CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

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

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME				15 Filer II	O (Ethics Commission Filers)	
Melissa Cabello H	Melissa Cabello Havrda					
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.					
	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL	COMMITTEE ADDRE	SS			
	SPECIFIC					
Additional Pages		COMMITTEE CAMPA	IGN TREASURER NAME			
		COMMITTEE CAMPA	IIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS	1. PLEDGES, LO	EMIZED POLITICAL CONT DANS, OR GUARANTEES ONS MADE ELECTRONIC	•	\$	0	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 10350.00				10350.00	
EXPENDITURE TOTALS 3. TOTAL UNITEMIZED POLITICAL EX		MIZED POLITICAL EXPE	NDITURES.	\$	0	
	4. TOTAL POLIT	ICAL EXPENDITURES		\$	2859.56	
CONTRIBUTION BALANCE	5. TOTAL POLIT		MAINTAINED AS OF THE LAST DAY	\$	27684.73	
OUTSTANDING LOAN TOTALS	٥.	CIPAL AMOUNT OF ALL C	DUTSTANDING LOANS AS OF THE	\$	0	
18 AFFIDAVIT						
			I swear, or affirm, under penalty or is true and correct and includes al me under Title 15, Election Code.			
* * * Electronically Certified * * *						
AFFIX NOTARY STAM	P / SEAL ABOVE		Signature of Candida	te or Officeho	older	
Sworn to and subscribe of October,				this t	the <u>15th</u> day	
Signature of officer adn	ninistering oath	Printed name of	officer administering oath	Title	of officer administering oath	

SUBTOTALS - COH

FORM C/OH COVER SHEET PG 3

19	FILER NAME		20 Filer ID (Ethics Commission Filers)
	Melissa Cabello Havi	rda	
21	SCHEDULE SUBTOTAL NAME OF SCHEDULE	LS	SUBTOTAL AMOUNT
1.	X SCHEDULE A	\$ 10350.00	
2.	X SCHEDULE A2	2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	X SCHEDULE B:	PLEDGED CONTRIBUTIONS	\$ 0
4.	X SCHEDULE E:	\$ 0	
5.	X SCHEDULE F1	: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2859.56
6.	X SCHEDULE F2	2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	X SCHEDULE F3	8: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTION	\$ \$0
8.	X SCHEDULE F4	EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	X SCHEDULE G	POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$0
10.	X SCHEDULE H:	PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF	*C/OH
11.	X SCHEDULE I:	NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTION	\$ 0
12.	SCHEDULE K: RETURNED TO	INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS O FILER	\$ 0

SCHEDULE A1

		The Instruction Guide explains how to complete this	1 Total pages Schedule A1: 1 of 7		
2	FILER NAME Melissa Cabelle	o Havrda		3 Filer ID (Ethics Commission Filers)	
4	Date 7/8/2021	Mary Rose Brown	C (ID#)	7 Amount of contribution (\$) 250.00	
8	Principal occup	ation / Job title (See instructions)	9 Employer (See instru NuStar	ictions)	
	Date 7/15/2021	Full name of contributor BJ McCombs Contributor address; PO Box 003 San Antonio, TX 78201	C (ID#)	Amount of contribution (\$) 500.00	
	Principal occup President	ation / Job title (See instructions)	Employer (See instru	-	
	Date 7/15/2021	Marsha McCombs Shields		Amount of contribution (\$) 500.00	
	Principal occup	ation / Job title (See instructions)	Employer (See instructions) McCombs Enterprises		
	Date 7/19/2021	Full name of contributor Harry Adams Contributor address; 614 Manny Oaks St San Antonio, TX 78232	C (ID#)State; Zip Code	Amount of contribution (\$) 500.00	
	Principal occup Executive	ation / Job title (See instructions)	Employer (See instru	•	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

