>Melissa Cabello Havrda</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4/15/2019</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Ascend PAC</b> ..... 6 Contributor address; City; State; Zip Code <b>1700 Kalorama RD NW #404</b> <b>Washington, DC 20009</b>	7 Amount of contribution (\$) <b>500.00</b>
8 Principal occupation / Job title (See instructions)		9 Employer (See instructions)
Date <b>4/15/2019</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Dustin Draper</b> ..... Contributor address; City; State; Zip Code <b>1514 Heavens Peak</b> <b>San Antonio, TX 78258</b>	Amount of contribution (\$) <b>10.00</b>
Principal occupation / Job title (See instructions) <b>Attorney</b>		Employer (See instructions) <b>Packard Law Firm</b>
Date <b>4/16/2019</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Analco Gonzalez</b> ..... Contributor address; City; State; Zip Code <b>11703 Bridge Hampton</b> <b>SAN ANTONIO, TX 78251</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See instructions) <b>Managing Partner</b>		Employer (See instructions) <b>OCI Group</b>
Date <b>4/16/2019</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Jessica Gavia</b> ..... Contributor address; City; State; Zip Code <b>2026 Oak Dew</b> <b>San Antonio, TX 78232</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See instructions) <b>Healthcare administration</b>		Employer (See instructions) <b>University Health System</b>
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		<b>1</b> Total pages Schedule A1: <b>17 of 26</b>
<b>2</b> FILER NAME <b>Melissa Cabello Havrda</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>4/17/2019</b>	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Christina Castano</b> ..... <b>6</b> Contributor address; City; State; Zip Code <b>927 Serenade</b> <b>San Antonio, TX 78213</b>	<b>7</b> Amount of contribution (\$) <b>88.40</b>
<b>8</b> Principal occupation / Job title (See instructions) <b>Planner</b>		<b>9</b> Employer (See instructions) <b>VIA</b>
Date <b>4/17/2019</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Kamil Alavi</b> ..... Contributor address; City; State; Zip Code <b>342 Garraty Rd</b> <b>San Antonio, TX 78209</b>	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See instructions) <b>Real Estate</b>		Employer (See instructions) <b>Ithaca</b>
Date <b>4/17/2019</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Kevin Covey</b> ..... Contributor address; City; State; Zip Code <b>4515 San Pedro Ave</b> <b>San Antonio, TX 78212</b>	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See instructions) <b>Real estate</b>		Employer (See instructions) <b>GrayStreet</b>
Date <b>4/17/2019</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Michelle Carson</b> ..... Contributor address; City; State; Zip Code <b>128 W. Mistletoe Ave</b> <b>San Antonio, TX 78212</b>	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See instructions) <b>Artist</b>		Employer (See instructions) <b>Self</b>
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# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>18 of 26</b>
2 FILER NAME <b>Melissa Cabello Havrda</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4/17/2019</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Bradley Carson</b> ..... 6 Contributor address; City; State; Zip Code <b>128 W. Mistletoe Ave</b> <b>San Antonio, TX 78212</b>	7 Amount of contribution (\$) <b>500.00</b>
8 Principal occupation / Job title (See instructions) <b>Attorney</b>		9 Employer (See instructions) <b>Kruger Carson PLLC</b>
Date <b>4/17/2019</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>John OConnor</b> ..... Contributor address; City; State; Zip Code <b>10403 Mount Hope</b> <b>San Antonio, TX 78230</b>	Amount of contribution (\$) <b>50.00</b>
Principal occupation / Job title (See instructions) <b>Economic development</b>		Employer (See instructions) <b>Port San Antonio</b>
Date <b>4/18/2019</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>James Lifshutz</b> ..... Contributor address; City; State; Zip Code <b>215 W Travis St</b> <b>San Antonio, TX 78205</b>	Amount of contribution (\$) <b>250.00</b>
Principal occupation / Job title (See instructions) <b>Developer</b>		Employer (See instructions) <b>Self</b>
Date <b>4/18/2019</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mark Wohlfarth</b> ..... Contributor address; City; State; Zip Code <b>237 West Travis</b> <b>San Antonio, TX 78205</b>	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See instructions) <b>Owner GC</b>		Employer (See instructions) <b>Sabina Group</b>
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>19 of 26</b>
2 FILER NAME <b>Melissa Cabello Havrda</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4/18/2019</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Robert Crittenden</b> ..... 6 Contributor address; City; State; Zip Code <b>614 Birdsong</b> <b>San Antonio, TX 78258</b>	7 Amount of contribution (\$) <b>500.00</b>
8 Principal occupation / Job title (See instructions) <b>Developer</b>		9 Employer (See instructions) <b>Self</b>
Date <b>4/18/2019</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>John Ernst</b> ..... Contributor address; City; State; Zip Code <b>9386 Huebner Rd #107A</b> <b>San Antonio, TX 78240</b>	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See instructions) <b>Contractor</b>		Employer (See instructions) <b>Self</b>
Date <b>4/18/2019</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Colleen Ernst</b> ..... Contributor address; City; State; Zip Code <b>9386 Huebner Rd #107A</b> <b>San Antonio, TX 78240</b>	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See instructions) <b>Self employed</b>		Employer (See instructions) <b>Self employed</b>
Date <b>4/18/2019</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Esponiza Law Firm PLLC</b> ..... Contributor address; City; State; Zip Code <b>2211 Danbury St</b> <b>San Antonio, TX 78217</b>	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See instructions)		Employer (See instructions)
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**20 of 26**

