# **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

### FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to comp	plete this form.	1 Filer ID(E	thics Commission Filers)	2 Total pages fi	led:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST <b>Melissa</b>		MI	OFFICE US	SE ONLY
NAME	NICKNAME	LAST  Cabello Havrda		SUFFIX	Date Received 9/11/2024 10:22:	54AM
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APPO Box 769677 San Antonio TX 78245		CITY; ST.	ATE; ZIP CODE		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHON	NE NUMBER	EXTEN	NSION	Date Hand-delivered	or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST Carlos		MI	Receipt #	Amount \$
NAME	NICKNAME	LAST  Cabello		SUFFIX	Date Processed 9/11/2024 10:22:5 Date Imaged	64AM
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO F PO Box 769677 San Antonio TX 78248	·	PT / SUITE #;	CITY; ST	ATE; ZIP CODE	
8 CAMPAIGN TREASURER PHONE		IE NUMBER <b>9-8620</b>	EXTEN	ISION		
9 REPORT TYPE	July 15: Semi-An	nual				
10 PERIOD COVERED	Month 1	Day Year /1/2024	THROUG	Month GH <b>6/</b> 3	Day Year 30/2024	
11 ELECTION	ELECTION DATE  Month Day Year	Primary  X Genera		Description		
12 OFFICE	OFFICE HELD (if any)  Council District 6	·		13 OFFICE SOUGHT  Council Distri		
		GO TO	PAGE 2			

Revised 01/01/2020

# **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

### FORM C/OH COVER SHEET PG 2

14 C/OH NAME				15 Filer II	Cethics Commission Filers)	
Melissa Cabello H	Melissa Cabello Havrda					
16 NOTICE FROM POLITICAL COMMITTEE(S)	COMMITTEES TO SUI THE CANDIDATE'S	PPORT THE CANDIDATE OR OFFICEHOLDER'S		TURES MAY CANDIDATES	ITURES MADE BY POLITICAL HAVE BEEN MADE WITHOUT AND OFFICEHOLDERS ARE	
	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL	COMMITTEE ADDRE	SS			
	SPECIFIC					
Additional Dagge		COMMITTEE CAMPA	NIGN TREASURER NAME			
Additional Pages		COMMITTEE CAMPA	NIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS	1. PLEDGES, LO	EMIZED POLITICAL CONT DANS, OR GUARANTEES ONS MADE ELECTRONIC		\$	0	
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  \$ 22450.00				22450.00		
EXPENDITURE TOTALS	3. TOTAL UNITE	MIZED POLITICAL EXPE	INDITURES.	\$	0	
	4. TOTAL POLIT	4. TOTAL POLITICAL EXPENDITURES				
CONTRIBUTION BALANCE	5. TOTAL POLIT		MAINTAINED AS OF THE LAST DAY	\$	55130.39	
OUTSTANDING LOAN TOTALS	٥.	CIPAL AMOUNT OF ALL C	OUTSTANDING LOANS AS OF THE	\$	0	
18 AFFIDAVIT						
			I swear, or affirm, under penalty of is true and correct and includes al me under Title 15, Election Code.			
* * * Electronically Certified * * *						
AFFIV NOTABY OTAR	Signature of Candidate or Officeholder					
AFFIX NOTARY STAMP / SEAL ABOVE						
Sworn to and subscribe				this t	the <u>11th</u> day	
of <u>September</u> , 20 <b>24</b> , 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	20 Filer ID (Ethics Commission Filers)
	Melissa Cabello Havrda	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 22450.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONT	RIBUTIONS \$0
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	SCHEDULE E: LOANS	\$ 0
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POL	ITICAL CONTRIBUTIONS \$20004.86
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM F	POLITICAL CONTRIBUTIONS \$0
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PER	SONAL FUNDS \$0
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBU	TIONS TO A BUSINESS OF C/OH \$0
11.	X SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM	POLITICAL CONTRIBUTIONS \$0
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND RETURNED TO FILER	CONTRIBUTIONS \$0

### SCHEDULE A1

	Т	he Instruction Guide explains how to complete	1 Total pages Schedule A1: 1 of 14	
2	FILER NAME Melissa Cabello	Havrda		3 Filer ID (Ethics Commission Filers)
4	Date 1/3/2024	<ul> <li>Full name of contributor Krishna Ready</li> <li>Contributor address; City;</li> <li>13514 Able Creek Drive San Antonio, TX 78231</li> </ul>	ate PAC (ID#) State; Zip Code	7 Amount of contribution (\$) 500.00
8	Principal occupa	tion / Job title (See instructions)	9 Employer (See instr Meritz Reddi	ructions)
	Date <b>2/21/2024</b>	Full name of contributor  Brad Carson  Contributor address; City; 128 West Mistletoe Ave San Antonio, TX 78212	ate PAC (ID#)	Amount of contribution (\$) 500.00
	Principal occupa Attorney	tion / Job title (See instructions)	Employer (See instr Kruger Carson PLL	•
	Date 4/3/2024	Full name of contributor  Enrique Davila  Contributor address; City; Contributor St San Antonio, TX 78202	eate PAC (ID#)	Amount of contribution (\$) 500.00
	Principal occupa	tion / Job title (See instructions)	Employer (See instr	ructions)
	Date 4/3/2024	Full name of contributor  Linda Davila  Contributor address; City; Contributor Art Stan Antonio, TX 78202	ate PAC (ID#)	Amount of contribution (\$) 500.00
	Principal occupa	tion / Job title (See instructions)	Employer (See instr Davila Electric	ructions)

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### SCHEDULE A1

	Т	he 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 4/11/2024	5 Full name of contributor Johnny W Stevens	□ out-of-state PA	AC (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; 8120 Killarney Ct Wichita, KS 67206	City; S	State; Zip Code	
8	Principal occupa Small Business	tion / Job title (See instructions) Owner		9 Employer (See instr Self	uctions)
	Date 4/11/2024	Full name of contributor San Antonio Land Fund	out-of-state PA	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; PO Box 782257 Wichita, KS 67278	City; S	State; Zip Code	
Principal occupation / Job title (See instructions)				Employer (See instr San Antonio Land	•
	Date 4/11/2024	Full name of contributor Vineyard Shopping Center	out-of-state PA	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; PO Box 782257 Wichita, KS 67278	City; S	State; Zip Code	
	Principal occupa	tion / Job title (See instructions)		Employer (See instr Vineyard Shopping	•
	Date 4/11/2024	Full name of contributor Loop 1604 Group	Out-of-state PA	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; PO Box 782257 Wichita, KS 67278	City; S	State; Zip Code	
	Principal occupa	tion / Job title (See instructions)		Employer (See instr Loop 1604 Group	uctions)

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### SCHEDULE A1

	Т	he Instruction Guide explains how to complete thi	s form.	1 Total pages Schedule A1: 3 of 14
2	FILER NAME Melissa Cabello	Havrda		3 Filer ID (Ethics Commission Filers)
4	Date 4/30/2024	5 Full name of contributor ☐ out-of-state jorge herrera	PAC (ID#)	7 Amount of contribution (\$) 250.00
		6 Contributor address; City; 1800 West Commerce St. San Antonio, TX 78207	State; Zip Code	
8	Principal occupa Attorney	tion / Job title (See instructions)	9 Employer (See instru The Herrera Law Fir	*
	Date 4/30/2024	Full name of contributor	PAC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; 6812 West Avenue San Antonio, TX 78213	State; Zip Code	
			Employer (See instru Mosaic Land Develo	•
	Date 4/30/2024	Full name of contributor	PAC (ID#)	Amount of contribution (\$) 250.00
		Contributor address; City; 715 Elizabeth Road San Antonio, TX 78209	State; Zip Code	
	Principal occupa Physician	tion / Job title (See instructions)	Employer (See instru Radsource	uctions)
	Date 4/30/2024	Full name of contributor	PAC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; 6812 West Avenue San Antonio, TX 78213	State; Zip Code	
Principal occupation / Job title (See instructions)  President		Employer (See instru Mosaic Land Develo	•	

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### SCHEDULE A1

	т	he 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 4/30/2024	5 Full name of contributor Herbeck Krumswick Rev Tr	out-of-state PA	AC (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; 400 N Woodlawn #210 Wichita, KS 67208	City; S	State; Zip Code	
8	Principal occupa	tion / Job title (See instructions)		9 Employer (See instru Herbeck Krumswick	•
	Date 4/30/2024	Full name of contributor KBK, LLC	out-of-state PA	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 400 N Woodlawn #210 Wichita, KS 67208	City; S	State; Zip Code	
Principal occupation / Job title (See instructions)  Employer (See instructions)  KBK, LLC				uctions)	
	Date <b>5/1/2024</b>	Full name of contributor  Clifton Douglas	out-of-state PAC (ID#)		Amount of contribution (\$) 500.00
		Contributor address; 606 Garraty Rd San Antonio, TX 78209	City; S	State; Zip Code	
	Principal occupa Attorney	tion / Job title (See instructions)		Employer (See instru Linebarger Goggan	uctions) Blair & Sampson, LLP
	Date 5/1/2024	Full name of contributor  NuStar PAC	out-of-state PA	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; PO Box 781609 San Antonio, TX 78278	City; S	State; Zip Code	
Principal occupation / Job title (See instructions)				Employer (See instru NuStar Pac	ictions)

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### SCHEDULE A1

		The Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1: 5 of 14
2	FILER NAME Melissa Cabell	o Havrda			3 Filer ID (Ethics Commission Filers)
4	Date 5/2/2024	5 Full name of contributor pablo escamilla	Out-of-state P	AC (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; 1047 West 17th Street Houston, TX 77008	City;	State; Zip Code	
8	Principal occup Attorney	ation / Job title (See instructions)		9 Employer (See instru Escamilla & Poneck	•
	Date 5/22/2024	Full name of contributor Christopher Callanen	out-of-state P	AC (ID#)	Amount of contribution (\$) 50.00
		Contributor address; 7330 S Old Hammer Way Aurora, CO 80016	City;	State; Zip Code	
Principal occupation / Job title (See instructions)  Technical specialist		Employer (See instructions) Wendorf Beward & Partners			
	Date 5/22/2024	Full name of contributor William McDonough	Out-of-state PAC (ID#)		Amount of contribution (\$) 100.00
		Contributor address; 8542 Timber Plain San Antonio, TX 78250	City;	State; Zip Code	
	Principal occup Retired	ation / Job title (See instructions)	Employer (See instructions) Retired		
	Date 5/22/2024	Full name of contributor  Carolyn Shaw	out-of-state P	AC (ID#)	Amount of contribution (\$) 100.00
		Contributor address; 213 Mornignside Dr San Antonio, TX 78209	City;	State; Zip Code	
Principal occupation / Job title (See instructions) Real Estate		Employer (See instructions) Stream Realty Partners			