	т	he Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 2 of 7
2	FILER NAME Melissa Cabello	Havrda		3 Filer ID (Ethics Commission Filers)
4	Date 7/19/2021	5 Full name of contributor	.C (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; City; S 614 Many Oaks San Antonio, TX 78232	State; Zip Code	
8	Principal occupa Self employed	tion / Job title (See instructions)	9 Employer (See instru Self employed	actions)
	Date 8/13/2021	Full name of contributor	.C (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; S PO Box 696000 San Antonio, TX 78269	state; Zip Code	
Principal occupation / Job title (See instructions)		Employer (See instru	ictions)	
	Date 8/16/2021	Full name of contributor	C (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; S 700 E Hildebrand San Antonio, TX 78212	itate; Zip Code	
	Principal occupa Developer	tion / Job title (See instructions)	Employer (See instru Self employed	octions)
	Date 8/16/2021	Full name of contributor	.C (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; S 700 E Hildebrand San Antonio, TX 78212	state; Zip Code	
	Principal occupa Developer	tion / Job title (See instructions)	Employer (See instru Self employed	actions)

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SCHEDULE A1

	т	he Instruction Guide explains how to co	1 Total pages Schedule A1: 3 of 7		
2	FILER NAME Melissa Cabello	Havrda			3 Filer ID (Ethics Commission Filers)
4	Date 8/17/2021	5 Full name of contributor Robert Trevino	out-of-state PA	C (ID#)	7 Amount of contribution (\$) 400.00
		6 Contributor address; PO Box 15979 San Antonio, TX 78212	City; S	itate; Zip Code	
8	Principal occupa Self employed	tion / Job title (See instructions)		9 Employer (See instru Self employed	ctions)
	Date 8/19/2021	Full name of contributor Paul Ruiz	out-of-state PA	C (ID#)	Amount of contribution (\$) 100.00
		Contributor address; 222 Melliff San Antonio, TX 78216	City; S	tate; Zip Code	
			Employer (See instru Retired	ctions)	
	Date 8/19/2021	Full name of contributor Elizabeth Barratachea	out-of-state PA	C (ID#)	Amount of contribution (\$) 100.00
		Contributor address; 431 Woodway Forest San Antonio, TX 78215	City; S	tate; Zip Code	
	Principal occupa Consultant	tion / Job title (See instructions)		Employer (See instru	ctions)
	Date 8/20/2021	Full name of contributor Marcie Ripper	out-of-state PA	C (ID#)	Amount of contribution (\$) 100.00
		Contributor address; 1002 N Flores San Antonio, TX 78212	City; S	tate; Zip Code	
	Principal occupa Owner	tion / Job title (See instructions)		Employer (See instru SATX Consultants	ctions)

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

www.ethics.state.tx.us

SCHEDULE A1

	т	he Instruction Guide explains how to co	form.	1 Total pages Schedule A1: 4 of 7	
2	FILER NAME Melissa Cabello	Havrda			3 Filer ID (Ethics Commission Filers)
4	Date 8/22/2021	5 Full name of contributor Robert Braubach	out-of-state PA	C (ID#)	7 Amount of contribution (\$) 100.00
		6 Contributor address; 106 South St Marys San Antonio, TX 78205	City; S	tate; Zip Code	
8	Principal occupa Attorney	cupation / Job title (See instructions) 9 Employer (See instructions) Self employed			ctions)
	Date 8/24/2021	Full name of contributor	out-of-state PA	C (ID#)	Amount of contribution (\$) 250.00
		Contributor address; 680 E Basse #128 San antonio, TX 78209	City; S	tate; Zip Code	
Principal occupation / Job title (See instructions) Owner			Employer (See instru Andrade Van de Put	•	
	Date 8/24/2021	Full name of contributor	,		Amount of contribution (\$) 250.00
		Contributor address; 8127 N New Braunfels Ave #80 San Antonio, TX 78209	•	tate; Zip Code	
	Principal occupa Consultant	tion / Job title (See instructions)		Employer (See instru Andrade Van de Put	•
	Date 8/24/2021	Full name of contributor	out-of-state PA	C (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 9103 Mellbrook St San Antonio, TX 78230	City; S	tate; Zip Code	
Principal occupation / Job title (See instructions) Self employed				Employer (See instru Self employed	ctions)

