

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)		2 Total pages filed: 51	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY	
	NICKNAME	LAST	SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 769677 San Antonio TX 78245			Date Received	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (210)	PHONE NUMBER 633-7369	EXTENSION	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	Receipt #	Amount \$
	NICKNAME	LAST	SUFFIX	Date Processed	
	Cabello			Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE PO Box 769677 San Antonio TX 78245				
8 CAMPAIGN TREASURER PHONE	AREA CODE ()	PHONE NUMBER -	EXTENSION		
9 REPORT TYPE	30th Day Before General Election				
10 PERIOD COVERED	Month Day Year Month Day Year 1/1/2023 THROUGH 3/27/2023				
11 ELECTION	ELECTION DATE Month Day Year 5/6/2023		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special Description		
12 OFFICE	OFFICE HELD (if any) Council District 6		13 OFFICE SOUGHT (if known) Council District 6		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

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

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 18305.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 36422.54
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 76061.99
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

18 AFFIDAVIT		
<p>I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.</p> <p>*** Electronically Certified ***</p> <p>_____ Signature of Candidate or Officeholder</p>		
AFFIX NOTARY STAMP / SEAL ABOVE		
Sworn to and subscribed before me, by the said <u>Melissa Cabello Havrda</u> , this the <u>15th</u> day of <u>April</u> , <u>2023</u> , to certify which, witness my hand and seal of office.		
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath

SUBTOTALS - COH

FORM C/OH COVER SHEET PG 3

19 FILER NAME Melissa Cabello Havrda		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 18305.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 36422.54
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	<input checked="" type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
1 of 13

2 FILER NAME

Melissa Cabello Havrda

3 Filer ID (Ethics Commission Filers)

4 Date
1/20/2023

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Mr Bobby Perez

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

6 Contributor address; City; State; Zip Code
**327 E Huisache Ave
San Antonio, TX 78212**

8 Principal occupation / Job title (See instructions)
SSE

9 Employer (See instructions)
Attorney

Date
1/24/2023

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

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

Contributor address; City; State; Zip Code
**4230 Luckenbach Rd
San Antonio, TX 78251**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

Date
1/24/2023

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mrs Lisa Montoya

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

Contributor address; City; State; Zip Code
**324 Adams Street
San Antonio, TX 78210**

Principal occupation / Job title (See instructions)
UTSA

Employer (See instructions)
Professor

Date
1/25/2023

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

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

Contributor address; City; State; Zip Code
**923 Ogden Street
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)
MDJW

Employer (See instructions)
Attorney

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
2 of 13

2 FILER NAME
Melissa Cabello Havrda

3 Filer ID (Ethics Commission Filers)

4 Date
1/26/2023

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Mr Louis Rodriguez

7 Amount of contribution (\$)
25.00

6 Contributor address; City; State; Zip Code
**12810 Varrientos St
San Antonio, TX 78233**

8 Principal occupation / Job title (See instructions)
Retired

9 Employer (See instructions)
Retired

Date
2/2/2023

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mrs Kelley Liserio

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**830 Firefly St.
San Antonio, TX 78216**

Principal occupation / Job title (See instructions)
Homespring Residential Services

Employer (See instructions)
VP

Date
2/2/2023

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mr Sohail Shakil

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**25534 Vista Bella
San Antonio, TX 78260**

Principal occupation / Job title (See instructions)
J3 Company

Employer (See instructions)
Project Manager

Date
2/2/2023

Full name of contributor ☐ out-of-state PAC (ID# _____)
Half Associates PAC

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**1201 N Bowser Rd
Richardson, TX 75081**

Principal occupation / Job title (See instructions)
Political Action Committee

Employer (See instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
3 of 13

2 FILER NAME
Melissa Cabello Havrda

3 Filer ID (Ethics Commission Filers)

4 Date
2/2/2023

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Mr Andrew Poppoon

7 Amount of contribution (\$)
250.00

6 Contributor address; City; State; Zip Code
**3535 Martesia
San Antonio, TX 78259**

8 Principal occupation / Job title (See instructions)
Barrett James Limited

9 Employer (See instructions)
Housing

Date
2/3/2023

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mr George and Susan Mery

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**5157 Blanco Rd
San Antonio, TX 78216**

Principal occupation / Job title (See instructions)
Meet Investments inc

Employer (See instructions)
Executive

Date
2/4/2023

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mrs Sandra Castillo

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**1813 Parhaven
San Antonio, TX 78232**

Principal occupation / Job title (See instructions)
n/a

Employer (See instructions)
n/a

Date
2/5/2023

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mrs Neilesh Verma

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**1307 Fern Shadow CV
San Antonio, TX 78258**

Principal occupation / Job title (See instructions)
Galaxy Builders

Employer (See instructions)
President

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
4 of 13

2 FILER NAME
Melissa Cabello Havrda

3 Filer ID (Ethics Commission Filers)

4 Date
2/6/2023

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Mrs Natasha Corcoran

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**9723 Garden Way
St. John, IN 46373**

