

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)		2 Total pages filed: 41		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST Melissa		MI		OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged	
	NICKNAME LAST Cabello Havrda		SUFFIX			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 769677 San Antonio TX 78245					
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (210) 633-7369					
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST Carlos		MI			
	NICKNAME LAST Cabello		SUFFIX			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE PO Box 769677 San Antonio TX 78245					
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (210) 633-6379					
9 REPORT TYPE	30th Day Before General Election					
10 PERIOD COVERED	Month Day Year 1/1/2019 THROUGH 3/25/2019					
11 ELECTION	ELECTION DATE Month Day Year 5/4/2019		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special			
12 OFFICE	OFFICE HELD (if any) None		13 OFFICE SOUGHT (if known) Council District 6			

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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 <hr/> COMMITTEE ADDRESS <hr/> COMMITTEE CAMPAIGN TREASURER NAME <hr/> COMMITTEE CAMPAIGN TREASURER ADDRESS <hr/>

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 12170.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 9332.85
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2358.75
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

18 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*** Electronically Certified ***

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Melissa Cabello Havrda, this the 4th day of April, 2019, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

SUBTOTALS - COH

FORM C/OH COVER SHEET PG 3

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	\$ 11420.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 750.00
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	\$ 9332.85
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 14

2 FILER NAME

Melissa Cabello Havrda

3 Filer ID (Ethics Commission Filers)

4 Date
1/12/2019

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
John Heard

7 Amount of contribution (\$)
500.00

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

8 Principal occupation / Job title (See instructions)
Attorney

9 Employer (See instructions)
Self

Date
1/12/2019

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

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**8455 Mannington Pl
Converse, TX 78109**

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date
1/12/2019

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

Amount of contribution (\$)
500.00

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

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

Date
1/13/2019

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

Amount of contribution (\$)
50.00

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

Principal occupation / Job title (See instructions)
Project Manager

Employer (See instructions)
VIA

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 14
2 FILER NAME Melissa Cabello Havrda		3 Filer ID (Ethics Commission Filers)
4 Date 1/16/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dolores Belmares 6 Contributor address; City; State; Zip Code 9030 Arabian King Converse, TX 78109	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See instructions) Small business owner		9 Employer (See instructions) Self
Date 1/21/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) David Chermol Contributor address; City; State; Zip Code 854 N 26th St Philadelphia, PA 19130	Amount of contribution (\$) 200.00
Principal occupation / Job title (See instructions) Attorney		Employer (See instructions) Self
Date 2/6/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cesar Garcia Contributor address; City; State; Zip Code 3451 Timeber Oaks San Antonio, TX 78212	Amount of contribution (\$) 75.00
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) Retired
Date 2/7/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Erika Prosper Contributor address; City; State; Zip Code 2515 Fairfield Bend San Antonio, TX 78231	Amount of contribution (\$) 250.00
Principal occupation / Job title (See instructions) Retail		Employer (See instructions) HEB

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 14
2 FILER NAME Melissa Cabello Havrda		3 Filer ID (Ethics Commission Filers)
4 Date 2/10/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Katherine Sanchez Rocha 6 Contributor address; City; State; Zip Code 3522 River Way San Antonio, TX 78230	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See instructions) Executive Director		9 Employer (See instructions) Alamo Academies
Date 2/10/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Courtney Denton Contributor address; City; State; Zip Code 315 Shropshire Dr San Antonio, TX 78217	Amount of contribution (\$) 20.00
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date 2/10/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sabas Abuabara Contributor address; City; State; Zip Code 12621 Hunters Chase San Antonio, TX 78230	Amount of contribution (\$) 30.00
Principal occupation / Job title (See instructions) Physician		Employer (See instructions) Self
Date 2/13/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Yvette Boatwright Contributor address; City; State; Zip Code 3202 Rivercrest Dr. Austin, TX 78746	Amount of contribution (\$) 250.00
Principal occupation / Job title (See instructions) Real Estate Broker		Employer (See instructions) Self
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
4 of 14

2 FILER NAME
Melissa Cabello Havrda

3 Filer ID (Ethics Commission Filers)

4 Date
2/13/2019

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Brad Beldon

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**PO Box 5039
San Antonio, TX 78213**