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

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SCHEDULE A1

	Т	he Instruction Guide explains how t	1 Total pages Schedule A1: 5 of 7		
2	FILER NAME Melissa Cabello	Havrda			3 Filer ID (Ethics Commission Filers)
4	Date 8/24/2021	5 Full name of contributor Norma Denham	out-of-state P		7 Amount of contribution (\$) 100.00
		15706 Knollcliff San Antonio, TX 78247	City; S	State; Zip Code	
8	Principal occupa Self employed	tion / Job title (See instructions)		9 Employer (See instr Self employed	ructions)
	Date 8/24/2021	Full name of contributor Leslie Brown	out-of-state PA	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 2454 Toftrees Dr San Antonio, TX 78209	City;	State; Zip Code	
	Principal occupa Self employed	tion / Job title (See instructions)		Employer (See instr Self employed	ructions)
	Date 8/24/2021	Full name of contributor Scott Teeter	out-of-state P	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 15522 Clover Rdg San Antonio, TX 78248	City;	State; Zip Code	
	Principal occupa Self employed	tion / Job title (See instructions)		Employer (See instr Self employed	ructions)
	Date 8/24/2021	Full name of contributor Richard Sheldon	out-of-state P	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 4006 Green Oak dr Waco , TX 78710	City;	State; Zip Code	
	Principal occupa Developer	tion / Job title (See instructions)		Employer (See instr Sheldon Company	-

Forms provided by Texas Ethics Commission

Revised 01/01/2020

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

SCHEDULE A1

	т	he Instruction Guide explains how to	form.	1 Total pages Schedule A1: 6 of 7	
2	FILER NAME Melissa Cabello	Havrda			3 Filer ID (Ethics Commission Filers)
4	Date 8/24/2021	5 Full name of contributor Ernest Mora	Out-of-state PA	AC (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; 2511 Old Gate Rd San Antonio, TX 78230	City; S	State; Zip Code	
8	Principal occupa	tion / Job title (See instructions)		9 Employer (See instru Central Electric	ctions)
	Date 8/25/2021	Full name of contributor Javier Espinoza	out-of-state PA	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 2211 Danbury St San Antonio, TX 78217	City; S	State; Zip Code	
			Employer (See instru Espinoza Law Firm	ctions)	
	Date 8/25/2021	Full name of contributor Laddie Denton	Out-of-state PAC (ID#)		Amount of contribution (\$) 500.00
		Contributor address; 1 Bitterblue Ln San Antonio, TX 78218	City; S	State; Zip Code	
	Principal occupa Executive	tion / Job title (See instructions)		Employer (See instru Bitterblue	ctions)
	Date 8/25/2021	Full name of contributor Paul Basaldua	☐ out-of-state PA	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 3 Woltwood San Antonio, TX 78248	City; S	State; Zip Code	
	Principal occupa Real Estate	tion / Job title (See instructions)		Employer (See instru Self employed	ctions)

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

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SCHEDULE A1

	т	he Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1: 7 of 7
2	FILER NAME Melissa Cabello) Havrda			3 Filer ID (Ethics Commission Filers)
4	Date 8/31/2021	5 Full name of contributor Christopher Morales	out-of-state P	AC (ID#)	7 Amount of contribution (\$) 250.00
		6 Contributor address; 9706 Dove Shadow San Antonio, TX 78230	City;	State; Zip Code	
8	Principal occupa Self employed	ation / Job title (See instructions)		9 Employer (See instru Self employed	uctions)
	Date 8/31/2021	Full name of contributor Michael Gurrero	☐ out-of-state P	AC (ID#)	Amount of contribution (\$) 250.00
		Contributor address; 7203 Ashton Pl San Antonio, TX 78229	City;	State; Zip Code	
	Principal occupa Self employed	ation / Job title (See instructions)		Employer (See instru Self employed	uctions)
	Date 9/23/2021	Full name of contributor Ross Properties LLC	Out-of-state PAC (ID#)		Amount of contribution (\$) 500.00
		Contributor address; PO Box 28490 San Antonio, TX 78228	City;	State; Zip Code	
	Principal occupa	ation / Job title (See instructions)		Employer (See instru	uctions)
	Date 9/30/2021	Full name of contributor William Elizondo	out-of-state P	AC (ID#)	Amount of contribution (\$) 200.00
		Contributor address; 740 Barchester Dr San Antonio, TX 78216	City;	State; Zip Code	
	Principal occupa Physician	ation / Job title (See instructions)		Employer (See instru	uctions)

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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

