

FORM C/OH
COVER SHEET PG 1

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

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

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 10350.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 2859.56
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 27684.73
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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

SUBTOTALS - COH

FORM C/OH COVER SHEET PG 3

19 FILER NAME Melissa Cabello Havrda		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 10350.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2859.56
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	<input checked="" type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
1 of 7

2 FILER NAME

Melissa Cabello Havrda

3 Filer ID (Ethics Commission Filers)

4 Date
7/8/2021

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Mary Rose Brown

7 Amount of contribution (\$)
250.00

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

8 Principal occupation / Job title (See instructions)
Executive

9 Employer (See instructions)
NuStar

Date
7/15/2021

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**PO Box 003
San Antonio, TX 78201**

Principal occupation / Job title (See instructions)
President

Employer (See instructions)
McCombs Enterprises

Date
7/15/2021

Full name of contributor ☐ out-of-state PAC (ID# _____)
Marsha McCombs Shields

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**PO Box 003
San Antonio, TX 78201**

Principal occupation / Job title (See instructions)
Executive

Employer (See instructions)
McCombs Enterprises

Date
7/19/2021

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**614 Manny Oaks St
San Antonio, TX 78232**

Principal occupation / Job title (See instructions)
Executive

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:
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 ☐ out-of-state PAC (ID# _____)
Charisse Adams

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**614 Many Oaks
San Antonio, TX 78232**

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

9 Employer (See instructions)
Self employed

Date
8/13/2021

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
8/16/2021

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**700 E Hildebrand
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)
Developer

Employer (See instructions)
Self employed

Date
8/16/2021

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**700 E Hildebrand
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)
Developer

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:
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 ☐ out-of-state PAC (ID# _____)
Robert Trevino

7 Amount of contribution (\$)
400.00

6 Contributor address; City; State; Zip Code
**PO Box 15979
San Antonio, TX 78212**

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

9 Employer (See instructions)
Self employed

Date
8/19/2021

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

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**222 Melliff
San Antonio, TX 78216**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

Date
8/19/2021

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

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**431 Woodway Forest
San Antonio, TX 78215**

Principal occupation / Job title (See instructions)
Consultant

Employer (See instructions)
SATX Consultants

Date
8/20/2021

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

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**1002 N Flores
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)
Owner

Employer (See instructions)
SATX Consultants

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
4 of 7

2 FILER NAME
Melissa Cabello Havrda

3 Filer ID (Ethics Commission Filers)

4 Date
8/22/2021

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

7 Amount of contribution (\$)
100.00

6 Contributor address; City; State; Zip Code
**106 South St Marys
San Antonio, TX 78205**

8 Principal occupation / Job title (See instructions)
Attorney

9 Employer (See instructions)
Self employed

Date
8/24/2021

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

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**680 E Basse #128
San antonio, TX 78209**

Principal occupation / Job title (See instructions)
Owner

Employer (See instructions)
Andrade Van de Putte

Date
8/24/2021

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

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**8127 N New Braunfels Ave #801
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)
Consultant

Employer (See instructions)
Andrade Van de Putte

Date
8/24/2021

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**9103 Mellbrook St
San Antonio, TX 78230**

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: 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 <input type="checkbox"/> out-of-state PAC (ID# _____) Norma Denham 6 Contributor address; City; State; Zip Code 15706 Knollcliff San Antonio, TX 78247	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See instructions) Self employed		9 Employer (See instructions) Self employed
Date 8/24/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Leslie Brown Contributor address; City; State; Zip Code 2454 Toftrees Dr San Antonio, TX 78209	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Self employed		Employer (See instructions) Self employed
Date 8/24/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Scott Teeter Contributor address; City; State; Zip Code 15522 Clover Rdg San Antonio, TX 78248	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Self employed		Employer (See instructions) Self employed
Date 8/24/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Richard Sheldon Contributor address; City; State; Zip Code 4006 Green Oak dr Waco , TX 78710	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Developer		Employer (See instructions) Sheldon Company
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
6 of 7

2 FILER NAME
Melissa Cabello Havrda

3 Filer ID (Ethics Commission Filers)

4 Date
8/24/2021

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Ernest Mora

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**2511 Old Gate Rd
San Antonio, TX 78230**

8 Principal occupation / Job title (See instructions)
CFO

9 Employer (See instructions)
Central Electric

Date
8/25/2021

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**2211 Danbury St
San Antonio, TX 78217**

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
Espinoza Law Firm

Date
8/25/2021

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**1 Bitterblue Ln
San Antonio, TX 78218**

Principal occupation / Job title (See instructions)
Executive

Employer (See instructions)
Bitterblue

Date
8/25/2021

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**3 Woltwood
San Antonio, TX 78248**

Principal occupation / Job title (See instructions)
Real Estate

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:
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 ☐ out-of-state PAC (ID# _____)
Christopher Morales