8 Principal occupation / Job title (See instructions)
URVMS

9 Employer (See instructions)
CEO

Date
2/7/2023

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**1214 Corte Bello
San Marcos, CA 90269**

Principal occupation / Job title (See instructions)
n/a

Employer (See instructions)
n/a

Date
2/27/2023

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mr Mike Coorman

Amount of contribution (\$)
450.00

Contributor address; City; State; Zip Code
**659 Old Highway 90
San Antonio, TX 78237**

Principal occupation / Job title (See instructions)
4M Auto Supply

Employer (See instructions)
Owner

Date
2/27/2023

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mr Glen and Joyce Mock

Amount of contribution (\$)
750.00

Contributor address; City; State; Zip Code
**267 Old Highway 90
San Antonio, TX 78237**

Principal occupation / Job title (See instructions)
ABC Supply

Employer (See instructions)
Owner

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
5 of 13

2 FILER NAME
Melissa Cabello Havrda

3 Filer ID (Ethics Commission Filers)

4 Date
3/1/2023

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Mr Joe Oranday

7 Amount of contribution (\$)
25.00

6 Contributor address; City; State; Zip Code
**3306 Cambria Way
San Antonio, TX 78251**

8 Principal occupation / Job title (See instructions)
IT

9 Employer (See instructions)
Frost

Date
3/7/2023

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

Amount of contribution (\$)
50.00

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

Principal occupation / Job title (See instructions)
MVHL Consulting, LLC

Employer (See instructions)
Owner

Date
3/9/2023

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mr Richard and Lisa Sheldon

Amount of contribution (\$)
1000.00

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

Principal occupation / Job title (See instructions)
Real Estate

Employer (See instructions)
Realtor/ retired

Date
3/9/2023

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mrs Cristina Gomez

Amount of contribution (\$)
10.00

Contributor address; City; State; Zip Code
**PO Box 300146
Austin, TX 78703**

Principal occupation / Job title (See instructions)
self

Employer (See instructions)
consultant

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 6 of 13
2 FILER NAME Melissa Cabello Havrda		3 Filer ID (Ethics Commission Filers)
4 Date 3/9/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mrs Cristina Gomez 6 Contributor address; City; State; Zip Code PO Box 300146 Austin, TX 78703	7 Amount of contribution (\$) 10.00
8 Principal occupation / Job title (See instructions) self		9 Employer (See instructions) consultant
Date 3/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr Paul Basaldua Contributor address; City; State; Zip Code 3 Woltwood San Antonio, TX 78248	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Self VersaTerra Development		Employer (See instructions) Real Estate
Date 3/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr Humberto Vazquez Contributor address; City; State; Zip Code 7424 Spring Meadow Drive San Antonio, TX 78227	Amount of contribution (\$) 10.00
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) Retired
Date 3/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mrs Sarah Sepeda-Garcia Contributor address; City; State; Zip Code 11138 Quail Rise San Antonio, TX 78249	Amount of contribution (\$) 250.00
Principal occupation / Job title (See instructions) N/A		Employer (See instructions) N/A

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

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

3 Filer ID (Ethics Commission Filers)

4 Date
3/20/2023

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Mr Andrew Skemp

7 Amount of contribution (\$)
250.00

6 Contributor address; City; State; Zip Code
**1100 NE Loop 410
San Antonio, TX 78209**

8 Principal occupation / Job title (See instructions)
Janicek Law Firm

9 Employer (See instructions)
Attorney

Date
3/22/2023

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mr Loretta Vega Otto

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**10602 SunFlower LN
San Antonio, TX 78213**

Principal occupation / Job title (See instructions)
Fridge & Resendez LLC

Employer (See instructions)
Paralegal

Date
3/22/2023

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

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**7428 Gallery Ridge
San Antonio, TX 78250**

Principal occupation / Job title (See instructions)
Sitterle Homes

Employer (See instructions)
Regional Director of Purchasing and Estimating

Date
3/22/2023

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mrs David Clark

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**505 E Mandalay Dr
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)
Clark Construction

Employer (See instructions)
Owner

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

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

3 Filer ID (Ethics Commission Filers)

4 Date
3/22/2023

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Mr Corey Clark

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**413 Winding Way
San Antonio, TX 78232**

8 Principal occupation / Job title (See instructions)
Clark Construction

9 Employer (See instructions)
Owner

Date
3/22/2023

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mr Chad Clark

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**18931 De Enclave
San Antonio, TX 78258**

Principal occupation / Job title (See instructions)
Clark Construction

Employer (See instructions)
Owner

Date
3/22/2023

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mr Cody Clark

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**18922 De Enclave
San Antonio, TX 78258**

Principal occupation / Job title (See instructions)
Clark Construction

Employer (See instructions)
Owner

Date
3/22/2023

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mr Jeffrey Buell

Amount of contribution (\$)
200.00

Contributor address; City; State; Zip Code
**1815 My Anns Hill
San Antonio, TX 78258**