	The Instruction Guide explains how to complete this form.	1 Total pages Schedule A2: 1 of 1				
2	FILER NAME Melissa Cabello Havrda	3 Filer ID (Ethics Commission Filers)				
4	TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS	\$ 0				
5	Date 6 Full name of contributor out-of-state PAC (ID#	9 In-kind contribution description				
10	Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)	Check if travel outside of Texas, complete Schedule T 11 Employer (FOR NON-JUDICIAL) (See instructions)				
12	Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See instructions)				
14	Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)				
16	If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
	Date Full name of contributor out-of-state PAC (ID#	Amount of Contribution \$ In-kind contribution description ip Code Check if travel outside of Texas, complete Schedule T				
	Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON-JUDICIAL) (See instructions)				
	Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See instructions)				
	Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)				
	If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
	ATTACH ADDITIONAL CODIES OF T	THE COUEDING AC MEEDED				

PLEDGED CONTRIBUTIONS

SCHEDULE B

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

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

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense

Solicitation/Fundraising Expense

Transportation Equipment & Related Expense

Travel in District Travel Out Of District

Candidate/Officeholder/Political C Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form		
1 Total pages Schedule F1: 1 of 11	2 FILER NAME Melissa Cabello Havrda 3 Filer ID (Ethics Commission Filers)		
4 Date 7/2/2021	5 Payee name G Suite		
6 Amount (\$) 25.58	7 Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Mountain View, CA 94043		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Office software		
	(c) Check if travel outside of Texas, complete schedule T Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/C			
Date 7/2/2021	Payee name Next Day Custom Tees		
Amount (\$) 165.00	Payee address; City; State; Zip Code 3919 S Presa San Antonio, TX 78210		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense Description Stickers		
	Check if travel outside of Texas, complete schedule T Check if Austin, TX, officeholder living expense		
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH			
Date 7/12/2021	Payee name Constant Contact		
Amount (\$) 239.85	Payee address; City; State; Zip Code 3675 Precision Dr Loveland, CO 80538		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense Description Email database		
	Check if travel outside of Texas, complete schedule T Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/0			
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

	EXPENDITURE CATEGORII	ES FOR BOX 8(a)	
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Event Expense Fees Food/Beverage Expense Gifts/Awards/Memorials Expense Legal Services The Instruction Guide explains how	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor v to complete this form	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1: 2 of 11	2 FILER NAME Melissa Cabello Havrda		3 Filer ID (Ethics Commission Filers)
4 Date 7/12/2021	5 Payee name Squarespace Inc.		
6 Amount (\$) 28.15	7 Payee address; City; State; 8 Clarkson St. New York, NY 10014	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this so Office Overhead/Rental Expense	Website	
9 Complete ONLY if direct expenditure to benefit C/C		Schedule T Check if A	Austin, TX, officeholder living expense Office held
Date 7/14/2021	Payee name USPS		
Amount (\$) 71.50	Payee address; City; State; 702 Richland Hills Dr San Antonio, TX 78245	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this so Office Overhead/Rental Expense	hedule) Description Stamps	
	Check if travel outside of Texas, complete	schedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held
Date 7/27/2021	Payee name Adobe Inc		
Amount (\$) 16.23	Payee address; City; State; 345 Park Ave San Jose, TX 95110	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sc Office Overhead/Rental Expense	Description Office sofware	
	Check if travel outside of Texas, complete	schedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS NEEDE	ED .

	EXPENDITURE CATEGORIES FOR BOX 8(a)			
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Fees Office Food/Beverage Expense Pollii Gifts/Awards/Memorials Expense Print Legal Services Sala	Repayment/Reimbursement e Overhead/Rental Expense ng Expense ing Expense ries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule F1:	The Instruction Guide explains how to co 2 FILER NAME Melissa Cabello Havrda	omplete this form	3 Filer ID (Ethics Commission Filers)	
4 Date 7/29/2021	5 Payee name InFocus Campaigns, LLC			
6 Amount (\$) 107.28		ip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description Robocalls		
	(c) Check if travel outside of Texas, complete sched	ule T Check if	Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held	
Date 7/30/2021	Payee name GoDaddy.com			
Amount (\$) 300.42	Payee address; City; State; Z 14455 N Hayden Rd #226 Scottsdale, AZ 85260	ip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Domain registrat	ion	
	Check if travel outside of Texas, complete sched	ule T Check if	Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held	
Date 7/31/2021	Payee name IBC Bank			
Amount (\$) 19.25	Payee address; City; State; Z 300 E Travis San Antonio , TX 78205	ip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description Bank fees		
	Check if travel outside of Texas, complete sched	ule T Check if A	Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	ED	