8 Principal occupation / Job title (See instructions)
CEO

9 Employer (See instructions)
Beldon

Date
2/18/2019

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

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**5921 Allington
Lakewood, CA 90713**

Principal occupation / Job title (See instructions)
Self employed

Employer (See instructions)
Self employed

Date
2/22/2019

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**200 Claiborne Way
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)
CEO

Employer (See instructions)
Broadway Bank

Date
2/25/2019

Full name of contributor ☐ out-of-state PAC (ID# _____)
San Antonio Police Officers Association

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**1939 NE Loop 410 #300
San Antonio, TX 78217**

Principal occupation / Job title (See instructions)

Employer (See instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
5 of 14

2 FILER NAME
Melissa Cabello Havrda

3 Filer ID (Ethics Commission Filers)

4 Date
2/25/2019

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Charlie Havrda

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**5023 Timber Climb
San Antonio, TX 78250**

8 Principal occupation / Job title (See instructions)
Retired

9 Employer (See instructions)
Retired

Date
2/25/2019

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**5023 Timber Climb
San Antonio, TX 78250**

Principal occupation / Job title (See instructions)
Manager

Employer (See instructions)
SAHA

Date
2/25/2019

Full name of contributor ☐ out-of-state PAC (ID# _____)
Norma Jean Lugo

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**7110 Western Skies
San Antonio, TX 78240**

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date
3/4/2019

Full name of contributor ☐ out-of-state PAC (ID# _____)
Friends for Nelson Wolff

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**PO Box 857
Burnet, TX 78611**

Principal occupation / Job title (See instructions)

Employer (See instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 6 of 14
2 FILER NAME Melissa Cabello Havrda		3 Filer ID (Ethics Commission Filers)
4 Date 3/7/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jose Ruiz 6 Contributor address; City; State; Zip Code 4458 Medical Dr #705 San Antonio, TX 78229	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See instructions) Physician		9 Employer (See instructions) Institute for Women's Health
Date 3/11/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pat Frost Contributor address; City; State; Zip Code 605 Garraty San Antonio, TX 78209	Amount of contribution (\$) 250.00
Principal occupation / Job title (See instructions) Banker		Employer (See instructions) Frost Bank
Date 3/11/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Phillip Green Contributor address; City; State; Zip Code 157 Cibolo Ridge Trail Boerne, TX 78015	Amount of contribution (\$) 250.00
Principal occupation / Job title (See instructions) Banker		Employer (See instructions) Frost Bank
Date 3/11/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gregg Kowalski Contributor address; City; State; Zip Code PO Box 1361 San Antonio, TX 78295	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Executive		Employer (See instructions) RK Group

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7 of 14
2 FILER NAME Melissa Cabello Havrda		3 Filer ID (Ethics Commission Filers)
4 Date 3/11/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Joyce Townsend 6 Contributor address; City; State; Zip Code 115 W Rosewood Ave San Antonio, TX 78212	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See instructions) Demographer		9 Employer (See instructions) JLT Revenue
Date 3/12/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mikal Watts Contributor address; City; State; Zip Code 4 Dominion Dr San Antonio, TX 78257	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Attorney		Employer (See instructions) Watts Guerra
Date 3/12/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Thomas Frost III Contributor address; City; State; Zip Code PO Box 1600 San Antonio, TX 78228	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) Retired
Date 3/13/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jonathan Smith Contributor address; City; State; Zip Code 311 3rd St San Antonio, TX 78205	Amount of contribution (\$) 250.00
Principal occupation / Job title (See instructions) Architect		Employer (See instructions) Lake Flato
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 8 of 14
2 FILER NAME Melissa Cabello Havrda		3 Filer ID (Ethics Commission Filers)
4 Date 3/13/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dean Valibhai 6 Contributor address; City; State; Zip Code 8710 Sandia Cir Helotes, TX 78023	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See instructions) Medical		9 Employer (See instructions) US Department of Defense
Date 3/13/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lisa Fullerton Contributor address; City; State; Zip Code 13295 Hunters View St San Antonio, TX 78230	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions) Self employed		Employer (See instructions) Self employed
Date 3/14/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Erika Prosper Contributor address; City; State; Zip Code 2515 Fairfield Bend San Antonio, TX 78231	Amount of contribution (\$) 250.00
Principal occupation / Job title (See instructions) Retail		Employer (See instructions) HEB
Date 3/15/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pat Jasso Contributor address; City; State; Zip Code 326 Anton Dr San Antonio , TX 78223	Amount of contribution (\$) 250.00
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) Retired
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
9 of 14