2 FILER NAME  
**Melissa Cabello Havrda**

3 Filer ID (Ethics Commission Filers)

4 Date  
**4/18/2019**

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Heard & Smith LLP**

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

6 Contributor address; City; State; Zip Code  
**10715 Gulfdale #100  
San Antonio, TX 78216**

8 Principal occupation / Job title (See instructions)

9 Employer (See instructions)

Date  
**4/18/2019**

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

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

Contributor address; City; State; Zip Code  
**12018 Indogo Bend  
San Antonio, TX 78230**

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

Employer (See instructions)  
**Mosaic Properties**

Date  
**4/18/2019**

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

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

Contributor address; City; State; Zip Code  
**9855 Oakland Road  
San Antonio, TX 78240**

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

Employer (See instructions)  
**Central Electric**

Date  
**4/18/2019**

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

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

Contributor address; City; State; Zip Code  
**4006 Green Oak Dr  
Waco, TX 76710**

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

Employer (See instructions)  
**Sheldon Properties**

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# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>21 of 26</b>
2 FILER NAME <b>Melissa Cabello Havrda</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4/18/2019</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Johnny Stevens</b> ..... 6 Contributor address; City; State; Zip Code <b>8120 Killarney Ct</b> <b>Wichita, KS 67206</b>	7 Amount of contribution (\$) <b>500.00</b>
8 Principal occupation / Job title (See instructions) <b>Developer</b>		9 Employer (See instructions) <b>Self</b>
Date <b>4/18/2019</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Marjorie Stevens</b> ..... Contributor address; City; State; Zip Code <b>8120 Killarney Ct</b> <b>Wichita, KS 67206</b>	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See instructions) <b>Self employed</b>		Employer (See instructions) <b>Self employed</b>
Date <b>4/18/2019</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Paul Basaldua</b> ..... Contributor address; City; State; Zip Code <b>3 Woltwood</b> <b>San Antonio, TX 78248</b>	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See instructions) <b>Developer</b>		Employer (See instructions) <b>Mosaic Properties</b>
Date <b>4/18/2019</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Lloyd Denton</b> ..... Contributor address; City; State; Zip Code <b>1 Bitterblue Ln</b> <b>San Antonio, TX 78218</b>	Amount of contribution (\$) <b>250.00</b>
Principal occupation / Job title (See instructions) <b>Developer</b>		Employer (See instructions) <b>Bitterblue</b>
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		



# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**22 of 26**

2 FILER NAME  
**Melissa Cabello Havrda**

3 Filer ID (Ethics Commission Filers)

4 Date  
**4/18/2019**

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**SA Apartment Association PAC**

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

6 Contributor address; City; State; Zip Code  
**7525 Babcock Rd  
San Antonio, TX 78249**

8 Principal occupation / Job title (See instructions)

9 Employer (See instructions)

Date  
**4/18/2019**

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

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

Contributor address; City; State; Zip Code  
**217 Arden Grove  
San Antonio, TX 78215**

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

Employer (See instructions)  
**Self**

Date  
**4/18/2019**

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

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

Contributor address; City; State; Zip Code  
**126 Brittany  
San Antonio, TX 78212**

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

Employer (See instructions)  
**Self**

Date  
**4/18/2019**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Tom Bagby Law Firm PLLC**