Accounting/Banking	EXPENDITURE CATEGORIE Event Expense	S FOR BOX 8(a) Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense Contributions/Donations Made By	Food/Beverage Expense Gifts/Awards/Memorials Expense	Polling Expense Printing Expense	Travel in District Travel Out Of District
Candidate/Officeholder/Political C Credit Card Payment	·	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
-	The Instruction Guide explains how	to complete this form	
1 Total pages Schedule F1: 4 of 11	2 FILER NAME Melissa Cabello Havrda		3 Filer ID (Ethics Commission Filers)
4 Date 8/2/2021	5 Payee name GoDaddy.com		
6 Amount (\$) 12.17	7 Payee address; City; State; 14455 N Hayden Rd #226 Scottsdale, AZ 85260	Zip Code	
PURPOSE OF	(a) Category (See categories listed at the top of this sch Office Overhead/Rental Expense	(b) Description Domain hosting	
EXPENDITURE	(c) Check if travel outside of Texas, complete s	schedule T Check if A	Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held
Date 8/2/2021	Payee name G Suite		
Amount (\$) 25.58	Payee address; City; State; 1600 Amphitheatre Parkway Mountain View, CA 94043	Zip Code	
PURPOSE OF	Category (See categories listed at the top of this sch Office Overhead/Rental Expense	Description Office software	
EXPENDITURE	Check if travel outside of Texas, complete s	chedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held
Date 8/3/2021	Payee name Bill Millers BBQ		
Amount (\$) 9.09	Payee address; City; State; 8802 FM471 San Antonio, TX 78251	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sch Food/Beverage Expense	Description Staff lunch	
	Check if travel outside of Texas, complete s	schedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held
	ATTACH ADDITIONAL COPIES OF TI	HIS SCHEDULE AS NEEDE	ED .

	EXPENDITURE CATEGORIES FOR BOX 8(a)			
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Fees Office Food/Beverage Expense Pollir Gifts/Awards/Memorials Expense Printi Committee Legal Services Salar	Repayment/Reimbursement e Overhead/Rental Expense ng Expense ng Expense ies/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule F1:	The Instruction Guide explains how to co	implete this form	3 Filer ID (Ethics Commission Filers)	
5 of 11	Melissa Cabello Havrda			
4 Date 8/6/2021	5 Payee name Constant Contact			
6 Amount (\$) 239.85	7 Payee address; City; State; Zi 3675 Precision Dr Loveland, CO 80538	p Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Email database		
	(c) Check if travel outside of Texas, complete schedu	ule T Check if	Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held	
Date 8/11/2021	Payee name The Board Couple			
Amount (\$) 117.99	Payee address; City; State; Zi 2218 Zarzamora San Antonio, TX 78201	p Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Gift/Awards/Memorials Expense	Description Gift		
	Check if travel outside of Texas, complete schedu	ule T Check if A	Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held	
Date 8/11/2021	Payee name The Board Couple			
Amount (\$) 141.81	Payee address; City; State; Zi 2218 Zarzamora San Antonio, TX 78201	p Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Gift/Awards/Memorials Expense	Description Gift		
	Check if travel outside of Texas, complete schedu	ule T Check if	Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED!	ED	

	EXPENDITURE CATEGORI	ES FOR BOX 8(a)	
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Event Expense Fees Food/Beverage Expense Gifts/Awards/Memorials Expense Legal Services The Instruction Guide explains ho	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor w to complete this form	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1: 6 of 11	2 FILER NAME Melissa Cabello Havrda	·	3 Filer ID (Ethics Commission Filers)
4 Date 8/11/2021	5 Payee name Squarespace Inc.		
6 Amount (\$) 28.15	7 Payee address; City; State 8 Clarkson St. New York, NY 10014	e; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this so Office Overhead/Rental Expense	(b) Description Website	
9 Complete ONLY if direct expenditure to benefit C/C		Office sought	Austin, TX, officeholder living expense Office held
Date 8/12/2021	Payee name Adobe Inc		
Amount (\$) 25.46	Payee address; City; State 345 Park Ave San Jose, TX 95110	; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this so Office Overhead/Rental Expense	Description Office software	
	Check if travel outside of Texas, complete	schedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held
Date 8/12/2021	Payee name Amazon		
Amount (\$) 21.64	Payee address; City; State PO Box 67356 Crystal City, VA 20022	e; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this so Office Overhead/Rental Expense	Description Office supplies	
	Check if travel outside of Texas, complete	schedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEEDE	ED