Principal occupation / Job title (See instructions)
Sitterle Homes

Employer (See instructions)
Owner

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

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

3 Filer ID (Ethics Commission Filers)

4 Date
3/22/2023

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Mr Frank Sitterle

7 Amount of contribution (\$)
100.00

6 Contributor address; City; State; Zip Code
**54 Sendero Verde
San Antonio, TX 78261**

8 Principal occupation / Job title (See instructions)
Sitterle Homes

9 Employer (See instructions)
Owner

Date
3/22/2023

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mr Timothy Pruski

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**26227 High Timber Pass
San Antonio, TX 78260**

Principal occupation / Job title (See instructions)
Castle Rock Communities

Employer (See instructions)
Senior Vice President of Land Acquisition and Development

Date
3/22/2023

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mr Shad Schmid

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**318 Waxberry Trail
San Antonio, TX 78256**

Principal occupation / Job title (See instructions)
King Fish Development

Employer (See instructions)
Manager

Date
3/22/2023

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mrs Jeane Conger

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
**23834 Village Blacksmith
San Antonio, TX 78255**

Principal occupation / Job title (See instructions)
ON3

Employer (See instructions)
Chief Client Officer

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
10 of 13

2 FILER NAME
Melissa Cabello Havrda

3 Filer ID (Ethics Commission Filers)

4 Date
3/22/2023

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Mr Scott Whisenant

7 Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
6 Broken Ski Cir
New Braunfels , TX 78130

8 Principal occupation / Job title (See instructions)
StrucSure Home Warranty

9 Employer (See instructions)
Vice President of Sales

Date
3/22/2023

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mr Raoul Berlanga

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
14929 Cadillac Dr
San Antonio, TX 78248

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

Date
3/22/2023

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mr Kui Mew Wong

Amount of contribution (\$)
200.00

Contributor address; City; State; Zip Code
11003 Alder Springs
San Antonio, TX 78255

Principal occupation / Job title (See instructions)
self

Employer (See instructions)
Architect

Date
3/22/2023

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mr Jeffery Czar

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
307 Huntington
San Antonio, TX 78231

Principal occupation / Job title (See instructions)
King Fish Development

Employer (See instructions)
Partner

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
11 of 13

2 FILER NAME

Melissa Cabello Havrda

3 Filer ID (Ethics Commission Filers)

4 Date
3/22/2023

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

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**3625 Paesanos Parkway
San Antonio, TX 78231**

8 Principal occupation / Job title (See instructions)
Political Action Committee

9 Employer (See instructions)

Date
3/22/2023

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mrs Kim Lawrence

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
**9832 Rugged Oaks Dr
Houston, TX 77080**

Principal occupation / Job title (See instructions)
Texas All Points Sales

Employer (See instructions)
VP of Sales

Date
3/22/2023

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mr Alex Nava

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**522 Possum Oak
Shavano Park, TX 78230**

Principal occupation / Job title (See instructions)
ANG PLLC

Employer (See instructions)
Attorney

Date
3/22/2023

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mr Harold McCall

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**5707 W Interstate 10
San Antonio, TX 78201**

Principal occupation / Job title (See instructions)
self

Employer (See instructions)
Attorney

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 12 of 13
2 FILER NAME Melissa Cabello Havrda		3 Filer ID (Ethics Commission Filers)
4 Date 3/22/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr Timothy Maloney 6 Contributor address; City; State; Zip Code 926 S Alamo San Antonio, TX 78205	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See instructions) Maloney and Campolo		9 Employer (See instructions) Attorney
Date 3/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Will Trachsel Contributor address; City; State; Zip Code 19179 Blanco Rd San Antonio, TX 78258	Amount of contribution (\$) 250.00
Principal occupation / Job title (See instructions) Owner		Employer (See instructions) EPA Experts
Date 3/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Javier Gutierrez Contributor address; City; State; Zip Code 554 Old Highway 90 San Antonio, TX 78237	Amount of contribution (\$) 450.00
Principal occupation / Job title (See instructions) Owner		Employer (See instructions) Del Bravo Record Shop
Date 3/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr Caroline and Dylan Mc Donald Contributor address; City; State; Zip Code 11300 NE Loop 410 San Antonio, TX 78216	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See instructions) Brown and McDonald/Alamo Concrete Products Company		Employer (See instructions) Attorney/Attorney
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 13 of 13
2 FILER NAME Melissa Cabello Havrda		3 Filer ID (Ethics Commission Filers)
4 Date 3/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr Johnny and Majorie Stevens 6 Contributor address; City; State; Zip Code 8120 Killarney CT Wichita , KS 67206	7 Amount of contribution (\$) 1000.00
8 Principal occupation / Job title (See instructions) N/A		9 Employer (See instructions) N/A
Date 3/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr Edward Vargas Contributor address; City; State; Zip Code 13527 Palatine Hill San Antonio, TX 78253	Amount of contribution (\$) 300.00
Principal occupation / Job title (See instructions) Flagship Health		Employer (See instructions) Executive Advisor to CEO
Date 3/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr Myrl Britten Contributor address; City; State; Zip Code 5415 Timber Post San Antonio, TX 78250	Amount of contribution (\$) 50.00
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) Retired
Date 3/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr Robert and Mary Worth Contributor address; City; State; Zip Code 270 Terrell San Antonio, TX 78209	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Marketing and Community Manager		Employer (See instructions) Baptist Health Systems
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