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### SCHEDULE A1

	т	he 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 5/22/2024	5 Full name of contributor Christina Castano	out-of-state PA	AC (ID#)	7	Amount of contribution (\$) 50.00
		6 Contributor address; 927 Serenade Dr San Antonio, TX 78213	City; S	State; Zip Code		
8	Principal occupa Retired	tion / Job title (See instructions)		9 Employer (See instru Retired	ıctic	ons)
	Date 6/18/2024	Full name of contributor  Andrew Turner	out-of-state PA	AC (ID#)		Amount of contribution (\$) 500.00
		Contributor address; 707 Ridgewood Drive Antioch, IL 60002	City;	State; Zip Code		
		tion / Job title (See instructions) of Business Development		Employer (See instru Dalkia Energy Solut		,
	Date 6/18/2024	Full name of contributor  Ashley Turner	out-of-state PA	AC (ID#)		Amount of contribution (\$) 500.00
		Contributor address; 707 Ridgewood Drive Antioch, IL 60002	City;			
	Principal occupa	tion / Job title (See instructions)		Employer (See instru	ıctic	ons)
	Date 6/18/2024	Full name of contributor  Jean-Christophe Florensen	out-of-state PA	AC (ID#)		Amount of contribution (\$) 500.00
		Contributor address; 1401 Fairview St. Unit A Houston, TX 77006	City;	State; Zip Code		
	•	tion / Job title (See instructions) Smart Infrastructure Solutions		Employer (See instru Dalkia Energy Solut		•

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

### SCHEDULE A1

	Ţ	he 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 6/18/2024	5 Full name of contributor ☐ out-of-state PA  Yuridia Quintanilla	C (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; City; S 1401 Fairview St. Unit A houston, TX 77006	State; Zip Code	
8	Principal occupa	tion / Job title (See instructions)	9 Employer (See instru Fortress Energy	ctions)
	Date 6/23/2024	Full name of contributor	.C (ID#)	Amount of contribution (\$) <b>500.00</b>
		Contributor address; City; S 809 Wyoming St San Antonio, TX 78203	state; Zip Code	
	Principal occupa Government Af	tion / Job title (See instructions)	Employer (See instru  Dalkia Energy Solut	•
	Date 6/23/2024	Full name of contributor	.C (ID#)	Amount of contribution (\$) <b>500.00</b>
		Contributor address; City; S 809 Wyoming St San Antonio, TX 78203		
	Principal occupa VP of Services	ition / Job title (See instructions)	Employer (See instru  Tru-Matrix Contracti	•
	Date 6/23/2024	Full name of contributor	.C (ID#)	Amount of contribution (\$) <b>500.00</b>
		Contributor address; City; S 607 W Kings Hwy San Antonio, TX 78212	State; Zip Code	
	Principal occupa Senior Director	ntion / Job title (See instructions) of Operations	Employer (See instru  Dalkia Energy Solut	•

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### SCHEDULE A1

	Т	he 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 6/23/2024	5 Full name of contributor Allyson Derosier	out-of-state PA	C (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; 607 W Kings Hwy San Antonio, TX 78212	City; S	state; Zip Code	
8	Principal occupa	tion / Job title (See instructions)		9 Employer (See instru Orangetheory	uctions)
	Date 6/24/2024	Full name of contributor  Gary Stinnett	out-of-state PA	.C (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 18422 Emerald Forest Dr. San Antonio, TX 78259	City; S	State; Zip Code	
	Principal occupa CIO	tion / Job title (See instructions)		Employer (See instru Vizza Wash, LP	uctions)
	Date 6/24/2024	Full name of contributor  Laura Stinnett	out-of-state PA	.C (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 18422 Emerald Forest Dr. San Antonio, TX 78259	City; S		
	Principal occupa Accountant	tion / Job title (See instructions)		Employer (See instru Vizza Wash, LP	uctions)
	Date 6/24/2024	Full name of contributor  Silvestre Vasquez	out-of-state PA	.C (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 16006 Ponderosa Pass Helotes, TX 78023	City; S	State; Zip Code	
	Principal occupa Real Estate	tion / Job title (See instructions)		Employer (See instru	uctions)

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### SCHEDULE A1

	т	he Instruction Guide explains how to complete this fo	rm.	1 Total pages Schedule A1: 9 of 14	
2	FILER NAME Melissa Cabello	. Havrda		3 Filer ID (Ethics Commission Filers)	
4	Date 6/25/2024	5 Full name of contributor ☐ out-of-state PAC Debra Guerrero	(ID#)	7 Amount of contribution (\$) 250.00	
		6 Contributor address; City; Sta 3915 Skylark San Antonio, TX 78210	te; Zip Code		
8	Principal occupa	I occupation / Job title (See instructions)  9			
	Date 6/25/2024	Full name of contributor	(ID#)	Amount of contribution (\$) <b>500.00</b>	
		Contributor address; City; Sta	te; Zip Code		
Principal occupation / Job title (See instructions)  Broker			Employer (See instructions)  Xsellence Realty		
	Date 6/25/2024	Full name of contributor	(ID#)	Amount of contribution (\$) <b>500.00</b>	
		Contributor address; City; Sta 506 Hillside Court San Antonio, TX 78258	te; Zip Code		
	Principal occupa Owner	tion / Job title (See instructions)	Employer (See instru Paseo Real	ctions)	
	Date 6/25/2024	Full name of contributor	(ID#)	Amount of contribution (\$) <b>500.00</b>	
		Contributor address; City; Sta 300 West French Place San Antonio, TX 78212	te; Zip Code		
	Principal occupa Retired	tion / Job title (See instructions)	Employer (See instru Retired	ctions)	

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### SCHEDULE A1

	Т	he Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 10 of 14
2	FILER NAME Melissa Cabello	Havrda		3 Filer ID (Ethics Commission Filers)
4	Date 6/25/2024	5 Full name of contributor ☐ out-of-state PA  Jason Arechiga	C (ID#)	7 Amount of contribution (\$) 250.00
		6 Contributor address; City; S 22603 Impala Bend San Antonio, TX 78259	tate; Zip Code	
8	Principal occupa  Developer	tion / Job title (See instructions)	9 Employer (See instruction The NRP Group	ctions)
	Date 6/26/2024	Full name of contributor	C (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; S PO Box 17428 Austin, TX 78760	tate; Zip Code	
	Principal occupa Attorneys at Lav	tion / Job title (See instructions) v	Employer (See instructional Linebarger Goggan I	ctions) Blair & Sampson LLC
	Date <b>6/26/2024</b>	Full name of contributor  out-of-state PA Gordon Hartman Contributor address; City; S 5210 Thousand Oaks Drive #1318 San Antonio, TX 78233	C (ID#)	Amount of contribution (\$) 500.00
	Principal occupa Philanthropist	tion / Job title (See instructions)	Employer (See instru Gordon Hartman Far	•
	Date 6/26/2024	Full name of contributor	C (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; S 2319 Fountain Way San Antonio, TX 78248	tate; Zip Code	
	Principal occupa Real estate	tion / Job title (See instructions)	Employer (See instruction Stream Realty	ctions)

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### 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 6/26/2024	5 Full name of contributor Charisse Adams	out-of-state P	AC (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; 2319 Fountain Way San Antonio, TX 78248	City;	State; Zip Code	
8	Principal occupa  Homemaker	tion / Job title (See instructions)		9 Employer (See instru	uctions)
	Date 6/26/2024	Full name of contributor  Louis Escareno	out-of-state P/	AC (ID#)	Amount of contribution (\$) 100.00
		Contributor address; 2717 W Martin St San Antonio, TX 78207	City;		
		Employer (See instru Louis R Escareno P	•		
	Date 6/26/2024	Full name of contributor  Daniel T Barrett	out-of-state P/	AC (ID#)	Amount of contribution (\$) 100.00
		Contributor address; 1017 N Main Ave #204 San Antonio, TX 78212	City;		
	Principal occupa	ottion / Job title (See instructions)		Employer (See instru Barrett Insurance S	•
	Date 6/26/2024	Full name of contributor  Jane Macon	out-of-state P/	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 300 Convent St #2700 San Antonio, TX 78205	City;	State; Zip Code	
	Principal occupa Attorney at law	tion / Job title (See instructions)		Employer (See instru	uctions)

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### SCHEDULE A1

	Т	he Instruction Guide explains how to comp	plete this t	form.	1 Total pages Schedule A1: 12 of 14
2	FILER NAME Melissa Cabello	Havrda			3 Filer ID (Ethics Commission Filers)
4	Date 6/26/2024	5 Full name of contributor □ out- R L Macon	-of-state PA	.C (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; C PO Box 120250 San Antonio, TX 78212	City; S	tate; Zip Code	
8	Principal occupa Attorney at law	tion / Job title (See instructions)		9 Employer (See instru Macon Law Firm	ctions)
	Date 6/26/2024	Full name of contributor	-of-state PA	.C (ID#)	Amount of contribution (\$) <b>500.00</b>
		Contributor address; C  1 Bitterblue Ln  San Antonio, TX 78218	City; S	tate; Zip Code	
Principal occupation / Job title (See instructions)  CEO/Founder  Employer (See instructions)  Bitterblue, Inc.			Employer (See instru Bitterblue, Inc.	ctions)	
	Date 6/26/2024	Full name of contributor  ut-	-of-state PA	.C (ID#)	Amount of contribution (\$) <b>100.00</b>
		Contributor address; C 819 Midnight Drive San Antonio, TX 78260	 City; S	State; Zip Code	
	Principal occupa Retired	tion / Job title (See instructions)		Employer (See instru Retired	ctions)
	Date 6/27/2024	Full name of contributor	-of-state PA	.C (ID#)	Amount of contribution (\$) <b>250.00</b>
		Contributor address; C 2165 E Maya Palm Dr Boca Raton, FL 33432	 City; S	State; Zip Code	
, , ,			Employer (See instru The NRP Group	ctions)	

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### SCHEDULE A1

	т	he Instruction Guide explains how to comple	ete this form.	1 Total pages Schedule A1: 13 of 14
2	FILER NAME Melissa Cabello	Havrda		3 Filer ID (Ethics Commission Filers)
4	Date 6/27/2024	5 Full name of contributor □ out-of- John Heard	f-state PAC (ID#)	7 Amount of contribution (\$) 1000.00
		6 Contributor address; City 146 Cedar Street San Antonio, TX 78210	ty; State; Zip Code	
8	Principal occupa	tion / Job title (See instructions)	9 Employer (See instruction Heard & Smith, L,L,P	·
	Date 6/28/2024	Full name of contributor	f-state PAC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City 7334 Blanco Road #200 San Antonio, TX 78216	ty; State; Zip Code	
Principal occupation / Job title (See instructions) Employer (See instructions)  Real estate Self			ctions)	
	Date 6/28/2024	Full name of contributor	f-state PAC (ID#)	Amount of contribution (\$) <b>250.00</b>
		Contributor address; City 21105 W. Interstate 10 San Antonio, TX 78257	ty; State; Zip Code	
	Principal occupa  Dealer	tion / Job title (See instructions)	Employer (See instruction Cavender Auto	ctions)
	Date 6/28/2024	Full name of contributor  Mario Saenz  Contributor address; City 222 E Quill Dr San Antonio, TX 78228	f-state PAC (ID#)	Amount of contribution (\$) 100.00
	Principal occupation / Job title (See instructions)  Senior Sales Manager  Employer (See in Fresenius Medic			•