Accounting/Banking	EXPENDITURE CATEGORIES I	FOR BOX 8(a) pan Repayment/Reimbursement	Solicitation/Fundraising Expense	
Advertising Expense	Fees O	ffice Overhead/Rental Expense	Transportation Equipment & Related Expense	
Consulting Expense Contributions/Donations Made By		olling Expense rinting Expense	Travel in District Travel Out Of District	
Candidate/Officeholder/Political C		alaries/Wages/Contract Labor	Other (enter a category not listed above)	
Credit Card Payment	The Instruction Guide explains how to complete this form			
1 Total pages Schedule F1: 7 of 11	2 FILER NAME Melissa Cabello Havrda		3 Filer ID (Ethics Commission Filers)	
4 Date 8/17/2021	5 Payee name Cruz Shaw for 436th Dist Court Campaig	ın		
6 Amount (\$)	7 Payee address; City; State;	Zip Code		
500.00	PO Box 78346			
	San Antonio, TX 78246			
8	(a) Category (See categories listed at the top of this schedul	ule) (b) Description		
PURPOSE	Contributions/Donations Made By	Donation		
OF	Candidate/Officeholder/Political			
EXPENDITURE	(c) Check if travel outside of Texas, complete sch	adula T Chack if /	Austin TV officeholder living expense	
			Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C		Office sought	Office held	
Date 8/18/2021	Payee name USPS			
Amount (\$)	Payee address; City; State;	Zip Code		
55.00				
	San Antonio, TX 78245			
	Category (See categories listed at the top of this schedu	ule) Description		
PURPOSE	Office Overhead/Rental Expense	Postage		
OF				
EXPENDITURE				
	Check if travel outside of Texas, complete school	<u>—</u>	Austin, TX, officeholder living expense	
expenditure to benefit C/C	Complete ONLY if direct Candidate / Officeholder name Office sought Office held			
onponuntaro to bonom or				
Date	Payee name			
8/24/2021	P3 Imaging			
Amount (\$)	Payee address; City; State;	Zip Code		
37.89	1211 Safari			
	San Antonio, TX 78216			
	Category (See categories listed at the top of this schedu	ule) Description		
PURPOSE	Printing Expense	Signage		
OF				
EXPENDITURE				
	Check if travel outside of Texas, complete school	edule T Check if A	Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEEDE	ED	

	EXPENDITURE CATEGOR	RIES FOR BOX 8(a)	
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Event Expense Fees Food/Beverage Expense Gifts/Awards/Memorials Expense Legal Services The Instruction Guide explains he	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ow to complete this form	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1: 8 of 11	2 FILER NAME Melissa Cabello Havrda		3 Filer ID (Ethics Commission Filers)
4 Date 8/27/2021	5 Payee name Adobe Inc		
6 Amount (\$) 16.23	7 Payee address; City; State 345 Park Ave San Jose, TX 95110	e; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this sometimes of the control of the category (See categories listed at the top of this sometimes of the category (See categories listed at the top of this sometimes of the category (See categories listed at the top of this sometimes of the category (See categories listed at the top of this sometimes of the category (See categories listed at the top of this sometimes of the category (See categories listed at the top of this sometimes of the category (See categories listed at the top of this sometimes of the category (See categories listed at the top of this sometimes of the category (See categories listed at the top of this sometimes of the categories listed at the top of this sometimes of the categories listed at the top of this sometimes of the categories listed at the categories lis	Office software	
9 Complete ONLY if direct expenditure to benefit C/C		e schedule T Check if A	Austin, TX, officeholder living expense Office held
Date 8/30/2021	Payee name GoDaddy.com		
Amount (\$) 12.78	Payee address; City; State 14455 N Hayden Rd #226 Scottsdale, AZ 85260	e; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sometimes of the control of the category (See categories listed at the top of this sometimes of the category (See categories listed at the top of this sometimes of the category (See categories listed at the top of this sometimes of the category (See categories listed at the top of this sometimes of the category (See categories listed at the top of this sometimes of the categories listed at the top of this sometimes of the categories listed at the top of this sometimes of the categories listed at the top of this sometimes of the categories listed at the top of this sometimes of the categories listed at the top of this sometimes of the categories listed at the top of this sometimes of the categories listed at the	Description Domain hosting	
	Check if travel outside of Texas, complete	e schedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held
Date 8/31/2021	Payee name IBC Bank		
Amount (\$) 25.58	Payee address; City; State 300 E Travis San Antonio , TX 78205	e; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this s Fees	Description Banking fees	
	Check if travel outside of Texas, complete	e schedule T Check if A	Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C		Office sought	Office held
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEEDE	ED