2 FILER NAME
Melissa Cabello Havrda

3 Filer ID (Ethics Commission Filers)

4 Date
3/15/2019

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Patrick Shearer

7 Amount of contribution (\$)
100.00

6 Contributor address; City; State; Zip Code
PO Box 23129
San Antonio, TX 78223

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

9 Employer (See instructions)
Peloton Commercial Real Estate

Date
3/18/2019

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

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
3740 Hunters Circle
San Antonio, TX 78230

Principal occupation / Job title (See instructions)
Manager

Employer (See instructions)
Crockett Urban Ventures

Date
3/21/2019

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

Amount of contribution (\$)
200.00

Contributor address; City; State; Zip Code
4330 Diamond Dr
San Antonio, TX 78218

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
Self

Date
3/21/2019

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

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
13406 Orchard Ridge
San Antonio, TX 78231

Principal occupation / Job title (See instructions)
CEO

Employer (See instructions)
Alamo Travel Group

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME
Melissa Cabello Havrda

3 Filer ID (Ethics Commission Filers)

4 Date
3/22/2019

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Randy Cunningham

7 Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
7818 Galaway Bay
San Antonio, TX 78240

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

9 Employer (See instructions)
Self employed

Date
3/22/2019

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

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
340 Arcadia Pl
San Antonio, TX 78209

Principal occupation / Job title (See instructions)
Physician

Employer (See instructions)
Self

Date
3/22/2019

Full name of contributor ☐ out-of-state PAC (ID# _____)
Los Barrios LLC

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
4223 Blanco Road
San Antonio, TX 78212

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date
3/23/2019

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

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
711 E Josephine
San Antonio, TX 78208

Principal occupation / Job title (See instructions)
Counselor

Employer (See instructions)
Center for Healthcare Services

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 11 of 14
2 FILER NAME Melissa Cabello Havrda		3 Filer ID (Ethics Commission Filers)
4 Date 3/23/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Anamaria Suescun-Fast 6 Contributor address; City; State; Zip Code 360 Pike Rd San Antonio, TX 78209	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See instructions) Marketing & Communications		9 Employer (See instructions) The DeBerry Group
Date 3/23/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cherise Rohr-Allegrini Contributor address; City; State; Zip Code 133 Devine St San Antonio, TX 78210	Amount of contribution (\$) 50.00
Principal occupation / Job title (See instructions) Epidemiologist		Employer (See instructions) The Immunization Partnership
Date 3/23/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Thomas Oswald Contributor address; City; State; Zip Code 22818 Cardigan Chase San Antonio, TX 78260	Amount of contribution (\$) 250.00
Principal occupation / Job title (See instructions) Manager		Employer (See instructions) Best Buy
Date 3/23/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Victor Salinas Contributor address; City; State; Zip Code 123 Main San Antonio, TX 78212	Amount of contribution (\$) 50.00
Principal occupation / Job title (See instructions) Manager		Employer (See instructions) Pepsi
<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:
12 of 14

2 FILER NAME
Melissa Cabello Havrda

3 Filer ID (Ethics Commission Filers)

4 Date
3/23/2019

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

7 Amount of contribution (\$)
50.00

6 Contributor address; City; State; Zip Code
**123 Main
San Antonio, TX 78212**

8 Principal occupation / Job title (See instructions)
Attorney

9 Employer (See instructions)
US Government

Date
3/23/2019

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

Amount of contribution (\$)
20.00

Contributor address; City; State; Zip Code
**9446 Points Edge
San Antonio, TX 78250**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

Date
3/23/2019

Full name of contributor ☐ out-of-state PAC (ID# _____)
Yvonne Van Sickle

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**210 Claywell
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
Self

Date
3/23/2019

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

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
**13202 Sabine Parke
San Antonio, TX 78254**