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### SCHEDULE A1

	т	he 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 6/29/2024	5 Full name of contributor ☐ out-of-state PA Rene Wender	AC (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; City; S 799 East Hildebrand Avenue #1401 San Antonio, TX 78212	State; Zip Code	
8	Principal occupa Retired	tion / Job title (See instructions)	9 Employer (See instru Retired	ctions)
	Date 6/29/2024	Full name of contributor	AC (ID#)	Amount of contribution (\$) <b>50.00</b>
		Contributor address; City; S 1104 W Craig pl San Antonio, TX 78201	State; Zip Code	
Principal occupation / Job title (See instructions)  attorney, writer  Employer (See instructions)  self				ctions)
	Date 6/29/2024	Full name of contributor	AC (ID#)	Amount of contribution (\$) 100.00
		Contributor address; City; S 927 Serenade Drive San Antonio, TX 78213	State; Zip Code	
	Principal occupa Retired	tion / Job title (See instructions)	Employer (See instru Retired	ctions)
	Date 6/30/2024	Full name of contributor	AC (ID#)	Amount of contribution (\$) <b>100.00</b>
		Contributor address; City; S 3334 Nantucket San Antonio, TX 78230	State; Zip Code	
	Principal occupa Financial	tion / Job title (See instructions)	Employer (See instru USAA	ctions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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	3	\$ 0			
5	Date  6 Full name of contributor  out-of-state PAC (ID#)  7 Contributor address;  City; State; Zip Code		8 Amount of Contribution \$ 9 In-kind contribution description			
10	Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (F	Check if travel outside of Texas, complete Schedule T FOR NON-JUDICIAL) (See instructions)			
12	Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's	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	16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
	Date  Full name of contributor  out-of-state PAC (ID#_  Contributor address;  City; State; Zi	p Code	Amount of Contribution \$ In-kind contribution description			
	Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (F	Check if travel outside of Texas, complete Schedule T FOR NON-JUDICIAL) (See instructions)			
	Contributor's principal occupation (FOR JUDICIAL)	Contributor's	s job title (FOR JUDICIAL) (See instructions)			
	Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)				
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						
	ATTACH ADDITIONAL CODIES OF THIS SCHEDULE AS NEEDED					

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## **PLEDGED CONTRIBUTIONS**

### SCHEDULE B

	٦	The Instruction Guide explains how to complete this form.		1 Total pages Schedule B: 1 of 1		
2	FILER NAME Melissa Cab			3 Filer ID (Ethics Commission Filers)		
4	TOTAL OF U	JNITEMIZED PLEDGES		\$ 0		
5	Date	6 Full name of pledgor out-of-state PAC (ID#		8 Amount of Pledge \$		
10	Principal occu	pation / Job title (See instructions)	11 Employer	Check if travel outside of Texas, complete Schedule T		
	Date	Full name of pledgor out-of-state PAC (ID#	ode	Amount of Pledge \$ In-kind contribution description		
	Principal occu	upation / Job title (See instructions)	Employer	Check if travel outside of Texas, complete Schedule T (See instructions)		
	Date	Full name of pledgor out-of-state PAC (ID#	ode	Amount of Pledge \$ In-kind contribution description		
	Principal occu	pation / Job title (See instructions)	Employer	Check if travel outside of Texas, complete Schedule T (See instructions)		
	Date	Full name of pledgor out-of-state PAC (ID#	ode	Amount of Pledge \$		
	Principal occu	pation / Job title (See instructions)	Employer	Check if travel outside of Texas, complete Schedule T (See instructions)		
		ATTACH ADDITIONAL CODIES OF T	HIS SCHEDIN	E AS NEEDED		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements					

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Revised 01/01/2020

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

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Accounting/Banking Event Expense 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 Salaries/Wages/Contract Labor Other (enter a category not listed above) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 1 of 24 Melissa Cabello Havrda 4 Date 5 Payee name 1/2/2024 **Google Suite** 6 Amount (\$) 7 Payee address: State; Zip Code 12.79 1600 Amphitheatre Parkway Mountainview, CA 94043 (a) Category (See categories listed at the top of this schedule) 8 (b) Description Office Overhead/Rental Expense **Dues and Subscriptions PURPOSE** OF **EXPENDITURE** (c) Check if travel outside of Texas, complete schedule T Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Melissa Cabello Havrda **Council District 6 Council District 6** Date Payee name 1/2/2024 Anedot Inc. Amount (\$) Payee address; City; State; Zip Code 20.30 1340 Poydras Street #1770 New Orleans, LA 70112 Category (See categories listed at the top of this schedule) Description Fundraising fee Solicitation/Fundraising Expense **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas, complete schedule T Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH **Council District 6** Melissa Cabello Havrda **Council District 6** Date Payee name 1/3/2024 Veronica Boyle Amount (\$) Payee address; City; State; Zip Code 26.65 PO Box 760656 San Antonio, TX 78245 Category (See categories listed at the top of this schedule) Description Supplies: Heater Office Overhead/Rental Expense **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas, complete schedule T Check if Austin, TX, officeholder living expense Complete ONLY if direct Office sought Candidate / Officeholder name Office held expenditure to benefit C/OH Melissa Cabello Havrda **Council District 6 Council District 6**

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## SCHEDULE F1

	EXPENDITURE CATEGORIES	FOR BOX 8(a)		
Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense	
Advertising Expense		Office Overhead/Rental Expense	Transportation Equipment & Related Expense Travel in District	
Consulting Expense Contributions/Donations Made By		Polling Expense Printing Expense	Travel Out Of District	
Candidate/Officeholder/Political C		Salaries/Wages/Contract Labor	Other (enter a category not listed above)	
Credit Card Payment	The Instruction Guide explains how t	o complete this form		
1 Total pages Schedule F1: 2 of 24	2 FILER NAME Melissa Cabello Havrda		3 Filer ID (Ethics Commission Filers)	
<b>4</b> Date	5 Payee name			
1/10/2024	ACTBlue			
<b>6</b> Amount (\$)	<b>7</b> Payee address; City; State;	Zip Code		
500.00	366 Summer Street			
	Somerville, MA 02144			
8	(a) Category (See categories listed at the top of this sche	dule) (b) Description		
PURPOSE	Contributions/Donations Made By	Kristian Carranza	ı	
OF	Candidate/Officeholder/Political			
EXPENDITURE	Committee			
	(c) Check if travel outside of Texas, complete so	hedule T Check if A	Austin, TX, officeholder living expense	
9 Complete ONLY if direct		Office sought	Office held	
expenditure to benefit C/C	OH Melissa Cabello Havrda	Council District 6	Council District 6	
Date	Payee name			
1/11/2024	Constant Contact			
Amount (\$)	Payee address; City; State;	Zip Code		
278.22	3675 Precision Dr			
	Loveland, CO 80538			
	Category (See categories listed at the top of this sche	dule) Description		
PURPOSE	Office Overhead/Rental Expense	Email Database		
OF	μ.			
EXPENDITURE				
	Check if travel outside of Texas, complete so	hedule T Check if A	Austin, TX, officeholder living expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/C		Council District 6	Council District 6	
Date	Payee name			
1/12/2024	Square Space			
Amount (\$)	Payee address; City; State;	Zip Code		
30.91	8 Clarkson St	Zip code		
	New York, NY 10014			
	Category (See categories listed at the top of this sche			
PURPOSE	Office Overhead/Rental Expense	Website Hosting		
OF				
EXPENDITURE				
	Check if travel outside of Texas, complete so		Austin, TX, officeholder living expense	
Complete ONLY if direct		Office sought	Office held	
expenditure to benefit C/C	OH Melissa Cabello Havrda	Council District 6	Council District 6	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				
	AT TACH ADDITIONAL COPIES OF TH	IIO OCHEDULE AO NEEDE	- <b>U</b>	

## SCHEDULE F1

	EXPENDITURE CATEGORIES	` '		
Accounting/Banking Advertising Expense	•	Loan Repayment/Reimbursement Office Overhead/Rental Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense	
Consulting Expense		Polling Expense	Travel in District	
Contributions/Donations Made By Candidate/Officeholder/Political C		Printing Expense Salaries/Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)	
Credit Card Payment	The Instruction Guide explains how t	•	,	
1 Total pages Schedule F1: 3 of 24	2 FILER NAME Melissa Cabello Havrda		3 Filer ID (Ethics Commission Filers)	
4 Date 1/17/2024	5 Payee name Adobe Inc			
6 Amount (\$)	7 Payee address; City; State;	Zip Code		
10.81	345 Park Ave San Jose, CA 95110			
	·			
PURPOSE	(a) Category (See categories listed at the top of this sched Office Overhead/Rental Expense	(b) Description Software		
OF EXPENDITURE				
	(c) Check if travel outside of Texas, complete so	hedule T Check if A	Austin, TX, officeholder living expense	
<b>9</b> Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH Melissa Cabello Havrda	Office sought Council District 6	Office held  Council District 6	
Date 1/19/2024	Payee name Square Space			
Amount (\$) 35.18	Payee address; City; State; 8 Clarkson St New York, NY 10014	Zip Code		
PURPOSE OF	Category (See categories listed at the top of this sched Office Overhead/Rental Expense	Description Website Hosting		
EXPENDITURE	Check if travel outside of Texas, complete sc	hedule T Check if A	Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C		Office sought  Council District 6	Office held Council District 6	
Date 1/29/2024	Payee name GoDaddy			
Amount (\$) <b>15.98</b>	Payee address; City; State; 14455 N Hayden Rd #226 Scottsdale, AZ 85260	Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this scheen Office Overhead/Rental Expense	Description Domain Hosting		
	Check if travel outside of Texas, complete sc	hedule T Check if A	Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C		Office sought Council District 6	Office held Council District 6	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