	EXPENDITURE CATEGORIES FOR BOX 8(a)			
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	· ·	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule F1: 9 of 11	The Instruction Guide explains how 2 FILER NAME Melissa Cabello Havrda	v to complete this form	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name G Suite			
9/3/2021 6 Amount (\$) 25.58	7 Payee address; City; State; 1600 Amphitheatre Parkway Mountain View, CA 94043	; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this sci Office Overhead/Rental Expense	(b) Description Office software		
	(c) Check if travel outside of Texas, complete	schedule T Check if A	Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held	
Date 9/7/2021	Payee name Constant Contact			
Amount (\$) 239.85	Payee address; City; State; 3675 Precision Dr Loveland, CO 80538	Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sci Office Overhead/Rental Expense	hedule) Description Email database		
	Check if travel outside of Texas, complete	schedule T Check if A	Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held	
Date 9/9/2021	Payee name Bill Millers BBQ			
Amount (\$) 17.05	Payee address; City; State; 8802 FM471 San Antonio, TX 78251	; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sci Food/Beverage Expense	hedule) Description Staff lunch		
	Check if travel outside of Texas, complete	schedule T Check if A	Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF T	THIS SCHEDULE AS NEEDE	ED	

Accounting/Banking Advertising Expense Consulting Expense	Fees Of	FOR BOX 8(a) ban Repayment/Reimbursement ffice Overhead/Rental Expense blling Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District
Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment		rinting Expense alaries/Wages/Contract Labor complete this form	Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1: 10 of 11	2 FILER NAME Melissa Cabello Havrda		3 Filer ID (Ethics Commission Filers)
4 Date 9/10/2021	5 Payee name Hispanic Leadership Institute		
6 Amount (\$) 250.00	7 Payee address; City; State; 1948 Probant San Antonio, TX 78214	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedu Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description Event donation	
	(c) Check if travel outside of Texas, complete sche		Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held
Date 9/13/2021	Payee name Walmart		
Amount (\$) 11.99	Payee address; City; State; 9526 W Military Dr San Antonio, TX 78251	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedu Office Overhead/Rental Expense	Description Office supplies	
ZXI ZXISTI GXZ	Check if travel outside of Texas, complete sche	edule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held
Date 9/13/2021	Payee name Squarespace Inc.		
Amount (\$) 28.15	Payee address; City; State; 8 Clarkson St. New York, NY 10014	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedu Office Overhead/Rental Expense	Description Website	
	Check if travel outside of Texas, complete sche	edule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEEDE	ED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Advertising Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/Donations Made By Gifts/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 11 of 11 Melissa Cabello Havrda 4 Date 5 Payee name 9/27/2021 Adobe Inc 6 Amount (\$) 7 Payee address; City; Zip Code State; 16.23 345 Park Ave San Jose, TX 95110 (a) Category (See categories listed at the top of this schedule) 8 (b) Description Office software Office Overhead/Rental Expense **PURPOSE** OF **EXPENDITURE** (c) Check if travel outside of Texas, complete schedule T Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 9/30/2021 GoDaddy.com Amount (\$) Pavee address: City: State: Zip Code 12.78 14455 N Hayden Rd #226 Scottsdale, AZ 85260 Category (See categories listed at the top of this schedule) Description Office Overhead/Rental Expense **Domain hosting PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas, complete schedule T Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 9/30/2021 **IBC Bank** Amount (\$) Payee address; City; Zip Code State; 15.45 300 E Travis San Antonio, TX 78205 Category (See categories listed at the top of this schedule) Description Bank fees **Fees PURPOSE** OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Check if travel outside of Texas, complete schedule T Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