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

Contributor address; City; State; Zip Code  
**300 Austin Hwy #100  
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)

Employer (See instructions)

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

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

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>23 of 26</b>
2 FILER NAME <b>Melissa Cabello Havrda</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4/19/2019</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Fernando Reyes</b> ..... 6 Contributor address; City; State; Zip Code <b>2 Davenport Ln</b> <b>San Antonio, TX 78257</b>	7 Amount of contribution (\$) <b>500.00</b>
8 Principal occupation / Job title (See instructions) <b>CEO</b>		9 Employer (See instructions) <b>Avanzar</b>
Date <b>4/19/2019</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Linda Carillo</b> ..... Contributor address; City; State; Zip Code <b>4306 Valley Brook</b> <b>San Antonio, TX 78238</b>	Amount of contribution (\$) <b>20.00</b>
Principal occupation / Job title (See instructions) <b>Retired</b>		Employer (See instructions) <b>Retired</b>
Date <b>4/19/2019</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Peggy Stuck</b> ..... Contributor address; City; State; Zip Code <b>4306 Valley Brook</b> <b>San Antonio, TX 78238</b>	Amount of contribution (\$) <b>20.00</b>
Principal occupation / Job title (See instructions) <b>Retired</b>		Employer (See instructions) <b>Retired</b>
Date <b>4/19/2019</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Jasmin Dominguez</b> ..... Contributor address; City; State; Zip Code <b>10202 Heritage Blvd</b> <b>San Antonio, TX 78216</b>	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See instructions) <b>CEO</b>		Employer (See instructions) <b>The Espinoza Law Firm PLLC</b>
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**24 of 26**

2 FILER NAME  
**Melissa Cabello Havrda**

3 Filer ID (Ethics Commission Filers)

4 Date  
**4/19/2019**

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Ross Properties LLC**

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

6 Contributor address; City; State; Zip Code  
**PO Box 28490  
San Antonio, TX 78228**

8 Principal occupation / Job title (See instructions)

9 Employer (See instructions)

Date  
**4/22/2019**

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

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

Contributor address; City; State; Zip Code  
**3602 Paesanos Pkwy #112  
San Antonio, TX 78231**

Principal occupation / Job title (See instructions)  
**Real Estate**

Employer (See instructions)  
**Wayne Harwell Properties**

Date  
**4/22/2019**

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

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

Contributor address; City; State; Zip Code  
**3602 Paesanos Pkwy #112  
San Antonio, TX 78231**

Principal occupation / Job title (See instructions)  
**Self employed**

Employer (See instructions)  
**Self employed**

Date  
**4/23/2019**

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

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

Contributor address; City; State; Zip Code  
**2103 Oak Wild St  
San Antonio, TX 78232**

Principal occupation / Job title (See instructions)  
**Instructional Leadership**

Employer (See instructions)  
**Teach For America / Edible San Antonio**

**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:  
**25 of 26**

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

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

**4** Date  
**4/23/2019**

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

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

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

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

**9** Employer (See instructions)  
**Retired**

Date  
**4/24/2019**

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

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

Contributor address; City; State; Zip Code  
**PO Box 696000  
San Antonio, TX 78269**

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date  
**4/24/2019**

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

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

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

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

Employer (See instructions)  
**Retired**

Date  
**4/24/2019**

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

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

Contributor address; City; State; Zip Code  
**250 W Nottingham #400  
San Antonio, TX 78209**

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

Employer (See instructions)  
**Retired**

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

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**26 of 26**

2 FILER NAME

**Melissa Cabello Havrda**

3 Filer ID (Ethics Commission Filers)

4 Date  
**4/24/2019**

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**W Plack Carr III**

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

6 Contributor address; City; State; Zip Code  
**201 Primrose  
San Antonio, TX 78209**

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

9 Employer (See instructions)  
**Milam Real Estate Capital**

Date  
**4/24/2019**

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

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

Contributor address; City; State; Zip Code  
**1 Allington Street  
Lakewood, CA 90713**

Principal occupation / Job title (See instructions)  
**Board consultants**

Employer (See instructions)  
**South coast air quality management district**

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

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 3	
2 FILER NAME Melissa Cabello Havrda		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0	
5 Date 4/2/2019	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Martin Phipps 7 Contributor address; City; State; Zip Code 102 9th St San Antonio, TX 78215	8 Amount of Contribution \$ 500.00 9 In-kind contribution description Event catering <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Attorney		11 Employer (FOR NON-JUDICIAL) (See instructions) Phipps Deacon Purnell	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 4/2/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Barry Deacon Contributor address; City; State; Zip Code 102 9th St San Antonio, TX 78215	Amount of Contribution \$ 500.00 In-kind contribution description Event catering <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Attorney		Employer (FOR NON-JUDICIAL) (See instructions) Phipps Deacon Purnell	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements			

## NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 2 of 3	
2 FILER NAME Melissa Cabello Havrda		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 4/2/2019	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Simon Purnell 7 Contributor address; City; State; Zip Code 102 9th St San Antonio, TX 78215	8 Amount of Contribution \$ 500.00 9 In-kind contribution description Event catering <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Attorney		11 Employer (FOR NON-JUDICIAL) (See instructions) Phipps Deacon Purnell	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 4/2/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Daniel Griffin Contributor address; City; State; Zip Code 102 9th St San Antonio, TX 78215	Amount of Contribution \$ 500.00 In-kind contribution description Event catering <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Attorney		Employer (FOR NON-JUDICIAL) (See instructions) Phipps Deacon Purnell	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements			

## NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 3 of 3
2 FILER NAME Melissa Cabello Havrda		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$
5 Date 4/11/2019	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Krishna Reddy 7 Contributor address; City; State; Zip Code 310 W Sunset San Antonio, TX 78209	8 Amount of Contribution \$ 500.00 9 In-kind contribution description Event catering <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Attorney		11 Employer (FOR NON-JUDICIAL) (See instructions) Meritz Reddy PLLC
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

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

# LOANS

## SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:  
1 of 1

2 FILER NAME  
Melissa Cabello Havrda

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$ 0

5 Date of loan

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

9 Loan Amount (\$)

6 Is lender a  
financial  
institution?

8 Lender address; City; State; Zip Code

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See instructions)

13 Employer (See instructions)

14 Description of Collateral  
☐ none

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

16 GUARANTOR  
INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address; City; State; Zip Code

☐ not applicable

20 Principal occupation (See instructions)

21 Employer (See instructions)

Date of loan

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

Loan Amount (\$)

Is lender a  
financial  
institution?

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See instructions)

Employer (See instructions)

Description of Collateral  
☐ none

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

GUARANTOR  
INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address; City; State; Zip Code

☐ not applicable

Principal occupation (See instructions)

Employer (See instructions)

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>1 of 12</b>	<b>2</b> FILER NAME <b>Melissa Cabello Havrda</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>3/26/2019</b>	<b>5</b> Payee name <b>Rosalba Chavez</b>	
<b>6</b> Amount (\$) <b>292.50</b>	<b>7</b> Payee address; City; State; Zip Code <b>PO Box 769677</b> <b>San Antonio, TX 78245</b>	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Salaries/Wages/Contract Labor</b>	<b>(b)</b> Description <b>Block walking</b>  <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div>	
<b>Date</b> <b>3/26/2019</b>	<b>Payee name</b> <b>Michelle Kendall</b>	
<b>Amount (\$)</b> <b>292.50</b>	<b>Payee address; City; State; Zip Code</b> <b>PO Box 769677</b> <b>San Antonio, TX 78245</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) <b>Salaries/Wages/Contract Labor</b>	<b>Description</b> <b>Block walking</b>  <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div>	
<b>Date</b> <b>3/27/2019</b>	<b>Payee name</b> <b>George Kanos</b>	
<b>Amount (\$)</b> <b>75.00</b>	<b>Payee address; City; State; Zip Code</b> <b>PO Box 769677</b> <b>San Antonio, TX 78245</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) <b>Salaries/Wages/Contract Labor</b>	<b>Description</b> <b>Block walking</b>  <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>2 of 12</b>	<b>2</b> FILER NAME <b>Melissa Cabello Havrda</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>3/29/2019</b>	<b>5</b> Payee name <b>Broadway Bank</b>		
<b>6</b> Amount (\$) <b>4.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>1177 NE 410 San Antonio, TX 78209</b>		
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Fees</b>	<b>(b)</b> Description <b>Banking fee</b>  <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			
Date <b>4/1/2019</b>	Payee name <b>Chile Media LLC</b>		
Amount (\$) <b>500.00</b>	Payee address; City; State; Zip Code <b>10000 I-10 San Antonio, TX 78230</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Printing Expense</b>	Description <b>Envelopes</b>  <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			
Date <b>4/1/2019</b>	Payee name <b>Dough Pizzeria</b>		
Amount (\$) <b>24.49</b>	Payee address; City; State; Zip Code <b>6989 Blanco Rd San Antonio, TX 78216</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Food/Beverage Expense</b>	Description <b>Staff lunch</b>  <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name 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