## SCHEDULE F1

	EXPENDITURE CATEGORIES	S FOR BOX 8(a)			
Accounting/Banking Advertising Expense	Event Expense Fees	Loan Repayment/Reimbursement Office Overhead/Rental Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense		
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District		
Contributions/Donations Made By	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District		
Candidate/Officeholder/Political C Credit Card Payment	· ·	Salaries/Wages/Contract Labor	Other (enter a category not listed above)		
·	The Instruction Guide explains how	to complete this form	• Files ID (Files Commission Files)		
1 Total pages Schedule F1: 4 of 24	2 FILER NAME Melissa Cabello Havrda		3 Filer ID (Ethics Commission Filers)		
<b>4</b> Date <b>1/29/2024</b>	5 Payee name Adobe Inc				
6 Amount (\$)	7 Payee address; City; State;	Zip Code			
21.64	345 Park Ave				
	San Jose, CA 95110				
8 PURPOSE	(a) Category (See categories listed at the top of this sche Office Overhead/Rental Expense	(b) Description Software			
OF					
EXPENDITURE	(c) Check if travel outside of Texas, complete so	chedule T Check if A	Austin, TX, officeholder living expense		
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held		
expenditure to benefit C/C		Council District 6	Council District 6		
Date 1/29/2024	Payee name Monarch Trophy Studio				
Amount (\$)	Payee address; City; State;	Zip Code			
1531.74	16227 San Pedro Ave				
	San Antonio, TX 78232				
	Category (See categories listed at the top of this sche	edule) Description			
PURPOSE	Advertising Expense	Advertisement			
OF					
EXPENDITURE					
	Check if travel outside of Texas, complete so	chedule T Check if A	Austin, TX, officeholder living expense		
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held		
expenditure to benefit C/C	OH Melissa Cabello Havrda	Council District 6	Council District 6		
Date <b>2/2/2024</b>	Payee name Google Suite				
Amount (\$)	Payee address; City; State;	Zip Code			
12.79	1600 Amphitheatre Parkway				
	Mountainview, CA 94043				
	Category (See categories listed at the top of this sche	edule) Description			
PURPOSE	Office Overhead/Rental Expense	Dues and Subsci	riptions		
OF	·				
EXPENDITURE					
	Check if travel outside of Texas, complete so	chedule T Check if A	Austin, TX, officeholder living expense		
Complete ONLY if direct		Office sought	Office held		
expenditure to benefit C/C	OH Melissa Cabello Havrda	Council District 6	Council District 6		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					
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## SCHEDULE F1

	EXPENDITURE CATEGORIE	S FOR BOX 8(a)			
Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense		
Advertising Expense Consulting Expense	Fees Food/Beverage Expense	Office Overhead/Rental Expense Polling Expense	Transportation Equipment & Related Expense Travel in District		
Contributions/Donations Made By	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District		
Candidate/Officeholder/Political C	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 24	2 FILER NAME Melissa Cabello Havrda		3 Filer ID (Ethics Commission Filers)		
<b>4</b> Date	5 Payee name				
2/9/2024	Amazon				
6 Amount (\$)	<b>7</b> Payee address; City; State;	Zip Code			
20.51	410 Terry Ave N				
	Seattle, WA 98109				
8	(a) Category (See categories listed at the top of this sch	edule) <b>(b)</b> Description			
	Office Overhead/Rental Expense	Supplies			
PURPOSE OF					
EXPENDITURE					
	(c) Check if travel outside of Texas, complete s	chedule T Check if /	Austin, TX, officeholder living expense		
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held		
expenditure to benefit C/C	Melissa Cabello Havrda	Council District 6	Council District 6		
Date	Payee name				
2/12/2024	Constant Contact				
Amount (\$)	Payee address; City; State;	Zip Code			
278.22	3675 Precision Dr				
	Loveland, CO 80538				
	Category (See categories listed at the top of this sch Office Overhead/Rental Expense	Description  Email Database			
PURPOSE	Office Overhead/Nerital Expense	Email Batabase			
OF EXPENDITURE					
EXPENDITURE					
	Check if travel outside of Texas, complete s		Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/C		Office sought  Council District 6	Office held		
experiorure to beriefit C/C	Melissa Cabello Havrda	Council District 6	Council District 6		
Date	Payee name				
2/12/2024	Square Space				
Amount (\$)	Payee address; City; State;	Zip Code			
30.91	8 Clarkson St				
	New York, NY 10014				
	Category (See categories listed at the top of this sch	odulo) Description			
DUDDOOF	Office Overhead/Rental Expense	Description  Website Hosting			
PURPOSE OF	omoo o tomodartomar Expones	g			
EXPENDITURE					
EXI ENDITORE	Check if travel outside of Texas, complete s	chadula T Chack if A	Austin, TX, officeholder living expense		
Complete ONLY if direct		Office sought	Office held		
expenditure to benefit C/C		Council District 6	Council District 6		
,	monoca Subono Harrau Soundi District C Soundi District C				
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS NEEDE	ED		

## SCHEDULE F1

	EXPENDITURE CATEGORIE			
Accounting/Banking Advertising Expense	Event Expense Fees	Loan Repayment/Reimbursement Office Overhead/Rental Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense	
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District	
Contributions/Donations Made By Candidate/Officeholder/Political C	Gifts/Awards/Memorials Expense  Committee Legal Services	Printing Expense Salaries/Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)	
Credit Card Payment	The Instruction Guide explains how	-	Caro. (ento: a category not noted above)	
1 Total pages Schedule F1: 6 of 24	2 FILER NAME Melissa Cabello Havrda		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name			
2/16/2024	Anedot Inc.			
<b>6</b> Amount (\$)	<b>7</b> Payee address; City; State;	Zip Code		
20.30	1340 Poydras Street #1770			
	New Orleans, LA 70112			
8	(a) Category (See categories listed at the top of this sch			
PURPOSE	Solicitation/Fundraising Expense	Fundraising fee		
OF EXPENDITURE				
	(c) Check if travel outside of Texas, complete s	schedule T Check if A	Austin, TX, officeholder living expense	
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/C	OH Melissa Cabello Havrda	Council District 6	Council District 6	
Date <b>2/20/2024</b>	Payee name Soundcloud			
Amount (\$)	Payee address; City; State;	Zip Code		
105.34	71 5th Ave	Zip Godo		
	New York, NY 10003			
	Category (See categories listed at the top of this sch	nedule) Description		
PURPOSE	Office Overhead/Rental Expense	Dues and Subsci	riptions	
OF				
EXPENDITURE				
	Check if travel outside of Texas, complete s	schedule T Check if	Austin, TX, officeholder living expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/C	Melissa Cabello Havrda	Council District 6	Council District 6	
	_			
Date <b>2/20/2024</b>	Payee name Square Space			
Amount (\$)	Payee address; City; State;	Zip Code		
35.18	8 Clarkson St			
	New York, NY 10014			
	Category (See categories listed at the top of this sch	pedule) Description		
PURPOSE	Office Overhead/Rental Expense	Website Hosting		
OF				
EXPENDITURE				
	Check if travel outside of Texas, complete s		Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C		Office sought  Council District 6	Office held  Council District 6	
experience to belieff G/C	Wielissa Capellu Hävruä	Council District 6	Council District 6	
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS NEEDE	ĒD	

## SCHEDULE F1

	EXPENDITURE CATEGORIES			
Accounting/Banking Advertising Expense	·	Loan Repayment/Reimbursement Office Overhead/Rental Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense	
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District	
Contributions/Donations Made By Candidate/Officeholder/Political C		Printing Expense Salaries/Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)	
Credit Card Payment	The Instruction Guide explains how t	-	Carol (enter a category not noted above)	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
7 of 24	Melissa Cabello Havrda			
4 Date 2/20/2024	5 Payee name Adobe Inc			
6 Amount (\$)	<b>7</b> Payee address; City; State;	Zip Code		
10.81	345 Park Ave			
	San Jose, CA 95110			
	(a) Category (See categories listed at the top of this sche Office Overhead/Rental Expense	(b) Description Software		
PURPOSE OF	Cines evernoual tental Expense			
EXPENDITURE				
	(c) Check if travel outside of Texas, complete so	chedule T Check if A	Austin, TX, officeholder living expense	
9 Complete ONLY if direct		Office sought	Office held	
expenditure to benefit C/C	OH Melissa Cabello Havrda	Council District 6	Council District 6	
Date <b>2/22/2024</b>	Payee name American Paper Optics			
Amount (\$)	Payee address; City; State;	Zip Code		
999.00	2995 Appling Rd #106			
	Bartlett, TN 38133			
	Category (See categories listed at the top of this sche	· · · · · · · · · · · · · · · · · · ·		
PURPOSE	Advertising Expense	Printing		
OF EXPENDITURE				
EXPENDITORE	Check if travel outside of Texas, complete so	chedule T Check if A	Austin, TX, officeholder living expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/C		Council District 6	Council District 6	
Date <b>2/26/2024</b>	Payee name ACTBlue			
Amount (\$)	Payee address; City; State;	Zip Code		
500.00	366 Summer Street			
	Somerville, MA 02144			
	Category (See categories listed at the top of this sche	'		
PURPOSE	Contributions/Donations Made By	Jalen McKee Roo	Iriguez	
OF	Candidate/Officeholder/Political			
EXPENDITURE	Committee			
Complete ONLY State 1	Check if travel outside of Texas, complete so		Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C		Office sought  Council District 6	Office held  Council District 6	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

## SCHEDULE F1

	EXPENDITURE CATEGORIE	S FOR BOX 8(a)	
Accounting/Banking Advertising Expense	Event Expense Fees	Loan Repayment/Reimbursement Office Overhead/Rental Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political C Credit Card Payment	Committee Legal Services  The Instruction Guide explains how	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME	to complete this form	3 Filer ID (Ethics Commission Filers)
8 of 24	Melissa Cabello Havrda		<u> </u>
4 Date 2/28/2024	5 Payee name Adobe Inc		
6 Amount (\$)	7 Payee address; City; State;	Zip Code	
21.64	345 Park Ave		
	San Jose, CA 95110		
8 PURPOSE	(a) Category (See categories listed at the top of this school Office Overhead/Rental Expense	(b) Description Software	
OF EXPENDITURE			
EXI ENDITORE	(c) Check if travel outside of Texas, complete s	chedule T Check if A	Austin, TX, officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/C		Council District 6	Council District 6
Date <b>2/29/2024</b>	Payee name GoDaddy		
Amount (\$)	Payee address; City; State;	Zip Code	
15.98 14455 N Hayden Rd #226			
	Scottsdale, AZ 85260		
	Category (See categories listed at the top of this scho	·	
PURPOSE	Office Overhead/Rental Expense	Domain Hosting	
OF			
EXPENDITURE			
0 14 001117/15/11	Check if travel outside of Texas, complete s	<u> </u>	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought  Council District 6	Office held  Council District 6
•			200101
Date	Payee name		
2/29/2024	Society of Professional Journalists		
Amount (\$)	Payee address; City; State;	Zip Code	
400.00	2161 West Summit		
	San Antonio, TX 78201		
	Category (See categories listed at the top of this scho	edule) Description	
PURPOSE	Advertising Expense	Advertisement	
OF			
EXPENDITURE			
	Check if travel outside of Texas, complete s	chedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct		Office sought	Office held
expenditure to benefit C/OH  Melissa Cabello Havrda  Council District 6  Council District 6			
	ATTACH ADDITIONAL COPIES OF TH	HIS SCHEDULE AS NEEDE	ED .