Transportation Equipment & Related Expense Travel in District

Travel Out Of District

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

	The Instruction Guide explains how to complete this form.		1 Total pages Schedule F3: 1 of 1		
2	2 FILER NAME Melissa Cabello Havrda		3 F	Filer ID (Ethics Commission Filers)	
4	Date	5 Name of person from whom investment is purchased			
		6 Address of person from whom investment is purchased; City;			-
7 Description of investment					
		8 Amount of investment (\$)			
	Date	Name of person from whom investment is purchased			
		Address of person from whom investment is purchased; City;		State; Zip Code	•
		Description of investment			
		Amount of investment (\$)			
	·				
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

EXPENDITURE CATEGORIES FOR BOX 10(a)

Accounting/Banking Advertising Expense Consulting Expense

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

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

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

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

ense ges/Contract Labor Solicitation/Fundraising Expense

Transportation Equipment & Related Expense

Travel in District
Travel Out Of District

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

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

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking Event Expense Loan Repayment/Reimbursement

Advertising Expense Consulting Expense

Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Fees
Food/Beverage Expense
Gifts/Awards/Memorials Expense

Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District

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

SCHEDULE

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

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

SCHEDULE K

The	1 Total pages Schedule K: 1 of 1	
2 FILER NAME Melissa Cabello	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Name of person from whom amount is received	8 Amount (\$)
	6 Address of person from whom amount is received; City; State;	Zip Code
	7 Purpose for which amount is received	eck if political contribution returned to filer
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State;	Zip Code
	Purpose for which amount is received Che	eck if political contribution returned to filer
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State;	Zip Code
	Purpose for which amount is received Che	eck if political contribution returned to filer
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State;	Zip Code
	Purpose for which amount is received	eck if political contribution returned to filer
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS	S NEEDED

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

SCHEDULE T

The Instruction Guide explains how to complete this form. 1 Total pages Schedule T: 1 of 1					
2 FILER NAME Melissa Cabello Havrda			3 Filer ID (Ethics Comm	3 Filer ID (Ethics Commission Filers)	
4 Name of Contributor /	Corporation or L	abor Organization / Pledgor / Pa	ayee		
5 Contribution / Expendi	ture reported on	:			
Schedule A2	Schedule	B Schedule B(J)	Schedule C2	Schedule D	Schedule F1
Schedule F2	Schedule	F4 Schedule G	Schedule H	Schedule COH-UC	Schedule B-SS
6 Dates of travel	6 Dates of travel 7 Name of person(s) traveling				
	8 Departure cit	y or name of departure location			
	9 Destination of	ity or name of destination location	on		
10 Means of transporta	ition	11 Purpose of travel (including i	name of conference, sem	inar, or other event)	
Name of Contributor /	Corporation or L	abor Organization / Pledgor / Pa	iyee		
Contribution / Expendi	ture reported on	•			
Schedule A2	Schedule	B Schedule B(J)	Schedule C2	Schedule D	Schedule F1
Schedule F2	Schedule	F4 Schedule G	Schedule H	Schedule COH-UC	Schedule B-SS
Dates of travel	Name of pers	son(s) traveling			
	Departure cit	y or name of departure location			
	Destination of	ity or name of destination location	on		
Means of transportation Purpose of travel (including name of conference, seminar, or other event)					
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee					
Contribution / Expendi	ture reported on	:			
Schedule A2	Schedule	B Schedule B(J)	Schedule C2	Schedule D	Schedule F1
Schedule F2	Schedule	F4 Schedule G	Schedule H	Schedule COH-UC	Schedule B-SS
Dates of travel Name of person(s) traveling					
Departure city or name of departure location					
Destination city or name of destination location					
Means of transporta	Means of transportation Purpose of travel (including name of conference, seminar, or other event)				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

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