<b>1</b> Total pages Schedule F1: <b>3 of 12</b>	<b>2</b> FILER NAME <b>Melissa Cabello Havrda</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>4/2/2019</b>	<b>5</b> Payee name <b>Michelle Kendall</b>		
<b>6</b> Amount (\$) <b>340.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>PO Box 769677</b> <b>San Antonio, TX 78245</b>		
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Salaries/Wages/Contract Labor</b>		<b>(b)</b> Description <b>Block walking</b>  <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			

  

Date <b>4/2/2019</b>	Payee name <b>Rosalba Chavez</b>		
Amount (\$) <b>340.00</b>	Payee address; City; State; Zip Code <b>PO Box 769677</b> <b>San Antonio, TX 78245</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Salaries/Wages/Contract Labor</b>		Description <b>Block walking</b>  <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			

  

Date <b>4/5/2019</b>	Payee name <b>Lone Star Media</b>		
Amount (\$) <b>622.44</b>	Payee address; City; State; Zip Code <b>1011 N Frio</b> <b>San Antonio, TX 78207</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>		Description <b>Signs</b>  <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name 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

<b>1</b> Total pages Schedule F1: <b>4 of 12</b>	<b>2</b> FILER NAME <b>Melissa Cabello Havrda</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>4/5/2019</b>	<b>5</b> Payee name <b>Jennifer Longoria</b>		
<b>6</b> Amount (\$) <b>1500.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>PO Box 769677</b> <b>San Antonio, TX 78245</b>		
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Consulting Expense</b>		<b>(b)</b> Description <b>Field consulting</b>  <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			
Date <b>4/8/2019</b>	Payee name <b>Ed Garza</b>		
Amount (\$) <b>2500.00</b>	Payee address; City; State; Zip Code <b>10000 I-H 10</b> <b>San Antonio, TX 78230</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Consulting Expense</b>		Description <b>Campaign consulting</b>  <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			
Date <b>4/8/2019</b>	Payee name <b>El Pollo Loco</b>		
Amount (\$) <b>8.40</b>	Payee address; City; State; Zip Code <b>9350 FM 471</b> <b>San Antonio, TX 78251</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Food/Beverage Expense</b>		Description <b>Meals</b>  <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name 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

<b>1</b> Total pages Schedule F1: <b>5 of 12</b>	<b>2</b> FILER NAME <b>Melissa Cabello Havrda</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>4/9/2019</b>	<b>5</b> Payee name <b>Rosalba Chavez</b>		
<b>6</b> Amount (\$) <b>512.50</b>	<b>7</b> Payee address; City; State; Zip Code <b>PO Box 769677</b> <b>San Antonio, TX 78245</b>		
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Salaries/Wages/Contract Labor</b>		<b>(b)</b> Description <b>Block walking</b>  <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			

  

Date <b>4/9/2019</b>	Payee name <b>Michelle Kendall</b>		
Amount (\$) <b>512.50</b>	Payee address; City; State; Zip Code <b>PO Box 769677</b> <b>San Antonio, TX 78245</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Salaries/Wages/Contract Labor</b>		Description <b>Block walking</b>  <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			

  

Date <b>4/9/2019</b>	Payee name <b>Chile Media LLC</b>		
Amount (\$) <b>4000.00</b>	Payee address; City; State; Zip Code <b>10000 I-10</b> <b>San Antonio, TX 78230</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>		Description <b>Design and print materials</b>  <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name 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

<b>1</b> Total pages Schedule F1: <b>6 of 12</b>	<b>2</b> FILER NAME <b>Melissa Cabello Havrda</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>4/11/2019</b>	<b>5</b> Payee name <b>Grace Kendall</b>		
<b>6</b> Amount (\$) <b>365.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>PO Box 769677</b> <b>San Antonio, TX 78245</b>		
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Salaries/Wages/Contract Labor</b>		<b>(b)</b> Description <b>Block walking</b>  <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div>			

  