Revised 01/01/2020

## SCHEDULE F1

	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Co	Fees ( Food/Beverage Expense I Gifts/Awards/Memorials Expense I	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)
Credit Card Payment	The Instruction Guide explains how to	o complete this form	
1 Total pages Schedule F1: 9 of 24	2 FILER NAME Melissa Cabello Havrda		3 Filer ID (Ethics Commission Filers)
4 Date 3/1/2024	5 Payee name San Antonio Womens Hall of Fame		
6 Amount (\$) 522.50	7 Payee address; City; State; PO Box 461104 San Antonio, TX 78246	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this sched Advertising Expense	(b) Description Advertisement	
	(c) Check if travel outside of Texas, complete sci	hedule T Check if	Austin, TX, officeholder living expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/C		Office sought Council District 6	Office held Council District 6
Date 3/1/2024	Payee name Google Suite		
Amount (\$) <b>12.79</b>	Payee address; City; State; 1600 Amphitheatre Parkway Mountainview, CA 94043	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sched Office Overhead/Rental Expense	Description Dues and Subsc	riptions
	Check if travel outside of Texas, complete sci	hedule T Check if	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought Council District 6	Office held Council District 6
Date <b>3/7/2024</b>	Payee name Static Shock		
Amount (\$) 2500.00	Payee address; City; State; 10601 Clarence Dr #250 Frisco, TX 75033	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sched Office Overhead/Rental Expense	Description Marketing	
	Check if travel outside of Texas, complete scl	hedule T Check if	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought Council District 6	Office held Council District 6
	ATTACH ADDITIONAL COPIES OF TH	IS SCHEDULE AS NEEDI	ED

## SCHEDULE F1

	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Co	Fees ( Food/Beverage Expense I Gifts/Awards/Memorials Expense I	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)
Credit Card Payment	The Instruction Guide explains how to	o complete this form	
1 Total pages Schedule F1: 10 of 24	2 FILER NAME Melissa Cabello Havrda		3 Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>3/11/2024</b>	5 Payee name Tiffs Treats		
6 Amount (\$) 43.53	7 Payee address; City; State; 8310 N Capital of Texas Highway Austin, TX 78731	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this sched Food/Beverage Expense	(b) Description Meal	
	(c) Check if travel outside of Texas, complete sci	hedule T Check if	Austin, TX, officeholder living expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/C		Office sought Council District 6	Office held Council District 6
Date 3/11/2024	Payee name Constant Contact		
Amount (\$) 278.22	Payee address; City; State; 3675 Precision Dr Loveland, CO 80538	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sched Office Overhead/Rental Expense	dule) Description Email Database	
	Check if travel outside of Texas, complete sol	hedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought Council District 6	Office held Council District 6
Date <b>3/12/2024</b>	Payee name <b>Square Space</b>		
Amount (\$) 30.91	Payee address; City; State; 8 Clarkson St New York, NY 10014	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sched Office Overhead/Rental Expense	Description Website Hosting	
	Check if travel outside of Texas, complete sci	hedule T Check if	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought Council District 6	Office held Council District 6
	ATTACH ADDITIONAL COPIES OF TH	IS SCHEDULE AS NEEDI	ED

## SCHEDULE F1

	EXPENDITU	IRE CATEGORIES FOR	BOX 8(a)	
Accounting/Banking	Event Expense	Loan Re	epayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees		overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense Contributions/Donations Made By	Food/Beverage Exp Gifts/Awards/Memo	-	Expense Expense	Travel in District Travel Out Of District
Candidate/Officeholder/Political C		-	/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment	The Instruction G	uide explains how to com	plete this form	
1 Total pages Schedule F1:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)
11 of 24	Melissa Cabello Havrda			,
4 Date 3/12/2024	5 Payee name Everest			
		City States Zin	Cada	
6 Amount (\$) 2500.00	7 Payee address; 10601 Clarence Dr #250	City; State; Zip	Code	
2500.00	Frisco, TX 75033			
	F115CU, 1X 75055			
8	(a) Category (See categories liste	d at the top of this schedule)	(b) Description	
PURPOSE	Office Overhead/Renta	l Expense	Data mining	
OF				
EXPENDITURE				
	(c) Check if travel outside o	f Texas, complete schedule	T Check if A	Austin, TX, officeholder living expense
9 Complete ONLY if direct	Candidate / Officehold		Office sought	Office held
expenditure to benefit C/C	H Melissa Cabello Ha	vrda	Council District 6	Council District 6
Date	Payee name			
3/18/2024	Adobe Inc			
Amount (\$)	Payee address;	City; State; Zip	Code	
10.81 345 Park Ave				
San Jose, CA 95110				
	0 1 (0 1 : 1:1			
	Category (See categories liste Office Overhead/Renta		Description Software	
PURPOSE	Office Overflead/Refita	Lxperise	Continuit	
OF				
EXPENDITURE			_	
	<u> </u>	f Texas, complete schedule		Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officehold		Office sought	Office held
expenditure to benefit C/C	H Melissa Cabello Ha	vrda	Council District 6	Council District 6
Date	Payee name			
3/19/2024	Square Space			
Amount (\$)	Payee address;	City; State; Zip	Code	
35.18	8 Clarkson St			
	New York, NY 10014			
	O-t (Con estamarias lista	d at the ten of this cabadule)	D	
BURBOOK	Category (See categories liste Office Overhead/Rental		Description Website Hosting	
PURPOSE	Office Overficua/Renta	LAPCHISC	Trobbito freeting	
OF				
EXPENDITURE			<u> </u>	No. 15. TV - 15. Oct 11. It is
Complete ONLY if direct	Candidate / Officehold	f Texas, complete schedule		Austin, TX, officeholder living expense Office held
Complete ONLY if direct expenditure to benefit C/C			Office sought  Council District 6	Oπice neid Council District 6
	ATTACH ADDITIONAL	. COPIES OF THIS SO	HEDULE AS NEEDE	ED .

## SCHEDULE F1

Accounting/Banking	EXPENDITURE CATEGORIES Event Expense	FOR BOX 8(a)  Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense Consulting Expense		Office Overhead/Rental Expense Polling Expense	Transportation Equipment & Related Expense Travel in District
Contributions/Donations Made By	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political C Credit Card Payment	ommittee Legal Services  The Instruction Guide explains how to	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME	o complete this form	3 Filer ID (Ethics Commission Filers)
12 of 24	Melissa Cabello Havrda		The 12 (Eulio Commission Filoto)
4 Date 3/19/2024	5 Payee name Cesar Chavez Legacy and Educational F	Foundation	
6 Amount (\$)	7 Payee address; City; State;	Zip Code	
500.00	1504 E Commerce St		
	San Antonio, TX 78205		
8	(a) Category (See categories listed at the top of this schedule)		
PURPOSE	Contributions/Donations Made By	Charitable Contr	butions
OF EXPENDITURE	Candidate/Officeholder/Political Committee		
	(c) Check if travel outside of Texas, complete sc	hedule T Check if	Austin, TX, officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/C	OH Melissa Cabello Havrda	Council District 6	Council District 6
Date <b>3/27/2024</b>	Payee name Monarch Trophy Studio		
Amount (\$)	Payee address; City; State;	Zip Code	
1531.74 16227 San Pedro Ave			
	San Antonio, TX 78232		
	Category (See categories listed at the top of this sched	· ·	
PURPOSE OF	Advertising Expense	Advertisement	
EXPENDITURE			
	Check if travel outside of Texas, complete sc	hedule T Check if	Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/C	OH Melissa Cabello Havrda	Council District 6	Council District 6
Date	Payee name		
3/27/2024	Adobe Inc		
Amount (\$)	Payee address; City; State;	Zip Code	
21.64	345 Park Ave		
	San Jose, CA 95110		
	Category (See categories listed at the top of this sched	· ·	
PURPOSE	Office Overhead/Rental Expense	Software	
OF			
EXPENDITURE			Assets TV (Feel Mark)
Complete ONLY if direct	Check if travel outside of Texas, complete so		Austin, TX, officeholder living expense Office held
Complete ONLY if direct expenditure to benefit C/C		Office sought  Council District 6	Council District 6
	ATTACH ADDITIONAL COPIES OF TH	IS SCHEDULE AS NEED!	ED .

## SCHEDULE F1

	EXPENDITURE CATEGORIE	ES 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 Contributions/Donations Made By	Food/Beverage Expense Gifts/Awards/Memorials Expense	Polling Expense Printing Expense	Travel in District Travel Out Of District	
Candidate/Officeholder/Political C		Salaries/Wages/Contract Labor	Other (enter a category not listed above)	
Credit Card Payment	The Instruction Guide explains how	to complete this form		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
13 of 24	Melissa Cabello Havrda			
4 Date 3/29/2024	5 Payee name GoDaddy			
6 Amount (\$)	7 Payee address; City; State;	Zip Code		
15.98	14455 N Hayden Rd #226	Zip Code		
	Scottsdale, AZ 85260			
	Octionals, AL 00200			
8	(a) Category (See categories listed at the top of this sch			
PURPOSE	Office Overhead/Rental Expense	Domain Hosting		
OF				
EXPENDITURE				
	(c) Check if travel outside of Texas, complete	schedule T Check if A	Austin, TX, officeholder living expense	
$\textbf{9} \ \text{Complete} \ \underline{\text{ONLY}} \ \text{if direct}$	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/C	OH Melissa Cabello Havrda	Council District 6	Council District 6	
Date	Payee name			
3/31/2024	IBC bank			
Amount (\$)	Payee address; City; State;	Zip Code		
22.36 130 East Travis				
	San Antonio, TX 78205			
		5		
	Category (See categories listed at the top of this sch Accounting/Banking	Description  Bank Fee		
PURPOSE	Accounting/Banking	Ballk i ee		
OF				
EXPENDITURE				
	Check if travel outside of Texas, complete	<u> </u>	Austin, TX, officeholder living expense	
Complete ONLY if direct		Office sought	Office held	
expenditure to benefit C/C	OH Melissa Cabello Havrda	Council District 6	Council District 6	
Date	Payee name			
4/1/2024	Google Suite			
Amount (\$)	Payee address; City; State;	Zip Code		
13.78	1600 Amphitheatre Parkway			
	Mountainview, CA 94043			
	O (Consideration listed at the terr of this and			
B.11======	Category (See categories listed at the top of this sch Office Overhead/Rental Expense	Description  Dues and Subscr	riptions	
PURPOSE	Office Overfiead/Rental Expense	Bucs and Gubson	phons	
OF				
EXPENDITURE			Average TV of the Late Paris of the Control of the	
Commission ONULY 15-21 1	Check if travel outside of Texas, complete :		Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C		Office sought  Council District 6	Office held  Council District 6	
experientale to beliefit G/C	INICII SSA CADEIIU MAVIUA	Council District 6	Council District 0	
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDUI F AS NEFDE	ED	
	7.1.7.6.1.7.3.5.11.6.10.12.6.1.11.10.6.11.13.6.1.1.13.6.1.1.13.6.1.1.13.6.1.1.13.6.1.1.13.6.1.1.13.6.1.13.6.1			