PLEDGED CONTRIBUTIONS

SCHEDULE B

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

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:
1 of 1

2 FILER NAME
Melissa Cabello Havrda

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$ 0

5 Date of loan

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

9 Loan Amount (\$)

6 Is lender a
financial
institution?

8 Lender address; City; State; Zip Code

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See instructions)

13 Employer (See instructions)

14 Description of Collateral

☐ none

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

16 GUARANTOR
INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address; City; State; Zip Code

☐ not applicable

20 Principal occupation (See instructions)

21 Employer (See instructions)

Date of loan

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

Loan Amount (\$)

Is lender a
financial
institution?

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See instructions)

Employer (See instructions)

Description of Collateral

☐ none

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

GUARANTOR
INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address; City; State; Zip Code

☐ not applicable

Principal occupation (See instructions)

Employer (See instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 1 of 23		2 FILER NAME Melissa Cabello Havrda		3 Filer ID (Ethics Commission Filers)																																																																																			
4 Date 1/3/2023		5 Payee name Google Gsuite na																																																																																					
6 Amount (\$) 25.58		7 Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Mountain View, CA 94043																																																																																					
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Advertising Expense		(b) Description Email Hosting																																																																																				
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense																																																																																						
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH																																																																																							
<table border="0" style="width:100%"> <tr> <td style="width:50%">Candidate / Officeholder name</td> <td style="width:25%">Office sought</td> <td style="width:25%">Office held</td> </tr> </table>						Candidate / Officeholder name	Office sought	Office held																																																																															
Candidate / Officeholder name	Office sought	Office held																																																																																					
<table border="1" style="width:100%"> <tr> <td style="width:20%">Date 1/4/2023</td> <td colspan="5">Payee name Morgans na</td> </tr> <tr> <td>Amount (\$) 500.00</td> <td colspan="5">Payee address; City; State; Zip Code 5223 David Edwards San Antonio, TX 78223</td> </tr> <tr> <td rowspan="2">PURPOSE OF EXPENDITURE</td> <td colspan="2">Category (See categories listed at the top of this schedule) Other: Contribution</td> <td colspan="3">Description Contribution</td> </tr> <tr> <td colspan="5"> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense </td> </tr> <tr> <td colspan="6"> Complete <u>ONLY</u> if direct expenditure to benefit C/OH </td> </tr> <tr> <td colspan="6"> <table border="0" style="width:100%"> <tr> <td style="width:50%">Candidate / Officeholder name</td> <td style="width:25%">Office sought</td> <td style="width:25%">Office held</td> </tr> </table> </td> </tr> <tr> <td colspan="6"> <table border="1" style="width:100%"> <tr> <td style="width:20%">Date 1/12/2023</td> <td colspan="5">Payee name Constant Contact na</td> </tr> <tr> <td>Amount (\$) 239.85</td> <td colspan="5">Payee address; City; State; Zip Code 1601 Trapelo Road Waltham, MA 02451</td> </tr> <tr> <td rowspan="2">PURPOSE OF EXPENDITURE</td> <td colspan="2">Category (See categories listed at the top of this schedule) Advertising Expense</td> <td colspan="3">Description Email Marketing</td> </tr> <tr> <td colspan="5"> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense </td> </tr> <tr> <td colspan="6"> Complete <u>ONLY</u> if direct expenditure to benefit C/OH </td> </tr> <tr> <td colspan="6"> <table border="0" style="width:100%"> <tr> <td style="width:50%">Candidate / Officeholder name</td> <td style="width:25%">Office sought</td> <td style="width:25%">Office held</td> </tr> </table> </td> </tr> </table> </td></tr></table>						Date 1/4/2023	Payee name Morgans na					Amount (\$) 500.00	Payee address; City; State; Zip Code 5223 David Edwards San Antonio, TX 78223					PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Contribution		Description Contribution			<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense					Complete <u>ONLY</u> if direct expenditure to benefit C/OH						<table border="0" style="width:100%"> <tr> <td style="width:50%">Candidate / Officeholder name</td> <td style="width:25%">Office sought</td> <td style="width:25%">Office held</td> </tr> </table>						Candidate / Officeholder name	Office sought	Office held	<table border="1" style="width:100%"> <tr> <td style="width:20%">Date 1/12/2023</td> <td colspan="5">Payee name Constant Contact na</td> </tr> <tr> <td>Amount (\$) 239.85</td> <td colspan="5">Payee address; City; State; Zip Code 1601 Trapelo Road Waltham, MA 02451</td> </tr> <tr> <td rowspan="2">PURPOSE OF EXPENDITURE</td> <td colspan="2">Category (See categories listed at the top of this schedule) Advertising Expense</td> <td colspan="3">Description Email Marketing</td> </tr> <tr> <td colspan="5"> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense </td> </tr> <tr> <td colspan="6"> Complete <u>ONLY</u> if direct expenditure to benefit C/OH </td> </tr> <tr> <td colspan="6"> <table border="0" style="width:100%"> <tr> <td style="width:50%">Candidate / Officeholder name</td> <td style="width:25%">Office sought</td> <td style="width:25%">Office held</td> </tr> </table> </td> </tr> </table>						Date 1/12/2023	Payee name Constant Contact na					Amount (\$) 239.85	Payee address; City; State; Zip Code 1601 Trapelo Road Waltham, MA 02451					PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense		Description Email Marketing			<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense					Complete <u>ONLY</u> if direct expenditure to benefit C/OH						<table border="0" style="width:100%"> <tr> <td style="width:50%">Candidate / Officeholder name</td> <td style="width:25%">Office sought</td> <td style="width:25%">Office held</td> </tr> </table>						Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 2 of 23	2 FILER NAME Melissa Cabello Havrda		3 Filer ID (Ethics Commission Filers)
4 Date 1/12/2023	5 Payee name Squarespace na		
6 Amount (\$) 31.39	7 Payee address; City; State; Zip Code 8 Clarkson St New York , NY 10014		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense		(b) Description Website Design
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date 1/17/2023	Payee name Adobe na		
Amount (\$) 10.81	Payee address; City; State; Zip Code 345 Park Ave San Jose, CA 95110		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense		Description PDF Editing
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date 1/18/2023	Payee name The Flower Bucket na		
Amount (\$) 76.46	Payee address; City; State; Zip Code 11305 West Ave San Antonio, TX 78213		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense		Description Bereavement flowers/constituent
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 3 of 23	2 FILER NAME Melissa Cabello Havrda		3 Filer ID (Ethics Commission Filers)
4 Date 1/19/2023	5 Payee name Squarespace na		
6 Amount (\$) 35.72	7 Payee address; City; State; Zip Code 8 Clarkson St New York , NY 10014		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Advertising Expense		(b) Description Website Design
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date 1/20/2023	Payee name Squarespace na		
Amount (\$) 20.00	Payee address; City; State; Zip Code 8 Clarkson St New York , NY 10014		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Advertising Expense		Description Website Design
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date 1/23/2023	Payee name USPS KIOSK na		
Amount (\$) 18.00	Payee address; City; State; Zip Code 2400 McCollough Ave San Antonio, TX 78212		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Administrative Expense		Description Printing
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 4 of 23	2 FILER NAME Melissa Cabello Havrda		3 Filer ID (Ethics Commission Filers)
4 Date 1/23/2023	5 Payee name USPS KIOSK na		
6 Amount (\$) 18.00	7 Payee address; City; State; Zip Code 2400 McCollough Ave San Antonio, TX 78212		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Administrative Expense		(b) Description Printing
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date 1/23/2023	Payee name USPS KIOSK na		
Amount (\$) 18.00	Payee address; City; State; Zip Code 2400 McCollough Ave San Antonio, TX 78212		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Administrative Expense		Description Printing
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date 1/24/2023	Payee name City of San Antonio na		
Amount (\$) 100.00	Payee address; City; State; Zip Code 100 Military Plaza San Antonio, TX 78205		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Adminstrative Expense		Description Filing Fee
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 5 of 23	2 FILER NAME Melissa Cabello Havrda	3 Filer ID (Ethics Commission Filers)
4 Date 1/25/2023	5 Payee name Texas Democratic Party na	
6 Amount (\$) 1100.00	7 Payee address; City; State; Zip Code PO Box 15707 Austin, TX 78761	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Advertising Expense	(b) Description Votefile
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