Principal occupation / Job title (See instructions)
Real Estate

Employer (See instructions)
Phyllis Browning

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 13 of 14
2 FILER NAME Melissa Cabello Havrda		3 Filer ID (Ethics Commission Filers)
4 Date 3/23/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pat Jasso 6 Contributor address; City; State; Zip Code 326 Anton Dr San Antonio, TX 78223	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See instructions) Retired		9 Employer (See instructions) Retired
Date 3/23/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Audrey Fisher Contributor address; City; State; Zip Code 9134 Welles Way San Antonio, TX 78240	Amount of contribution (\$) 75.00
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) Retired
Date 3/23/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Marinella Murillo Contributor address; City; State; Zip Code 8710 Loon Ct San Antonio, TX 78245	Amount of contribution (\$) 50.00
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) Retired
Date 3/23/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rebecca Viagran Contributor address; City; State; Zip Code PO Box 14416 San Antonio, TX 78214	Amount of contribution (\$) 50.00
Principal occupation / Job title (See instructions) Elected official		Employer (See instructions) Self
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 14 of 14
2 FILER NAME Melissa Cabello Havrda		3 Filer ID (Ethics Commission Filers)
4 Date 3/25/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Virginia Salmons 6 Contributor address; City; State; Zip Code 214 Meadow Glen San Antonio, TX 78227	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See instructions) Retired		9 Employer (See instructions) Retired
Date 3/25/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sergio Chico Rodriguez Campaign Contributor address; City; State; Zip Code 638 Cantrell Dr San Antonio, TX 78221	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date 3/25/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Phyllis Viagran Contributor address; City; State; Zip Code 419 South Flores San Antonio, TX 78214	Amount of contribution (\$) 50.00
Principal occupation / Job title (See instructions) Coordinator		Employer (See instructions) Visit San Antonio
Date 3/25/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Medeleine Mendez Contributor address; City; State; Zip Code 123 Main St San Antonio, TX 78212	Amount of contribution (\$) 50.00
Principal occupation / Job title (See instructions) Analyst		Employer (See instructions) City of San Antonio
<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>		