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

6 Contributor address; City; State; Zip Code
**9706 Dove Shadow
San Antonio, TX 78230**

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

9 Employer (See instructions)
Self employed

Date
8/31/2021

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

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

Contributor address; City; State; Zip Code
**7203 Ashton Pl
San Antonio, TX 78229**

Principal occupation / Job title (See instructions)
Self employed

Employer (See instructions)
Self employed

Date
9/23/2021

Full name of contributor ☐ out-of-state PAC (ID# _____)
Ross Properties LLC

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

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

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date
9/30/2021

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

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

Contributor address; City; State; Zip Code
**740 Barchester Dr
San Antonio, TX 78216**

Principal occupation / Job title (See instructions)
Physician

Employer (See instructions)
Self

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

PLEDGED CONTRIBUTIONS

SCHEDULE B

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

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:
1 of 1

2 FILER NAME
Melissa Cabello Havrda

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$ 0

5 Date of loan

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

9 Loan Amount (\$)

6 Is lender a
financial
institution?

8 Lender address; City; State; Zip Code

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See instructions)

13 Employer (See instructions)

14 Description of Collateral
☐ none

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

16 GUARANTOR
INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address; City; State; Zip Code

☐ not applicable

20 Principal occupation (See instructions)

21 Employer (See instructions)

Date of loan

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

Loan Amount (\$)

Is lender a
financial
institution?

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See instructions)

Employer (See instructions)

Description of Collateral
☐ none

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

GUARANTOR
INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address; City; State; Zip Code

☐ not applicable

Principal occupation (See instructions)

Employer (See instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 1 of 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) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			

Date 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
	<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 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
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 2 of 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; Zip Code 8 Clarkson St. New York, NY 10014		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Website
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date 7/14/2021	Payee name USPS		
Amount (\$) 71.50	Payee address; City; State; Zip Code 702 Richland Hills Dr San Antonio, TX 78245		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense		Description Stamps
	<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 7/27/2021	Payee name Adobe Inc		
Amount (\$) 16.23	Payee address; City; State; Zip Code 345 Park Ave San Jose, TX 95110		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense		Description Office software
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 3 of 11	2 FILER NAME Melissa Cabello Havrda		3 Filer ID (Ethics Commission Filers)
4 Date 7/29/2021	5 Payee name InFocus Campaigns, LLC		
6 Amount (\$) 107.28	7 Payee address; City; State; Zip Code PO Box 10726 Fort Worth, TX 76114		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense		(b) Description Robocalls
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date 7/30/2021	Payee name GoDaddy.com		
Amount (\$) 300.42	Payee address; City; State; Zip Code 14455 N Hayden Rd #226 Scottsdale, AZ 85260		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense		Description Domain registration
	<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 7/31/2021	Payee name IBC Bank		
Amount (\$) 19.25	Payee address; City; State; Zip Code 300 E Travis San Antonio , TX 78205		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees		Description Bank fees
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 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; Zip Code 14455 N Hayden Rd #226 Scottsdale, AZ 85260		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Domain hosting
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
	Candidate / Officeholder name	Office sought	Office held
Date 8/2/2021	Payee name G Suite		
Amount (\$) 25.58	Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Mountain View, CA 94043		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense		Description Office software
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
	Candidate / Officeholder name	Office sought	Office held
Date 8/3/2021	Payee name Bill Millers BBQ		
Amount (\$) 9.09	Payee address; City; State; Zip Code 8802 FM471 San Antonio, TX 78251		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage Expense		Description Staff lunch
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 5 of 11	2 FILER NAME Melissa Cabello Havrda	3 Filer ID (Ethics Commission Filers)
4 Date 8/6/2021	5 Payee name Constant Contact	
6 Amount (\$) 239.85	7 Payee address; City; State; Zip Code 3675 Precision Dr Loveland, CO 80538	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Email database
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought Office held

Date 8/11/2021	Payee name The Board Couple		
Amount (\$) 117.99	Payee address; City; State; Zip Code 2218 Zarzamora San Antonio, TX 78201		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Gift/Awards/Memorials Expense	Description Gift	
	<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 8/11/2021	Payee name The Board Couple		
Amount (\$) 141.81	Payee address; City; State; Zip Code 2218 Zarzamora San Antonio, TX 78201		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Gift/Awards/Memorials Expense	Description Gift	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 6 of 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; Zip Code 8 Clarkson St. New York, NY 10014		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Website
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			
Date 8/12/2021	Payee name Adobe Inc		
Amount (\$) 25.46	Payee address; City; State; Zip Code 345 Park Ave San Jose, TX 95110		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense		Description Office software
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			
Date 8/12/2021	Payee name Amazon		
Amount (\$) 21.64	Payee address; City; State; Zip Code PO Box 67356 Crystal City, VA 20022		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense		Description Office supplies
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 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 Campaign		
6 Amount (\$) 500.00	7 Payee address; City; State; Zip Code PO Box 78346 San Antonio, TX 78246		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description Donation
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			