Date 1/25/2023	Payee name USPS KIOSK na		
Amount (\$) 18.90	Payee address; City; State; Zip Code 2400 McCollough Ave San Antonio, TX 78212		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Administrative Expense	Description Printing	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			

Date 1/25/2023	Payee name USPS KIOSK na		
Amount (\$) 18.90	Payee address; City; State; Zip Code 2400 McCollough Ave San Antonio, TX 78212		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Adminstrative Expense	Description Printing	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 6 of 23	2 FILER NAME Melissa Cabello Havrda		3 Filer ID (Ethics Commission Filers)
4 Date 1/27/2023	5 Payee name Central Market na		
6 Amount (\$) 54.13	7 Payee address; City; State; Zip Code 4821 Broadway San Antonio, TX 78209		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Administrative Expense		(b) Description Flowers for Ana Sandoval
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date 1/30/2023	Payee name Westside Sol na		
Amount (\$) 900.00	Payee address; City; State; Zip Code 1246 West Laurel San Antonio, TX 78201		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Administrative Expense		Description Program ad
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date 1/30/2023	Payee name Northwest Bexar County Democrats na		
Amount (\$) 500.00	Payee address; City; State; Zip Code PO Box 68191 San Antonio, TX 78268		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Advertising Expense		Description 1 Page Program Ad
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 7 of 23	2 FILER NAME Melissa Cabello Havrda	3 Filer ID (Ethics Commission Filers)
4 Date 1/30/2023	5 Payee name GoDaddy na	
6 Amount (\$) 12.78	7 Payee address; City; State; Zip Code 2150 E Warner Tempe , AZ 85284	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Advertising Expense	(b) Description Webiste Hosting
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought Office held