## SCHEDULE F1

	EXPENDITURE CATEGORIES			
Accounting/Banking Advertising Expense	·	Loan Repayment/Reimbursement Office Overhead/Rental Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense	
Consulting Expense		Polling Expense	Travel in District	
Contributions/Donations Made By Candidate/Officeholder/Political C		Printing Expense Salaries/Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)	
Credit Card Payment	The Instruction Guide explains how t	-	,	
1 Total pages Schedule F1: 14 of 24	2 FILER NAME Melissa Cabello Havrda		3 Filer ID (Ethics Commission Filers)	
4 Date 4/4/2024	5 Payee name Alpha Graphics			
6 Amount (\$)	7 Payee address; City; State;	Zip Code		
81.19	12077 Starcrest Drive	Zip Code		
	San Antonio, TX 78247			
8 PURPOSE	(a) Category (See categories listed at the top of this sche Advertising Expense	(b) Description Printing		
OF				
EXPENDITURE	(c) Check if travel outside of Texas, complete so	hedule T Check if A	Austin, TX, officeholder living expense	
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/C		Council District 6	Council District 6	
Date <b>4/11/2024</b>	Payee name Constant Contact			
Amount (\$)	Payee address; City; State;	Zip Code		
278.22 3675 Precision Dr				
	Loveland, CO 80538			
	Category (See categories listed at the top of this sche	· ·		
PURPOSE	Office Overhead/Rental Expense	Email Database		
OF EXPENDITURE				
EXI ENDITORE	Check if travel outside of Texas, complete so	chedule T Check if A	Austin, TX, officeholder living expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/C	Melissa Cabello Havrda	Council District 6	Council District 6	
Date <b>4/12/2024</b>	Payee name Square Space			
Amount (\$)	Payee address; City; State;	Zip Code		
30.91	8 Clarkson St			
	New York, NY 10014			
	Category (See categories listed at the top of this sche			
PURPOSE	Office Overhead/Rental Expense	Website Hosting		
OF				
EXPENDITURE	Check if travel outside of Texas, complete so	chadula T	Austin, TX, officeholder living expense	
Complete ONLY if direct		Office sought	Office held	
expenditure to benefit C/C		Council District 6	Council District 6	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

## SCHEDULE F1

	EXPENDITURE CATEGORIES	S FOR BOX 8(a)		
Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense	
Advertising Expense Consulting Expense	Fees Food/Beverage Expense	Office Overhead/Rental Expense Polling Expense	Transportation Equipment & Related Expense Travel in District	
Contributions/Donations Made By	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District	
Candidate/Officeholder/Political C		Salaries/Wages/Contract Labor	Other (enter a category not listed above)	
Credit Card Payment	The Instruction Guide explains how	to complete this form		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
15 of 24	Melissa Cabello Havrda			
4 Date 4/16/2024	5 Payee name Adobe Inc			
6 Amount (\$)	7 Payee address; City; State;	Zip Code		
10.81	345 Park Ave	·		
	San Jose, CA 95110			
_		4.5		
8	(a) Category (See categories listed at the top of this sche Office Overhead/Rental Expense	(b) Description Software		
PURPOSE OF	Office Overfiead/Refital Expense	Solitival		
EXPENDITURE				
	(c) Check if travel outside of Texas, complete so	chedule T Check if /	Austin, TX, officeholder living expense	
9 Complete ONLY if direct		Office sought	Office held	
expenditure to benefit C/C	OH Melissa Cabello Havrda	Council District 6	Council District 6	
Date	Payee name			
4/19/2024	Square Space			
Amount (\$)	Payee address; City; State; 8 Clarkson St	Zip Code		
	New York, NY 10014			
	Category (See categories listed at the top of this sche	edule) Description		
PURPOSE	Office Overhead/Rental Expense	Website Hosting		
OF				
EXPENDITURE				
	Check if travel outside of Texas, complete so	chedule T Check if A	Austin, TX, officeholder living expense	
Complete ONLY if direct		Office sought	Office held	
expenditure to benefit C/C	OH Melissa Cabello Havrda	Council District 6	Council District 6	
ı				
Date	Payee name			
4/29/2024	GoDaddy			
Amount (\$)	Payee address; City; State;	Zip Code		
15.98	14455 N Hayden Rd #226			
	Scottsdale, AZ 85260			
	Category (See categories listed at the top of this sche	edule) Description		
PURPOSE	Office Overhead/Rental Expense	Domain Hosting		
OF				
EXPENDITURE				
	Check if travel outside of Texas, complete so	chedule T Check if A	Austin, TX, officeholder living expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/C		Council District 6	Council District 6	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

## SCHEDULE F1

	EXPENDITURE CATEGORIES	S FOR BOX 8(a)		
Accounting/Banking	•	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense	
Advertising Expense Consulting Expense	Fees Food/Beverage Expense	Office Overhead/Rental Expense Polling Expense	Transportation Equipment & Related Expense Travel in District	
Contributions/Donations Made By	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District	
Candidate/Officeholder/Political C		Salaries/Wages/Contract Labor	Other (enter a category not listed above)	
Credit Card Payment	The Instruction Guide explains how t	to complete this form		
1 Total pages Schedule F1: 16 of 24	2 FILER NAME Melissa Cabello Havrda		3 Filer ID (Ethics Commission Filers)	
4 Date 4/29/2024	5 Payee name Adobe Inc			
		7' 0 1		
6 Amount (\$) 21.64	7 Payee address; City; State; 345 Park Ave	Zip Code		
21.04	San Jose, CA 95110			
	3811 303E, CA 33110			
8	(a) Category (See categories listed at the top of this sche	(b) Description		
PURPOSE	Office Overhead/Rental Expense	Software		
OF				
EXPENDITURE				
	(c) Check if travel outside of Texas, complete so	chedule T Check if A	Austin, TX, officeholder living expense	
9 Complete ONLY if direct		Office sought	Office held	
expenditure to benefit C/C	OH Melissa Cabello Havrda	Council District 6	Council District 6	
Date	Payee name			
4/30/2024	IBC bank			
Amount (\$)	Payee address; City; State;	Zip Code		
22.11				
San Antonio, TX 78205				
	Category (See categories listed at the top of this sche	edule) Description		
PURPOSE	Accounting/Banking	Bank Fee		
OF				
EXPENDITURE				
	Check if travel outside of Texas, complete so	chedule T Check if A	Austin, TX, officeholder living expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/C	OH Melissa Cabello Havrda	Council District 6	Council District 6	
Date	Payee name			
5/2/2024	Anedot Inc.			
Amount (\$)	Payee address; City; State;	Zip Code		
60.90	1340 Poydras Street #1770	·		
	New Orleans, LA 70112			
	Category (See categories listed at the top of this sche Solicitation/Fundraising Expense	Description Fundraising fee		
PURPOSE	Concitation/r undraising Expense	i undraising icc		
OF				
EXPENDITURE			No. Co. TV - Co. Laboration and a second	
0	Check if travel outside of Texas, complete so		Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C		Office sought  Council District 6	Office held  Council District 6	
Outlieff District 0 Council District 0				
	ATTACH ADDITIONAL COPIES OF TH	IIS SCHEDULE AS NEEDE	ED	

### SCHEDULE F1

	EXPENDITURE CATEGORII	ES 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 Contributions/Donations Made By	Food/Beverage Expense Gifts/Awards/Memorials Expense	Polling Expense Printing Expense	Travel in District Travel Out Of District	
Candidate/Officeholder/Political C		Salaries/Wages/Contract Labor	Other (enter a category not listed above)	
Credit Card Payment	The Instruction Guide explains how	_	,	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
17 of 24	Melissa Cabello Havrda		,	
4 Date	<b>5</b> Payee name			
5/2/2024	Google Suite			
6 Amount (\$)	<b>7</b> Payee address; City; State;	Zip Code		
15.35	1600 Amphitheatre Parkway			
	Mountainview, CA 94043			
•	(0	hadda Ab Danadatian		
	(a) Category (See categories listed at the top of this sci Office Overhead/Rental Expense	(b) Description  Dues and Subscription	riptions	
PURPOSE OF	omec everneda/Rental Expense			
EXPENDITURE				
	(c) Check if travel outside of Texas, complete	schedule T Check if A	Austin, TX, officeholder living expense	
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/C	OH Melissa Cabello Havrda	Council District 6	Council District 6	
Date	Payee name			
5/6/2024	Anedot Inc.			
Amount (\$)	Payee address; City; State;	Zip Code		
20.30	1340 Poydras Street #1770			
	New Orleans, LA 70112			
	Category (See categories listed at the top of this so Solicitation/Fundraising Expense	hedule) Description Fundraising fee		
PURPOSE	Concitation/1 undraising Expense	i unululung lee		
OF EXPENDITURE				
EXPENDITORE			A E. TV E I I I	
	Check if travel outside of Texas, complete		Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C		Office sought  Council District 6	Office held  Council District 6	
experioration to beliefit G/C	Melissa Cabello Havida	Council District 6	Council District 6	
Date	Payee name			
5/10/2024	IBC bank			
Amount (\$)	Payee address; City; State;	Zip Code		
12.00	130 East Travis			
	San Antonio, TX 78205			
	Category (See categories listed at the top of this so	hedule) Description		
PURPOSE	Accounting/Banking	Bank Fee		
OF				
EXPENDITURE				
-	Check if travel outside of Texas, complete	schedule T Check if A	Austin, TX, officeholder living expense	
Complete ONLY if direct		Office sought	Office held	
expenditure to benefit C/C		Council District 6	Council District 6	
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS NEEDE	ĒD	

### SCHEDULE F1

Accounting/Banking	EXPENDITURE CATEGORIES Event Expense	FOR BOX 8(a)  Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense Consulting Expense Contributions/Donations Made By	Food/Beverage Expense	Office Overhead/Rental Expense Polling Expense Printing Expense	Transportation Equipment & Related Expense Travel in District Travel Out Of District
Candidate/Officeholder/Political C Credit Card Payment	ommittee Legal Services  The Instruction Guide explains how t	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Melissa Cabello Havrda		3 Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>5/13/2024</b>	5 Payee name Square Space		
6 Amount (\$) 30.91	7 Payee address; City; State; 8 Clarkson St New York, NY 10014	Zip Code	
8 PURPOSE OF	(a) Category (See categories listed at the top of this sche Office Overhead/Rental Expense	dule) (b) Description Website Hosting	
EXPENDITURE	(c) Check if travel outside of Texas, complete so	thedule T Check if A	Austin, TX, officeholder living expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought  Council District 6	Office held  Council District 6
Date 5/13/2024	Payee name Constant Contact		
Amount (\$) 278.22	Payee address; City; State; 3675 Precision Dr Loveland, CO 80538	Zip Code	
PURPOSE OF	Category (See categories listed at the top of this sche Office Overhead/Rental Expense	Description Email Database	
EXPENDITURE	Check if travel outside of Texas, complete so	hedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought Council District 6	Office held Council District 6
Date <b>5/13/2024</b>	Payee name <b>Duable</b>		
Amount (\$) <b>2500.00</b>	Payee address; City; State; 110 Broadway #170 San Antonio, TX 78205	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sche Consulting Expense	dule) Description Consulting	
	Check if travel outside of Texas, complete so	chedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought  Council District 6	Office held  Council District 6
	ATTACH ADDITIONAL COPIES OF TH	IIS SCHEDULE AS NEEDE	ED .