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 3/7/2019	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) True Flavors Catering LLC 7 Contributor address; _____ City; _____ State; _____ Zip Code _____ 171 N Trinity San Antonio, TX 78201	8 Amount of Contribution \$ 250.00 9 In-kind contribution description Event catering <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		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 3/15/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ashley Barth Contributor address; _____ City; _____ State; _____ Zip Code _____ 208 Bushnell #5 San Antonio, TX 78212	Amount of Contribution \$ 500.00 In-kind contribution description Finance consulting <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 12		2 FILER NAME Melissa Cabello Havrda		3 Filer ID (Ethics Commission Filers)																																																																							
4 Date 1/31/2019		5 Payee name Chile Media LLC																																																																									
6 Amount (\$) 1000.00		7 Payee address; City; State; Zip Code 10000 I-10 San Antonio, TX 78230																																																																									
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Advertising Expense		(b) Description Website design <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																																																																											
<table border="0" style="width:100%"> <tr> <td style="width:50%">Candidate / Officeholder name</td> <td style="width:25%">Office sought</td> <td style="width:25%">Office held</td> </tr> </table>						Candidate / Officeholder name	Office sought	Office held																																																																			
Candidate / Officeholder name	Office sought	Office held																																																																									
<table border="1" style="width:100%"> <tr> <td style="width:20%">Date 1/31/2019</td> <td colspan="5">Payee name Iriz Images</td> </tr> <tr> <td>Amount (\$) 400.00</td> <td colspan="5">Payee address; City; State; Zip Code 1645 Onieda Dr San Antonio, TX 78230</td> </tr> <tr> <td rowspan="2">PURPOSE OF EXPENDITURE</td> <td colspan="2">Category (See categories listed at the top of this schedule) Event Expense</td> <td colspan="3">Description Photographer</td> </tr> <tr> <td colspan="5"> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense </td> </tr> <tr> <td colspan="6"> Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table border="0" style="width:100%"> <tr> <td style="width:50%">Candidate / Officeholder name</td> <td style="width:25%">Office sought</td> <td style="width:25%">Office held</td> </tr> </table> </td> </tr> <tr> <td colspan="6"> <table border="1" style="width:100%"> <tr> <td style="width:20%">Date 2/1/2019</td> <td colspan="5">Payee name Jessie Gloria</td> </tr> <tr> <td>Amount (\$) 75.00</td> <td colspan="5">Payee address; City; State; Zip Code PO Box 769677 San Antonio, TX 78245</td> </tr> <tr> <td rowspan="2">PURPOSE OF EXPENDITURE</td> <td colspan="2">Category (See categories listed at the top of this schedule) Loan Repayment/Reimbursement</td> <td colspan="3">Description Office supplies reimbursement</td> </tr> <tr> <td colspan="5"> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense </td> </tr> <tr> <td colspan="6"> Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table border="0" style="width:100%"> <tr> <td style="width:50%">Candidate / Officeholder name</td> <td style="width:25%">Office sought</td> <td style="width:25%">Office held</td> </tr> </table> </td> </tr> </table> </td></tr></table>						Date 1/31/2019	Payee name Iriz Images					Amount (\$) 400.00	Payee address; City; State; Zip Code 1645 Onieda Dr San Antonio, TX 78230					PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense		Description Photographer			<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 border="0" style="width:100%"> <tr> <td style="width:50%">Candidate / Officeholder name</td> <td style="width:25%">Office sought</td> <td style="width:25%">Office held</td> </tr> </table>						Candidate / Officeholder name	Office sought	Office held	<table border="1" style="width:100%"> <tr> <td style="width:20%">Date 2/1/2019</td> <td colspan="5">Payee name Jessie Gloria</td> </tr> <tr> <td>Amount (\$) 75.00</td> <td colspan="5">Payee address; City; State; Zip Code PO Box 769677 San Antonio, TX 78245</td> </tr> <tr> <td rowspan="2">PURPOSE OF EXPENDITURE</td> <td colspan="2">Category (See categories listed at the top of this schedule) Loan Repayment/Reimbursement</td> <td colspan="3">Description Office supplies reimbursement</td> </tr> <tr> <td colspan="5"> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense </td> </tr> <tr> <td colspan="6"> Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table border="0" style="width:100%"> <tr> <td style="width:50%">Candidate / Officeholder name</td> <td style="width:25%">Office sought</td> <td style="width:25%">Office held</td> </tr> </table> </td> </tr> </table>						Date 2/1/2019	Payee name Jessie Gloria					Amount (\$) 75.00	Payee address; City; State; Zip Code PO Box 769677 San Antonio, TX 78245					PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Loan Repayment/Reimbursement		Description Office supplies reimbursement			<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 border="0" style="width:100%"> <tr> <td style="width:50%">Candidate / Officeholder name</td> <td style="width:25%">Office sought</td> <td style="width:25%">Office held</td> </tr> </table>						Candidate / Officeholder name	Office sought	Office held
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Amount (\$) 75.00	Payee address; City; State; Zip Code PO Box 769677 San Antonio, TX 78245																																																																										
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Loan Repayment/Reimbursement		Description Office supplies reimbursement																																																																								
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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: 2 of 12	2 FILER NAME Melissa Cabello Havrda		3 Filer ID (Ethics Commission Filers)			
4 Date 2/4/2019	5 Payee name Taco Cabana					
6 Amount (\$) 30.29	7 Payee address; City; State; Zip Code 8030 Culebra San Antonio, TX 78251					