Date 1/30/2023	Payee name Anedot na		
Amount (\$) 31.50	Payee address; City; State; Zip Code 1340 Poydras Street New Orleans , LA 70112		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Administative Fee	Description Credit Card Processing Fee	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
	Candidate / Officeholder name	Office sought	Office held

Date 1/30/2023	Payee name Adobe na		
Amount (\$) 21.64	Payee address; City; State; Zip Code 345 Park Ave San Jose, CA 95110		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Advertising Expense	Description PDF editing	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
	Candidate / Officeholder name	Office sought	Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 8 of 23	2 FILER NAME Melissa Cabello Havrda		3 Filer ID (Ethics Commission Filers)
4 Date 2/1/2023	5 Payee name Google Gsuite na		
6 Amount (\$) 25.58	7 Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Mountain View, CA 94043		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Advertising Expense		(b) Description Email Hosting
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date 2/9/2023	Payee name Flagship Campaigns LLC na		
Amount (\$) 6095.00	Payee address; City; State; Zip Code PO Box 65154 San Antonio, TX 78265		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description General Consulting
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date 2/9/2023	Payee name Monarch Trophy Studio na		
Amount (\$) 931.55	Payee address; City; State; Zip Code 16227 San Pedro Hollywood Park , TX 78232		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Advertising Expense		Description Fiesta Medals
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 9 of 23	2 FILER NAME Melissa Cabello Havrda		3 Filer ID (Ethics Commission Filers)
4 Date 2/13/2023	5 Payee name JVC Media na		
6 Amount (\$) 2151.47	7 Payee address; City; State; Zip Code 6856 Alamo Downs San Antonio, TX 78238		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Advertising Expense		(b) Description Campaign Signage
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			
Date 2/13/2023	Payee name Constant Contact na		
Amount (\$) 239.85	Payee address; City; State; Zip Code 1601 Trapelo Road Waltham, MA 02451		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Advertising Expense		Description Email Marketing
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			
Date 2/13/2023	Payee name Squarespace na		
Amount (\$) 31.39	Payee address; City; State; Zip Code 8 Clarkson St New York , NY 10014		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Advertising Expense		Description Website Design
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 10 of 23	2 FILER NAME Melissa Cabello Havrda		3 Filer ID (Ethics Commission Filers)
4 Date 2/16/2023	5 Payee name Adobe na		
6 Amount (\$) 10.81	7 Payee address; City; State; Zip Code 345 Park Ave San Jose, CA 95110		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Advertising Expense		(b) Description PDF editing
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date 2/17/2023	Payee name Soundcloud na		
Amount (\$) 102.14	Payee address; City; State; Zip Code 71 5th Avenue New York , NY 10003		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Administrative Expense		Description Podcast
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date 2/21/2023	Payee name Squarespace na		
Amount (\$) 35.72	Payee address; City; State; Zip Code 8 Clarkson St New York , NY 10014		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Advertising Expense		Description Website Design
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 11 of 23	2 FILER NAME Melissa Cabello Havrda	3 Filer ID (Ethics Commission Filers)
4 Date 2/28/2023	5 Payee name Adobe na	
6 Amount (\$) 21.64	7 Payee address; City; State; Zip Code 345 Park Ave San Jose, CA 95110	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Advertising Expense	(b) Description PDF editing
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

Date 2/28/2023	Payee name Anedot na		
Amount (\$) 10.30	Payee address; City; State; Zip Code 1340 Poydras Street New Orleans , LA 70112		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Administative Fee	Description Credit Card Processing Fee	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			

Date 3/1/2023	Payee name Club Giraud na		
Amount (\$) 1745.85	Payee address; City; State; Zip Code 707 N St San Antonio, TX 78205		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description Fundraising Event	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 12 of 23	2 FILER NAME Melissa Cabello Havrda		3 Filer ID (Ethics Commission Filers)
4 Date 3/1/2023	5 Payee name GoDaddy na		
6 Amount (\$) 15.98	7 Payee address; City; State; Zip Code 2150 E Warner Tempe , AZ 85284		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Advertising Expense		(b) Description Website Hosting
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date 3/2/2023	Payee name Google Gsuite na		
Amount (\$) 20.55	Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Mountain View, CA 94043		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Advertising Expense		Description Email Hosting
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date 3/3/2023	Payee name Lowes na		
Amount (\$) 151.12	Payee address; City; State; Zip Code 1470 Austin Hwy San Antonio, TX 78209		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Advertising Expense		Description PDF editing
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 13 of 23	2 FILER NAME Melissa Cabello Havrda	3 Filer ID (Ethics Commission Filers)
4 Date 3/6/2023	5 Payee name Mr Isaac Ybarra	
6 Amount (\$) 459.00	7 Payee address; City; State; Zip Code 1666 SW 19th San Antonio, TX 78207	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description Outreach/Canvassing
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