	EXPENDITURE CA	TEGORIES FOR BO	X 8(a)	
Accounting/Banking	Event Expense	Loan Repayr	ment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees		ead/Rental Expense	Transportation Equipment & Related Expense Travel in District
Consulting Expense Contributions/Donations Made By	Food/Beverage Expense Gifts/Awards/Memorials Expe	Polling Expe ense Printing Expe		Travel Out Of District
Candidate/Officeholder/Political C			ges/Contract Labor	Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide ex	plains how to complete	this form	
1 Total pages Schedule F1: 19 of 24	2 FILER NAME Melissa Cabello Havrda			3 Filer ID (Ethics Commission Filers)
4 Date 5/16/2024	5 Payee name Adobe Inc		·	
6 Amount (\$) 10.81	7 Payee address; City; State; Zip Code 345 Park Ave			
	San Jose, CA 95110			
8 PURPOSE OF	(a) Category (See categories listed at the to Office Overhead/Rental Expense		) Description Software	
EXPENDITURE				
	(c) Check if travel outside of Texas,	complete schedule T	Check if A	ustin, TX, officeholder living expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder nam Melissa Cabello Havrda		ice sought uncil District 6	Office held  Council District 6
Date <b>5/20/2024</b>	Payee name Square Space			
Amount (\$) <b>35.18</b>	Payee address; City; 8 Clarkson St New York, NY 10014	State; Zip Cod	e	
PURPOSE OF EXPENDITURE	Category (See categories listed at the to Office Overhead/Rental Expense		Description Website Hosting	
EXPENDITURE	Check if travel outside of Texas,	complete schedule T	Check if A	ustin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder nam  Melissa Cabello Havrda		ice sought ouncil District 6	Office held Council District 6
Date <b>5/24/2024</b>	Payee name Anedot Inc.			
Amount (\$) <b>13.20</b>	Payee address; City; 1340 Poydras Street #1770 New Orleans, LA 70112	State; Zip Cod	е	
PURPOSE OF EXPENDITURE	Category (See categories listed at the to Solicitation/Fundraising Expe		Description Fundraising fee	
	Check if travel outside of Texas,	complete schedule T	Check if A	ustin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C			ice sought ouncil District 6	Office held Council District 6
	ATTACH ADDITIONAL COPI	ES OF THIS SCHE	DULE AS NEEDE	D

	EXPENDITURE CATEGORIES FOR BOX 8(a)				
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Co	Fee Foo Gif	ent Expense es od/Beverage Expense ts/Awards/Memorials Expense gal 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)	
Credit Card Payment	The	Instruction Guide explains how	to complete this form		
1 Total pages Schedule F1: 20 of 24	2 FILER NAME Melissa Cabe	llo Havrda		3 Filer ID (Ethics Commission Filers)	
<b>4</b> Date <b>5/28/2024</b>	5 Payee name Adobe Inc			1	
6 Amount (\$) 21.64	7 Payee address; 345 Park Ave San Jose, CA	•	Zip Code		
8 PURPOSE OF EXPENDITURE		e categories listed at the top of this sche nead/Rental Expense	(b) Description Software		
	(c) Check if tr	avel outside of Texas, complete so	chedule T Check if	Austin, TX, officeholder living expense	
<b>9</b> Complete ONLY if direct expenditure to benefit C/C		e / Officeholder name Cabello Havrda	Office sought Council District 6	Office held Council District 6	
Date 5/29/2024	Payee name <b>GoDaddy</b>				
Amount (\$) <b>15.98</b>	Payee address; 14455 N Haye Scottsdale, A	den Rd #226	Zip Code		
PURPOSE OF EXPENDITURE	• •	e categories listed at the top of this sche nead/Rental Expense	Description Domain Hosting		
	Check if tr	avel outside of Texas, complete so	chedule T Check if	Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C		e / Officeholder name Cabello Havrda	Office sought Council District 6	Office held Council District 6	
Date <b>5/31/2024</b>	Payee name IBC bank				
Amount (\$) 23.33	Payee address; 130 East Trav San Antonio,	ris	Zip Code		
PURPOSE OF EXPENDITURE	Category (See Accounting/	e categories listed at the top of this sche <b>Banking</b>	Description Bank Fee		
	Check if tr	avel outside of Texas, complete so	chedule T Check if	Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C		e / Officeholder name Cabello Havrda	Office sought Council District 6	Office held Council District 6	
	ATTACH A	DDITIONAL COPIES OF TH	IIS SCHEDULE AS NEED	ED	

### SCHEDULE F1

	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Accounting/Banking Advertising Expense	Event Expense I	Loan Repayment/Reimbursement Office Overhead/Rental Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense
Consulting Expense Contributions/Donations Made By		Polling Expense Printing Expense	Travel in District Travel Out Of District
Candidate/Officeholder/Political C		Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how to	o complete this form	
1 Total pages Schedule F1: 21 of 24	2 FILER NAME Melissa Cabello Havrda		3 Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>6/3/2024</b>	5 Payee name Google Suite		
6 Amount (\$) 15.35	7 Payee address; City; State; 1600 Amphitheatre Parkway Mountainview, CA 94043	Zip Code	
8 PURPOSE OF	(a) Category (See categories listed at the top of this sched Office Overhead/Rental Expense	(b) Description  Dues and Subscription	riptions
EXPENDITURE	(c) Check if travel outside of Texas, complete sc	hedule T Check if	Austin, TX, officeholder living expense
	Candidate / Officeholder name	Office sought	Office held
<b>9</b> Complete ONLY if direct expenditure to benefit C/C		Council District 6	Council District 6
Date <b>6/4/2024</b>	Payee name  AAAA Mini Storage		
Amount (\$) 98.23	Payee address; City; State; 8611 Potranco Road San Antonio, TX 78251	Zip Code	
PURPOSE OF	Category (See categories listed at the top of this sched Office Overhead/Rental Expense	Description Storage	
EXPENDITURE	Check if travel outside of Texas, complete sc	hedule T Check if /	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought Council District 6	Office held Council District 6
Date 6/4/2024	Payee name Alpha Graphics		
Amount (\$) <b>361.33</b>	Payee address; City; State; 12077 Starcrest Drive San Antonio, TX 78247	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this scheel Advertising Expense	Description Printing	
	Check if travel outside of Texas, complete sc	hedule T Check if	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought  Council District 6	Office held Council District 6
	ATTACH ADDITIONAL COPIES OF TH	IS SCHEDULE AS NEED!	ED .

### SCHEDULE F1

	EXPENDITURE CATEGORIES	S FOR BOX 8(a)	
Accounting/Banking	Event Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense
Advertising Expense Consulting Expense	Fees Food/Beverage Expense	Polling Expense	Transportation Equipment & Related Expense  Travel in District
Contributions/Donations Made By	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political C	ommittee 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: 22 of 24	2 FILER NAME Melissa Cabello Havrda		3 Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>6/11/2024</b>	5 Payee name Constant Contact		
6 Amount (\$)	<b>7</b> Payee address; City; State;	Zip Code	
278.22	3675 Precision Dr	•	
	Loveland, CO 80538		
8	(a) Category (See categories listed at the top of this sche	(b) Description  Email Database	
PURPOSE	Office Overhead/Rental Expense	Email Dalabase	
OF EXPENDITURE			
	(c) Check if travel outside of Texas, complete so	chedule T Check if I	Austin, TX, officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/C	OH Melissa Cabello Havrda	Council District 6	Council District 6
Date <b>6/12/2024</b>	Payee name		
	Square Space		
Amount (\$)	Payee address; City; State; 8 Clarkson St	Zip Code	
30.91			
	New York, NY 10014		
	Category (See categories listed at the top of this sche	edule) Description	
PURPOSE	Office Overhead/Rental Expense	Website Hosting	
OF			
EXPENDITURE			
	Check if travel outside of Texas, complete so	chedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/C	Melissa Cabello Havrda	Council District 6	Council District 6
Date	Payee name		
6/17/2024	Adobe Inc		
Amount (\$)	Payee address; City; State;	Zip Code	
10.81	345 Park Ave	•	
	San Jose, CA 95110		
	Category (See categories listed at the top of this sche	Description Software	
PURPOSE	Office Overhead/Rental Expense	Sollware	
OF			
EXPENDITURE			
	Check if travel outside of Texas, complete so		Austin, TX, officeholder living expense
Complete ONLY if direct		Office sought	Office held
expenditure to benefit C/C	OH Melissa Cabello Havrda	Council District 6	Council District 6
	ATTACH ADDITIONAL COPIES OF TH	IIS SCHEDIII E VS MEEDE	:n
	ATTACITADDITIONAL COFIES OF TE	IIO GOTILDULE AG NEEDE	-U

### SCHEDULE F1

Accounting/Parking	EXPENDITURE CATEGORIES		Calicitation/Fundraising Funance	
Accounting/Banking Advertising Expense	Event Expense Fees	Loan Repayment/Reimbursement Office Overhead/Rental Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense	
Consulting Expense Contributions/Donations Made By	Food/Beverage Expense Gifts/Awards/Memorials Expense	Polling Expense Printing Expense	Travel in District Travel Out Of District	
Candidate/Officeholder/Political C		Salaries/Wages/Contract Labor	Other (enter a category not listed above)	
Credit Card Payment	The Instruction Guide explains how	to complete this form		
1 Total pages Schedule F1: 23 of 24	2 FILER NAME Melissa Cabello Havrda		3 Filer ID (Ethics Commission Filers)	
<b>4</b> Date <b>6/20/2024</b>	5 Payee name Square Space			
6 Amount (\$)	7 Payee address; City; State;	Zip Code		
35.18	8 Clarkson St			
	New York, NY 10014			
8 PURPOSE OF	(a) Category (See categories listed at the top of this sche Office Overhead/Rental Expense	(b) Description Website Hosting		
EXPENDITURE				
	(c) Check if travel outside of Texas, complete so	chedule T Check if A	Austin, TX, officeholder living expense	
<b>9</b> Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name  Melissa Cabello Havrda	Office sought  Council District 6	Office held  Council District 6	
Date <b>6/27/2024</b>	Payee name <b>Duable</b>			
Amount (\$)	Payee address; City; State;	Zip Code		
2500.00	110 Broadway #170			
	San Antonio, TX 78205			
	Category (See categories listed at the top of this sche	· ·		
PURPOSE	Consulting Expense	Consulting		
OF EXPENDITURE				
EXI ENDITORE	Check if travel outside of Texas, complete so	chedule T Check if A	Austin, TX, officeholder living expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/C	Melissa Cabello Havrda	Council District 6	Council District 6	
Date <b>6/28/2024</b>	Payee name Adobe Inc			
Amount (\$)	Payee address; City; State;	Zip Code		
21.64	345 Park Ave			
	San Jose, CA 95110			
	Category (See categories listed at the top of this sche			
PURPOSE	Office Overhead/Rental Expense	Software		
OF				
EXPENDITURE	Check if travel outside of Taxes, complete a	chadula T Chack if A	Austin TV officeholder living expense	
Complete ONLY if direct	Check if travel outside of Texas, complete so	Office sought	Austin, TX, officeholder living expense Office held	
expenditure to benefit C/C		Council District 6	Council District 6	
	ATTACH ADDITIONAL COPIES OF TH	IIS SCHEDULE AS NEEDE	ED .	