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Staff lunch <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 <table> <tr> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>				Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held				
Date 2/4/2019	Payee name Lyft					
Amount (\$) 8.15	Payee address; City; State; Zip Code 8610 Broadway #240 San Antonio, TX 78217					
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Travel In District	Description Transportation <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> <tr> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>				Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held				
Date 2/4/2019	Payee name Lyft					
Amount (\$) 11.57	Payee address; City; State; Zip Code 8610 Broadway #240 San Antonio, TX 78217					
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Travel In District	Description Transportation <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> <tr> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>				Candidate / Officeholder name	Office sought	Office held
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: 3 of 12	2 FILER NAME Melissa Cabello Havrda		3 Filer ID (Ethics Commission Filers)
4 Date 2/4/2019	5 Payee name Lyft		
6 Amount (\$) 16.05	7 Payee address; City; State; Zip Code 8610 Broadway #240 San Antonio, TX 78217		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Travel In District		(b) Description Transportation <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			
Date 2/11/2019	Payee name Home Depot		
Amount (\$) 44.75	Payee address; City; State; Zip Code 9255 FM 471 San Antonio, TX 78251		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense		Description Sign installation materials <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			
Date 2/13/2019	Payee name HEB		
Amount (\$) 125.95	Payee address; City; State; Zip Code 9255 FM 471 W San Antonio, TX 78251		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense		Description Catering <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 4 of 12	2 FILER NAME Melissa Cabello Havrda		3 Filer ID (Ethics Commission Filers)
4 Date 2/13/2019	5 Payee name Broadway Bank		
6 Amount (\$) 2.95	7 Payee address; City; State; Zip Code 1177 NE 410 San Antonio, TX 78209		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees		(b) Description Service fee <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			
Date 2/19/2019	Payee name Lowes		
Amount (\$) 96.78	Payee address; City; State; Zip Code 203 SW Loop 410 San Antonio, TX 78245		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense		Description Sign installation materials <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			
Date 2/19/2019	Payee name TDP		
Amount (\$) 460.00	Payee address; City; State; Zip Code 1106 Lavaca Austin, TX 78701		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense		Description Voter 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			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 5 of 12	2 FILER NAME Melissa Cabello Havrda		3 Filer ID (Ethics Commission Filers)			
4 Date 2/22/2019	5 Payee name Violas Ventanas					
6 Amount (\$) 50.00	7 Payee address; City; State; Zip Code 9660 Westover Hills Blvd San Antonio, TX 78251					
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event Expense	(b) Description Strong Schools Breakfast <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 <table> <tr> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>				Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held				
Date 2/25/2019	Payee name Stripe Payment Systems					
Amount (\$) 62.88	Payee address; City; State; Zip Code 510 Townsend San Francisco, CA 94016					
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description Credit card processing 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 <table> <tr> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>				Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held				
Date 2/25/2019	Payee name Madhatters					
Amount (\$) 250.00	Payee address; City; State; Zip Code 320 Beauregard San Antonio, TX 78204					
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description Catering <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> <tr> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>				Candidate / Officeholder name	Office sought	Office held
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: 6 of 12	2 FILER NAME Melissa Cabello Havrda		3 Filer ID (Ethics Commission Filers)
4 Date 2/26/2019	5 Payee name Chile Media LLC		
6 Amount (\$) 1000.00	7 Payee address; City; State; Zip Code 10000 I-10 San Antonio, TX 78230		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense		(b) Description Graphic design <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			
Date 2/28/2019	Payee name Broadway Bank		
Amount (\$) 4.00	Payee address; City; State; Zip Code 1177 NE 410 San Antonio, TX 78209		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees		Description Service fee <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			
Date 3/4/2019	Payee name Lowes		
Amount (\$) 37.52	Payee address; City; State; Zip Code 203 SW Loop 410 San Antonio, TX 78245		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense		Description Sign install materials <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 7 of 12	2 FILER NAME Melissa Cabello Havrda		3 Filer ID (Ethics Commission Filers)
4 Date 3/4/2019	5 Payee name Jessie Gloria		
6 Amount (\$) 1570.00	7 Payee address; City; State; Zip Code PO Box 769677 San Antonio, TX 78245		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Payroll		(b) Description Coordinator <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date 3/5/2019	Payee name La Tuna		
Amount (\$) 20.00	Payee address; City; State; Zip Code 100 Probandt San Antonio, TX 78204		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage Expense		Description Meals <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date 3/5/2019	Payee name Chipotle		
Amount (\$) 181.75	Payee address; City; State; Zip Code 8227 TX 151 San Antonio, TX 78245		
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: 8 of 12	2 FILER NAME Melissa Cabello Havrda		3 Filer ID (Ethics Commission Filers)			
4 Date 3/6/2019	5 Payee name Chile Media LLC					
6 Amount (\$) 1000.00	7 Payee address; City; State; Zip Code 10000 I-10 San Antonio, TX 78230					