Date 3/6/2023	Payee name Ms Inez Gracia		
Amount (\$) 459.00	Payee address; City; State; Zip Code 1666 SW 19th San Antonio, TX 78207		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description Outreach/Canvassing	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			

Date 3/6/2023	Payee name Mrs Irene Portillo		
Amount (\$) 459.00	Payee address; City; State; Zip Code 23123 Dragon Rock Elmendorf , TX 78212		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description Outreach/Canvassing	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 14 of 23	2 FILER NAME Melissa Cabello Havrda		3 Filer ID (Ethics Commission Filers)
4 Date 3/6/2023	5 Payee name Ms Kasidy Andrade		
6 Amount (\$) 459.00	7 Payee address; City; State; Zip Code 23123 Dragon Rock Elmendorf , TX 78212		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor		(b) Description Outreach/Canvassing
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date 3/6/2023	Payee name Ms Esperanza Garcia		
Amount (\$) 459.00	Payee address; City; State; Zip Code 1418 Melissa Sue San Antonio, TX 78228		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description Outreach/Canvassing
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date 3/6/2023	Payee name Ms Anamarie Garcia		
Amount (\$) 459.00	Payee address; City; State; Zip Code 1418 Melissa Sue San Antonio, TX 78228		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description Outreach/Canvassing
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 15 of 23	2 FILER NAME Melissa Cabello Havrda		3 Filer ID (Ethics Commission Filers)
4 Date 3/9/2023	5 Payee name JVC Media na		
6 Amount (\$) 3279.99	7 Payee address; City; State; Zip Code 6856 Alamo Downs San Antonio, TX 78238		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Advertising Expense		(b) Description Campaign Signage
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			
Date 3/13/2023	Payee name Constant Contact na		
Amount (\$) 239.85	Payee address; City; State; Zip Code 1601 Trapelo Road Waltham, MA 02451		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Advertising Expense		Description Email Marketing
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			
Date 3/13/2023	Payee name Squarespace na		
Amount (\$) 31.39	Payee address; City; State; Zip Code 8 Clarkson St New York , NY 10014		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Advertising Expense		Description Website Design
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 16 of 23	2 FILER NAME Melissa Cabello Havrda		3 Filer ID (Ethics Commission Filers)
4 Date 3/13/2023	5 Payee name Ms Anamarie Garcia		
6 Amount (\$) 493.00	7 Payee address; City; State; Zip Code 1418 Melissa Sue San Antonio, TX 78228		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor		(b) Description Outreach/Canvassing
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date 3/13/2023	Payee name Ms Esperanza Garcia		
Amount (\$) 493.00	Payee address; City; State; Zip Code 1418 Melissa Sue San Antonio, TX 78228		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description Outreach/Canvassing
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date 3/13/2023	Payee name CA Consulting, Strategies & Management na		
Amount (\$) 4500.00	Payee address; City; State; Zip Code PO Box 300146 Austin, TX 78703		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description Fundriasing Consulting
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 17 of 23	2 FILER NAME Melissa Cabello Havrda		3 Filer ID (Ethics Commission Filers)
4 Date 3/13/2023	5 Payee name Ms Kasidy Andrade		
6 Amount (\$) 493.00	7 Payee address; City; State; Zip Code 23123 Dragon Rock Elmendorf , TX 78212		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor		(b) Description Outreach/Canvassing
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date 3/13/2023	Payee name Mrs Irene Portillo		
Amount (\$) 493.00	Payee address; City; State; Zip Code 23123 Dragon Rock Elmendorf , TX 78212		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description Outreach/Canvassing
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date 3/13/2023	Payee name Ms Kasey Andrade		
Amount (\$) 493.00	Payee address; City; State; Zip Code 23123 Dragon Rock Elmendorf , TX 78212		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description Outreach/Canvassing
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 18 of 23	2 FILER NAME Melissa Cabello Havrda		3 Filer ID (Ethics Commission Filers)
4 Date 3/14/2023	5 Payee name Ms Inez Garcia		
6 Amount (\$) 493.00	7 Payee address; City; State; Zip Code 1666 SW 19th San Antonio, TX 78207		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor		(b) Description Outreach/Canvassing
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date 3/14/2023	Payee name Mr Isaac Ybarra		
Amount (\$) 493.00	Payee address; City; State; Zip Code 1666 SW 19th San Antonio, TX 78207		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description Outreach/Canvassing
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date 3/16/2023	Payee name Adobe na		
Amount (\$) 10.81	Payee address; City; State; Zip Code 345 Park Ave San Jose, CA 95110		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Advertising Expense		Description PDF editing
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 19 of 23	2 FILER NAME Melissa Cabello Havrda		3 Filer ID (Ethics Commission Filers)
4 Date 3/16/2023	5 Payee name InFocus Campaigns LLC na		
6 Amount (\$) 2947.97	7 Payee address; City; State; Zip Code PO Box 10726 Forth Worth , TX 76114		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor		(b) Description Research
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			
Date 3/20/2023	Payee name Ms Esperanza Garcia		
Amount (\$) 493.00	Payee address; City; State; Zip Code 1418 Melissue San Antonio, TX 78228		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description Outreach/Canvassing
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			
Date 3/20/2023	Payee name Mrs Irene Portillo		
Amount (\$) 493.00	Payee address; City; State; Zip Code 23123 Dragon Rock San Antonio, TX 78212		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description Outreach/Canvassing
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 20 of 23	2 FILER NAME Melissa Cabello Havrda		3 Filer ID (Ethics Commission Filers)
4 Date 3/20/2023	5 Payee name Ms Anamarie Garcia		
6 Amount (\$) 493.00	7 Payee address; City; State; Zip Code 1418 Melissa Sue San Antonio, TX 78228		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor		(b) Description Outreach/Canvassing
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date 3/20/2023	Payee name Squarespace na		
Amount (\$) 35.72	Payee address; City; State; Zip Code 8 Clarkson St New York , NY 10014		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Advertising Expense		Description Website Design
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date 3/22/2023	Payee name Mr Isaac Ybarra		
Amount (\$) 493.00	Payee address; City; State; Zip Code 1666 SW 19th San Antonio, TX 78207		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description Outreach/Canvassing
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 21 of 23	2 FILER NAME Melissa Cabello Havrda	3 Filer ID (Ethics Commission Filers)
4 Date 3/22/2023	5 Payee name Ms Inez Garcia	
6 Amount (\$) 493.00	7 Payee address; City; State; Zip Code 1666 SW 19th San Antonio, TX 78207	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description Outreach/Canvassing
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