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 Contributions/Donations Made By	Food/Beverage Expense Gifts/Awards/Memorials Expense	Polling Expense Printing Expense	Travel in District Travel Out Of District
Candidate/Officeholder/Political C		Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how	to complete this form	
1 Total pages Schedule F1:	2 FILER NAME Melissa Cabello Havrda		3 Filer ID (Ethics Commission Filers)
-			
4 Date 6/30/2024	5 Payee name IBC bank		
6 Amount (\$)	<b>7</b> Payee address; City; State;	Zip Code	
23.19	130 East Travis		
	San Antonio, TX 78205		
0	(See entergaring listed at the top of this cake	adula) (h) Danawintian	
8	(a) Category (See categories listed at the top of this sche Accounting/Banking	(b) Description  Bank Fee	
PURPOSE OF	Accounting/Dunking		
EXPENDITURE			
EXI ENDITORE	(C) Check if travel outside of Texas, complete so	chedule T Check if A	Austin, TX, officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/C	OH Melissa Cabello Havrda	Council District 6	Council District 6
Date <b>6/30/2024</b>	Payee name Anedot Inc.		
Amount (\$)	Payee address; City; State;	Zip Code	
121.80	1340 Poydras Street #1770	p	
	New Orleans, LA 70112		
	,		
	Category (See categories listed at the top of this sche		
PURPOSE	Solicitation/Fundraising Expense	Fundraising fee	
OF			
EXPENDITURE			
	Check if travel outside of Texas, complete so	chedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/C		Council District 6	Council District 6
Date	Payee name		
Date	1 ayee name		
		7: 0 :	
Amount (\$)	Payee address; City; State;	Zip Code	
	Category (See categories listed at the top of this sche	edule) Description	
PURPOSE			
OF			
EXPENDITURE			
	Check if travel outside of Texas, complete so	chedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct			Office held
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office field
	-		
	ATTACH ADDITIONAL COPIES OF TH	HIS SCHEDULE AS NEEDE	ED .

### **UNPAID INCURRED OBLIGATIONS**

#### SCHEDULE F2

Solicitation/Fundraising Expense

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Accounting/Banking

Event Expense Loan Repayment/Reimbursement

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 Co		Salaries/Wages/Contract Labor	Other (enter a category not listed above)		
	The Instruction Guide explains				
	The instruction duide explains	now to complete this form			
1 Total pages Schedule F2:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
1 of 1	Melissa Cabello Havrda		,		
	Menssa Cabeno Havida				
4 TOTAL OF UNITEMIZ	ED UNPAID INCURRED OBLIGATIONS		\$ 0		
<b>5</b> Date	6 Payee name				
7 Amount (\$)	8 Payee address; City; State; Zip Code				
9 TYPE OF EXPENDITURE	Political Non-Pol	itical			
10 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this sci	(b) Description			
	(c) Check if travel outside of Texas, complete	schedule T Check	if Austin, TX, officeholder living expense		
11 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held		
Date	Payee name				
Amount (\$)	Payee address; City; State;	Zip Code			
TYPE OF EXPENDITURE	Political Non-Pol	itical			
	Category (See categories listed at the top of this scl	nedule) Description			
PURPOSE OF EXPENDITURE	Category (see sangeries letter to top at the see	Дезаприоп			
	Check if travel outside of Texas, complete	schedule T Check	if Austin, TX, officeholder living expense		
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

# PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

	The Instruction Guide explains how to complete this form.  1 Total pages Schedule F3: 1 of 1			
2	2 FILER NAME Melissa Cabello Havrda		3	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;	٠	State; Zip Code
		Description of investment		
		Amount of investment (\$)		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

#### **EXPENDITURES MADE BY CREDIT CARD**

#### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Accounting/Banking

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising 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 C	Committee Legal Services Salaries/Wages/Contract Labor	Other (enter a category not listed above)			
	The Instruction Guide explains how to complete this form				
1 Total pages Schedule F4:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
1 of 1	Melissa Cabello Havrda	, ,			
4 TOTAL OF UNITEMIZ	ZED 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	Political Non-Political				
10 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) (b) Description				
	(c) Check if travel outside of Texas, complete schedule T Check if	f Austin, TX, officeholder living expense			
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/		Office held			
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
TYPE OF EXPENDITURE	Political Non-Political				
	Category (See categories listed at the top of this schedule) Description				
PURPOSE OF EXPENDITURE					
	Check if travel outside of Texas, complete schedule T Check if	f Austin, TX, officeholder living expense			
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH					
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEE	DED			

### **POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS**

#### SCHEDULE G

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees

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

Printing Expense

Solicitation/Fundraising Expense

Transportation Equipment & Related Expense Travel in District

Travel Out Of District

Candidate/Officeholder/Political C	Committee Legal Services Salaries,	Wages/Contract Labor Other (enter a category not listed above)	
Credit Card Payment	The Instruction Guide explains how to comp	olete this form	
1 Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
1 of 1	Melissa Cabello Havrda		
4 Date	<b>5</b> Payee Name		
6 Amount (\$)	<b>7</b> Payee address; City; State; Zip (	Code	
Reimbursement from political contributions			
intended	(See estamping listed at the top of this schodule)	(In) Description	
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description	
OF			
EXPENDITURE	(c) Check if travel outside of Texas, complete schedule	T Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct		Office sought Office held	
expenditure to benefit C/0			
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip (	Code	
Reimbursement from political contributions			
intended			
Category (See categories listed at the top of this schedule)  Description		Description	
PURPOSE OF			
EXPENDITURE			
	Check if travel outside of Texas, complete schedule	T Check if Austin, TX, officeholder living expense	
Complete ONLY if direct		Office sought Office held	
expenditure to benefit C/0	JH		
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip 0	Code	
Reimbursement from			
political contributions			
intended			
PURPOSE	Category (See categories listed at the top of this schedule)	Description	
OF			
EXPENDITURE			
	Check if travel outside of Texas, complete schedule		
Complete ONLY if direct expenditure to benefit C/C		Office sought Office held	
	ATTACH ADDITIONAL COPIES OF THIS SC	HEDULE AS NEEDED	

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

#### SCHEDULE H

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Accounting/Banking Advertising Expense Consulting Expense

Contributions/Donations Made By

Event Expense Food/Beverage Expense

Gifts/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

Solicitation/Fundraising Expense

Transportation Equipment & Related Expense Travel in District Travel Out Of District

Credit Card Payment	The Instruction Guide explains how to complete this f	
1 Total pages Schedule H: 1 of 1	2 FILER NAME Melissa Cabello Havrda	3 Filer ID (Ethics Commission Filers)
<b>4</b> Date	5 Business name	
<b>6</b> Amount (\$)	7 Business address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) (b) Des	cription
	(c) Check if travel outside of Texas, complete schedule T	Check if Austin, TX, officeholder living expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/0		ught 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)  Des	cription
	Check if travel outside of Texas, complete schedule T	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/0		ught 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)  Des	cription
	Check if travel outside of Texas, complete schedule T	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/0		ught Office held
	ATTACH ADDITIONAL COPIES OF THIS SCHEDUL	E AS NEEDED

#### SCHEDULE

The Instruction Guide explains how to complete this form.						
1 Total pages Schedule I: 1 of 1	2 FILER NAME Melissa Cabello Havrda	3 Filer ID (Ethics Commission Filers)				
4 Date	5 Payee name	,				
6 Amount (\$)	7 Payee address; City; State; Zip Code					
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) (b) Description	ription (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.)	ription (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.)	ription (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.)	ription (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	3 Filer ID (Ethics Commission Filers)					
Melissa Cabello	Havrda					
<b>4</b> Date	5 Name of person from whom amount is received	8 Amount (\$)				
	6 Address of person from whom amount is received; City; State;	Zip Code				
	7 Purpose for which amount is received	eck if political contribution returned to filer				
Date	Name of person from whom amount is received	Amount (\$)				
	Address of person from whom amount is received; City; State;	Zip Code				
	Purpose for which amount is received	eck if political contribution returned to filer				
Date	Name of person from whom amount is received	Amount (\$)				
	Address of person from whom amount is received; City; State;	Zip Code				
	Purpose for which amount is received	eck if political contribution returned to filer				
Date	Name of person from whom amount is received	Amount (\$)				
	Address of person from whom amount is received; City; State;	Zip Code				
	Purpose for which amount is received Ch	eck if political contribution returned to filer				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE 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 Comm	3 Filer ID (Ethics Commission Filers)					
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee									
5 Contribution / Expendi	ture reported on								
Schedule A2	Schedule		Schedule C2	Schedule D	Schedule F1				
Schedule F2	Schedule		Schedule H	Schedule COH-UC	Schedule B-SS				
6 Dates of travel									
<b>b</b> Batter of flavor	7 Name of person(s) traveling								
	8 Departure city or name of departure location								
	<b>9</b> Destination of	ity or name of destination locat	tion						
10 Means of transportation 11 Purpose of travel (including name of conference, seminar, or other event)									
Name of Contributor /	Corporation or L	abor Organization / Pledgor / F	Payee						
Contribution / Expendi	ture reported on								
Schedule A2	Schedule	B Schedule B(J)	Schedule C2	Schedule D	Schedule F1				
Schedule F2	Schedule		Schedule H	Schedule COH-UC	Schedule B-SS				
Dates of travel	Name of person(s) traveling  Departure city or name of departure location								
	Destination of	ity or name of destination local	tion						
Means of transportation		Purpose of travel (including name of conference, seminar, or other event)							
Name of Contributor /	Corporation or L	abor Organization / Pledgor / F	Payee						
Contribution / Expendi	ture reported on								
Schedule A2	Schedule		Schedule C2	Schedule D	Schedule F1				
Schedule F2	Schedule		Schedule H	Schedule COH-UC	Schedule B-SS				
Dates of travel		son(s) traveling	Generalie 11						
	Departure city or name of departure location								
	Departure only of finance of departure recognist								
	Destination of	ity or name of destination local	tion						
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 Filer ID (Ethics Commission Filers) Melissa Cabello Havrda **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. .. **CAMPAIGN FUNDS** A. 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. В. **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