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Printing Expense		(b) Description Push cards <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 <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">Candidate / Officeholder name</td> <td style="width: 25%;">Office sought</td> <td style="width: 25%;">Office held</td> </tr> </table>				Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held				
Date 3/6/2019	Payee name Harland Clarke					
Amount (\$) 27.66	Payee address; City; State; Zip Code 15955 La Cantera San Antonio, TX 78256					
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense		Description Business Checks <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">Candidate / Officeholder name</td> <td style="width: 25%;">Office sought</td> <td style="width: 25%;">Office held</td> </tr> </table>				Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held				
Date 3/11/2019	Payee name Iriz Images					
Amount (\$) 250.00	Payee address; City; State; Zip Code 1645 Onieda Dr San Antonio, TX 78230					
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense		Description Photographer <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 border="0" style="width: 100%;"> <tr> <td style="width: 50%;">Candidate / Officeholder name</td> <td style="width: 25%;">Office sought</td> <td style="width: 25%;">Office held</td> </tr> </table>				Candidate / Officeholder name	Office sought	Office held
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: 9 of 12	2 FILER NAME Melissa Cabello Havrda		3 Filer ID (Ethics Commission Filers)
4 Date 3/12/2019	5 Payee name AJ Seminola		
6 Amount (\$) 135.00	7 Payee address; City; State; Zip Code PO Box 769677 San Antonio, TX 78245		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Payroll		(b) Description Blockwalking <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			
Date 3/18/2019	Payee name TDP		
Amount (\$) 460.00	Payee address; City; State; Zip Code 1106 Lavaca Austin, TX 78701		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense		Description Voter 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 3/18/2019	Payee name Chile Media LLC		
Amount (\$) 1000.00	Payee address; City; State; Zip Code 10000 I-10 San Antonio, TX 78230		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense		Description Door hangers <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 12	2 FILER NAME Melissa Cabello Havrda		3 Filer ID (Ethics Commission Filers)
4 Date 3/19/2019	5 Payee name Las Palapas		
6 Amount (\$) 5.00	7 Payee address; City; State; Zip Code 5525 Tezel Rd San Antonio, TX 78250		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Meals <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name			
Office sought			
Office held			
Date 3/21/2019	Payee name Madhatters		
Amount (\$) 17.84	Payee address; City; State; Zip Code 320 Beauregard San Antonio, TX 78204		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description Catering <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name			
Office sought			
Office held			
Date 3/21/2019	Payee name Madhatters		
Amount (\$) 198.66	Payee address; City; State; Zip Code 320 Beauregard San Antonio, TX 78204		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description Catering <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 12	2 FILER NAME Melissa Cabello Havrda		3 Filer ID (Ethics Commission Filers)
4 Date 3/22/2019	5 Payee name Rosalba Chavez		
6 Amount (\$) 292.50	7 Payee address; City; State; Zip Code PO Box 769677 San Antonio, TX 78245		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Payroll		(b) Description Blockwalking <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			
Date 3/22/2019	Payee name Michelle Kendall		
Amount (\$) 292.50	Payee address; City; State; Zip Code PO Box 769677 San Antonio, TX 78245		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Payroll		Description Blockwalking <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			
Date 3/22/2019	Payee name George Ramos		
Amount (\$) 75.00	Payee address; City; State; Zip Code PO Box 769677 San Antonio, TX 78245		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Payroll		Description Blockwalking <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: 12 of 12	2 FILER NAME Melissa Cabello Havrda	3 Filer ID (Ethics Commission Filers)
4 Date 3/25/2019	5 Payee name Stripe Payment Systems	
6 Amount (\$) 131.05	7 Payee address; City; State; Zip Code 510 Townsend San Francisco, CA 94016	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	
	(b) Description Credit card processing fees <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 (\$)	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 (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	
	Description <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

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UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F2: 1 of 1	2 FILER NAME Melissa Cabello Havrda	3 Filer ID (Ethics Commission Filers)
--	--	--

4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$ 0
--	-------------

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

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

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

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

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

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule H: 1 of 1	2 FILER NAME Melissa Cabello Havrda	3 Filer ID (Ethics Commission Filers)
4 Date	5 Business name	
6 Amount (\$)	7 Business address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description
		<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	Business name	
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 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
		<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	Business name	
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 Candidate / Officeholder name Office sought Office held		

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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		
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PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

1 of 1

2 FILER NAME

Melissa Cabello Havrda

3 Filer ID (Ethics Commission Filers)

4 Date

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE T

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