Date 3/24/2023	Payee name Ms Kasidy Andrade		
Amount (\$) 493.00	Payee address; City; State; Zip Code 23123 Dragon Rock Elmendorf, TX 78112		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description Outreach/Canvassing	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			

Date 3/24/2023	Payee name Ms Kasey Andrade		
Amount (\$) 323.00	Payee address; City; State; Zip Code 23123 Dragon Rock Elmendorf, TX 78212		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description Outreach/Canvassing	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 22 of 23	2 FILER NAME Melissa Cabello Havrda		3 Filer ID (Ethics Commission Filers)
4 Date 3/27/2023	5 Payee name Mrs Dr. Karla Duran		
6 Amount (\$) 200.00	7 Payee address; City; State; Zip Code PO Box 120392 San Antonio, TX 78212		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Donation		(b) Description Contribution
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date 3/27/2023	Payee name Ms Esperanza Garcia		
Amount (\$) 85.00	Payee address; City; State; Zip Code 1418 Melissa Sue San Antonio, TX 78228		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description Outreach/Canvassing
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date 3/27/2023	Payee name Anedot na		
Amount (\$) 61.20	Payee address; City; State; Zip Code 1340 Poydras Street New Orleans, TX 70112		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Administative Fee		Description Credit Processing Fee
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 23 of 23	2 FILER NAME Melissa Cabello Havrda		3 Filer ID (Ethics Commission Filers)
4 Date 3/27/2023	5 Payee name Ms Kasidy Andrade		
6 Amount (\$) 204.00	7 Payee address; City; State; Zip Code 23123 Dragon Rock Elmendorf, TX 78112		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor		(b) Description Outreach/Canvassing
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)		Description
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)		Description
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)		Description
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F2: 1 of 1	2 FILER NAME Melissa Cabello Havrda	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$ 0
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5 Date	6 Payee name
---------------	---------------------

7 Amount (\$)	8 Payee address; City; State; Zip Code
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9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
------------------------------	---

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

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

Amount (\$)	Payee address; City; State; Zip Code
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TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
---------------------	---

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

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F3:
1 of 1

2 FILER NAME

Melissa Cabello Havrda

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom investment is purchased

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

7 Description of investment

8 Amount of investment (\$)

Date

Name of person from whom investment is purchased

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

Description of investment

Amount of investment (\$)

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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form

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

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

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

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

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

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

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

Amount (\$)	Payee address; City; State; Zip Code
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TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
---------------------	---

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

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

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

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

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

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

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

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

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

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

1 of 1

2 FILER NAME

Melissa Cabello Havrda

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom amount is received

8 Amount (\$)

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

7 Purpose for which amount is received

☐ Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

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

Purpose for which amount is received

☐ Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

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

Purpose for which amount is received

☐ Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

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

Purpose for which amount is received

☐ Check if political contribution returned to filer

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE T

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

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CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

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

C/OH NAME
Melissa Cabello Havrda

Filer ID (Ethics Commission Filers)

SIGNATURE

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

Signature of Candidate / Officeholder

FILER WHO IS NOT AN OFFICEHOLDER

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

A. CAMPAIGN FUNDS

Check only one:

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

B. ASSETS

Check only one:

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

Signature of Candidate

OFFICEHOLDER

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

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

Signature of Officeholder