Date <b>4/11/2019</b>	Payee name <b>Michelle Kendall</b>		
Amount (\$) <b>625.00</b>	Payee address; City; State; Zip Code <b>PO Box 769677</b> <b>San Antonio, TX 78245</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Solicitation/Fundraising Expense</b>		Description <b>Block walking</b>  <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div>			

  

Date <b>4/11/2019</b>	Payee name <b>Sweet Yams</b>		
Amount (\$) <b>16.78</b>	Payee address; City; State; Zip Code <b>218 N Cherry</b> <b>San Antonio, TX 78202</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Food/Beverage Expense</b>		Description <b>Meals</b>  <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div>			

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>7 of 12</b>	<b>2</b> FILER NAME <b>Melissa Cabello Havrda</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>4/15/2019</b>	<b>5</b> Payee name <b>Rosalba Chavez</b>		
<b>6</b> Amount (\$) <b>625.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>PO Box 769677</b> <b>San Antonio, TX 78245</b>		
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Salaries/Wages/Contract Labor</b>		<b>(b)</b> Description <b>Block walking</b>  <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div> <div>Candidate / Officeholder name</div> <div>Office sought</div> <div>Office held</div> </div>			
Date <b>4/15/2019</b>	Payee name <b>Fidencio Esparza</b>		
Amount (\$) <b>365.00</b>	Payee address; City; State; Zip Code <b>PO Box 769677</b> <b>San Antonio, TX 78245</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Salaries/Wages/Contract Labor</b>		Description <b>Block walking</b>  <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div> <div>Candidate / Officeholder name</div> <div>Office sought</div> <div>Office held</div> </div>			
Date <b>4/16/2019</b>	Payee name <b>Jessie Gloria</b>		
Amount (\$) <b>275.00</b>	Payee address; City; State; Zip Code <b>PO Box 769677</b> <b>San Antonio, TX 78245</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Loan Repayment/Reimbursement</b>		Description <b>Office supplies reimbursement</b>  <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div> <div>Candidate / Officeholder name</div> <div>Office sought</div> <div>Office held</div> </div>			

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>8 of 12</b>	<b>2</b> FILER NAME <b>Melissa Cabello Havrda</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>4/16/2019</b>	<b>5</b> Payee name <b>USPS</b>		
<b>6</b> Amount (\$) <b>118.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>702 Richland Hills Dr San Antonio, TX 78245</b>		
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Office Overhead/Rental Expense</b>	<b>(b)</b> Description <b>PO Box Rental</b>  <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			
Date <b>4/16/2019</b>	Payee name <b>Prestige Printing</b>		
Amount (\$) <b>593.21</b>	Payee address; City; State; Zip Code <b>8 Burwood Ln San Antonio, TX 78212</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Printing Expense</b>	Description <b>Pushcards</b>  <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			
Date <b>4/17/2019</b>	Payee name <b>Maribel Gonzalez</b>		
Amount (\$) <b>100.00</b>	Payee address; City; State; Zip Code <b>PO Box 769677 San Antonio, TX 78245</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Event Expense</b>	Description <b>Easter event staff</b>  <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name 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

<b>1</b> Total pages Schedule F1: <b>9 of 12</b>	<b>2</b> FILER NAME <b>Melissa Cabello Havrda</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>4/18/2019</b>	<b>5</b> Payee name <b>Fidencio Esparza</b>	
<b>6</b> Amount (\$) <b>625.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>PO Box 769677</b> <b>San Antonio, TX 78245</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Salaries/Wages/Contract Labor</b>	<b>(b)</b> Description <b>Block walking</b>  <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

Date <b>4/18/2019</b>	Payee name <b>Rosalba Chavez</b>	
Amount (\$) <b>625.00</b>	Payee address; City; State; Zip Code <b>PO Box 769677</b> <b>San Antonio, TX 78245</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Salaries/Wages/Contract Labor</b>	Description <b>Block walking</b>  <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

Date <b>4/19/2019</b>	Payee name <b>Michelle Kendall</b>	
Amount (\$) <b>625.00</b>	Payee address; City; State; Zip Code <b>PO Box 769677</b> <b>San Antonio, TX 78245</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Salaries/Wages/Contract Labor</b>	Description <b>Block walking</b>  <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name 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