Date 8/18/2021	Payee name USPS		
Amount (\$) 55.00	Payee address; City; State; Zip Code 702 Richland Hills Dr San Antonio, TX 78245		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense		Description Postage
	<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 8/24/2021	Payee name P3 Imaging		
Amount (\$) 37.89	Payee address; City; State; Zip Code 1211 Safari San Antonio, TX 78216		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense		Description Signage
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 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; Zip Code 345 Park Ave San Jose, TX 95110		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Office software
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date 8/30/2021	Payee name GoDaddy.com		
Amount (\$) 12.78	Payee address; City; State; Zip Code 14455 N Hayden Rd #226 Scottsdale, AZ 85260		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense		Description Domain hosting
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date 8/31/2021	Payee name IBC Bank		
Amount (\$) 25.58	Payee address; City; State; Zip Code 300 E Travis San Antonio , TX 78205		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees		Description Banking fees
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 9 of 11	2 FILER NAME Melissa Cabello Havrda	3 Filer ID (Ethics Commission Filers)
4 Date 9/3/2021	5 Payee name G Suite	
6 Amount (\$) 25.58	7 Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Mountain View, CA 94043	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Office software
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought Office held

Date 9/7/2021	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
	<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 9/9/2021	Payee name Bill Millers BBQ	
Amount (\$) 17.05	Payee address; City; State; Zip Code 8802 FM471 San Antonio, TX 78251	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage Expense	Description Staff lunch
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 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; Zip Code 1948 Probant San Antonio, TX 78214		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description Event donation
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			
Date 9/13/2021	Payee name Walmart		
Amount (\$) 11.99	Payee address; City; State; Zip Code 9526 W Military Dr San Antonio, TX 78251		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense		Description Office supplies
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			
Date 9/13/2021	Payee name Squarespace Inc.		
Amount (\$) 28.15	Payee address; City; State; Zip Code 8 Clarkson St. New York, NY 10014		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense		Description Website
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 11 of 11	2 FILER NAME Melissa Cabello Havrda		3 Filer ID (Ethics Commission Filers)
4 Date 9/27/2021	5 Payee name Adobe Inc		
6 Amount (\$) 16.23	7 Payee address; City; State; Zip Code 345 Park Ave San Jose, TX 95110		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Office software
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			
Date 9/30/2021	Payee name GoDaddy.com		
Amount (\$) 12.78	Payee address; City; State; Zip Code 14455 N Hayden Rd #226 Scottsdale, AZ 85260		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense		Description Domain hosting
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			
Date 9/30/2021	Payee name IBC Bank		
Amount (\$) 15.45	Payee address; City; State; Zip Code 300 E Travis San Antonio , TX 78205		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees		Description Bank fees
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F2: 1 of 1	2 FILER NAME Melissa Cabello Havrda	3 Filer ID (Ethics Commission Filers)				
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$ 0				
5 Date	6 Payee name					
7 Amount (\$)	8 Payee address; City; State; Zip Code					
9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political					
10 PURPOSE OF EXPENDITURE	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> (a) Category (See categories listed at the top of this schedule) </td> <td style="width: 50%; vertical-align: top;"> (b) Description </td> </tr> <tr> <td colspan="2" style="vertical-align: top;"> (c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense </td> </tr> </table>		(a) Category (See categories listed at the top of this schedule)	(b) Description	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
(a) Category (See categories listed at the top of this schedule)	(b) Description					
(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense						
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH						
<table style="width: 100%;"> <tr> <td style="width: 33%;">Candidate / Officeholder name</td> <td style="width: 33%;">Office sought</td> <td style="width: 33%;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held	
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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;">Category (See categories listed at the top of this schedule)</td> <td style="width: 50%; vertical-align: top;">Description</td> </tr> <tr> <td colspan="2" style="vertical-align: top;"> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense </td> </tr> </table>		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	
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						
<table style="width: 100%;"> <tr> <td style="width: 33%;">Candidate / Officeholder name</td> <td style="width: 33%;">Office sought</td> <td style="width: 33%;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held	
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 (\$)

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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form

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

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

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

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

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

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

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

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

TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
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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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

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

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

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

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

The Instruction Guide explains how to complete this form

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

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

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

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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

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

☐ 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

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

SCHEDULE T

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

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CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

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

C/OH NAME
Melissa Cabello Havrda

Filer ID (Ethics Commission Filers)

SIGNATURE

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

Signature of Candidate / Officeholder

FILER WHO IS NOT AN OFFICEHOLDER

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

A. CAMPAIGN FUNDS

Check only one:

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

B. ASSETS

Check only one:

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

Signature of Candidate

OFFICEHOLDER

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

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

Signature of Officeholder