<b>1</b> Total pages Schedule F1: <b>10 of 12</b>	<b>2</b> FILER NAME <b>Melissa Cabello Havrda</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>4/19/2019</b>	<b>5</b> Payee name <b>Five Points Local</b>		
<b>6</b> Amount (\$) <b>33.61</b>	<b>7</b> Payee address; City; State; Zip Code <b>1017 N Flores San Antonio, TX 78212</b>		
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Food/Beverage Expense</b>	<b>(b)</b> Description <b>Staff lunch</b>  <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name			
Office sought			
Office held			
Date <b>4/19/2019</b>	Payee name <b>Grace Kendall</b>		
Amount (\$) <b>625.00</b>	Payee address; City; State; Zip Code <b>PO Box 769677 San Antonio, TX 78245</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Salaries/Wages/Contract Labor</b>	Description <b>Block walking</b>  <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name			
Office sought			
Office held			
Date <b>4/22/2019</b>	Payee name <b>Target</b>		
Amount (\$) <b>49.33</b>	Payee address; City; State; Zip Code <b>4522 Fredericksburg Rd San Antonio, TX 78201</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Office Overhead/Rental Expense</b>	Description <b>Office supplies</b>  <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name			
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

<b>1</b> Total pages Schedule F1: <b>11 of 12</b>	<b>2</b> FILER NAME <b>Melissa Cabello Havrda</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>4/22/2019</b>	<b>5</b> Payee name <b>Mad Pecker Brewing</b>	
<b>6</b> Amount (\$) <b>45.70</b>	<b>7</b> Payee address; City; State; Zip Code <b>6025 Tezel Rd San Antonio, TX 78250</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Event Expense</b>	<b>(b)</b> Description <b>Catering</b>  <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date <b>4/22/2019</b>	Payee name <b>Panera</b>	
Amount (\$) <b>29.94</b>	Payee address; City; State; Zip Code <b>8531 Hwy 151 San Antonio, TX 78245</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Food/Beverage Expense</b>	Description <b>Senior event catering</b>  <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date <b>4/22/2019</b>	Payee name <b>Alamo Mailing</b>	
Amount (\$) <b>3573.57</b>	Payee address; City; State; Zip Code <b>13114 Lookout Run San Antonio, TX 78233</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Mailers</b>  <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name 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

<b>1</b> Total pages Schedule F1: <b>12 of 12</b>	<b>2</b> FILER NAME <b>Melissa Cabello Havrda</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>4/24/2019</b>	<b>5</b> Payee name <b>Stripe Payment Systems</b>	
<b>6</b> Amount (\$) <b>396.68</b>	<b>7</b> Payee address;                      City;      State;      Zip Code <b>510 Townsend</b> <b>San Francisco, CA 94016</b>	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Fees</b>	
	<b>(b)</b> Description <b>Credit card processing fees</b>  <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH      Candidate / Officeholder name      Office sought      Office held		

  

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

  

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

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

# UNPAID INCURRED OBLIGATIONS

## SCHEDULE F2

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form

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

**SCHEDULE F3**

The Instruction Guide explains how to complete this form.

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

**2** FILER NAME

**Melissa Cabello Havrda**

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

**4** Date

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

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

**7** Description of investment

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

Date

Name of person from whom investment is purchased

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

Description of investment

Amount of investment (\$)

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



# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F4: <b>1 of 1</b>	<b>2</b> FILER NAME <b>Melissa Cabello Havrda</b>	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	<b>\$ 0</b>
--	-------------

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

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

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

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

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

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

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

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

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

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

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

  

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

  

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

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

## SCHEDULE H

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

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

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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE I**

The Instruction Guide explains how to complete this form.

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

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

**SCHEDULE K**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

1 of 1

2 FILER NAME

**Melissa Cabello Havrda**

3 Filer ID (Ethics Commission Filers)

4 Date  
**4/15/2019**

5 Name of person from whom amount is received

**Medeleine Mendez**

8 Amount (\$)  
**50.00**

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

**123 Main St  
San Antonio, TX 78212**

7 Purpose for which amount is received

**Contribution refund**

☐ Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

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

Purpose for which amount is received

☐ Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

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

Purpose for which amount is received

☐ Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

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

Purpose for which amount is received

☐ Check if political contribution returned to filer

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

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

**SCHEDULE T**

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

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

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

C/OH NAME  
**Melissa Cabello Havrda**

Filer ID (Ethics Commission Filers)

## SIGNATURE

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

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

## FILER WHO IS NOT AN OFFICEHOLDER

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

### A. CAMPAIGN FUNDS

Check only one:

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

### B. ASSETS

Check only one:

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

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

## OFFICEHOLDER

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

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

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