

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed: 9		OFFICE USE ONLY		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Melissa	MI			Date Received
	NICKNAME	LAST Cabello Havrda	SUFFIX			
4 ORIGINAL REPORT TYPE	July 15: Semi-Annual					Date Hand-delivered or Date Postmarked
5 ORIGINAL PERIOD COVERED	Month	Day	Year	Month	Day	Year
	1/1/2024			6/30/2024		
6 EXPLANATION OF CORRECTION						
Checks in possession of the campaign on 6/30/24 were inadvertently left out as they were deposited after 7/1/24.						
7 AFFIDAVIT						
I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.						
Check ONLY if applicable:						
<input checked="" type="checkbox"/> Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.						
<input type="checkbox"/> Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.						
*** Electronically Certified ***						
Signature of Candidate or Officeholder						
AFFIX NOTARY STAMP / SEAL ABOVE						
Sworn to and subscribed before me, by the said <u>Melissa Cabello Havrda</u> this the <u>10th</u> day of <u>September</u> , 20 <u>24</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		

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**

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:	
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 9/11/2024 10:22:51AM	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE ()	PHONE NUMBER -	EXTENSION	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	Receipt #	Amount \$
	NICKNAME	LAST	SUFFIX	Date Processed	9/11/2024 10:22:51AM
	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 (210)	PHONE NUMBER 549-8620	EXTENSION		
9 REPORT TYPE	July 15: Semi-Annual				
10 PERIOD COVERED	Month Day Year 1/1/2024 THROUGH 6/30/2024				
11 ELECTION	ELECTION DATE		ELECTION TYPE		
	Month Day Year	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="checkbox"/> Runoff <input type="checkbox"/> Special	<input type="checkbox"/> Other 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)	\$ 22450.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 20004.86
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 55130.39
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 Melissa Cabello Havrda , this the 11th day of September , 2024 , 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	\$ 22450.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 20004.86
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input 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 5

2 FILER NAME
Melissa Cabello Havrda

3 Filer ID (Ethics Commission Filers)

4 Date
6/26/2024

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Linebarger Goggan Blair & Sampson LLC

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**PO Box 17428
Austin, TX 78760**

8 Principal occupation / Job title (See instructions)
Attorneys at Law

9 Employer (See instructions)
Linebarger Goggan Blair & Sampson LLC

Date
6/26/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Gordon Hartman

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**5210 Thousand Oaks Drive #1318
San Antonio, TX 78233**

Principal occupation / Job title (See instructions)
Philanthropist

Employer (See instructions)
Gordon Hartman Family Foundation

Date
6/26/2024

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**2319 Fountain Way
San Antonio, TX 78248**

Principal occupation / Job title (See instructions)
Real estate

Employer (See instructions)
Stream Realty

Date
6/26/2024

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**2319 Fountain Way
San Antonio, TX 78248**

Principal occupation / Job title (See instructions)
Homemaker

Employer (See instructions)
self

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
2 of 5

2 FILER NAME
Melissa Cabello Havrda

3 Filer ID (Ethics Commission Filers)

4 Date
6/26/2024

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

7 Amount of contribution (\$)
100.00

6 Contributor address; City; State; Zip Code
**2717 W Martin St
San Antonio, TX 78207**

8 Principal occupation / Job title (See instructions)
Attorney at law

9 Employer (See instructions)
Louis R Escareno PC

Date
6/26/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Daniel T Barrett

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**1017 N Main Ave #204
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)
President & CEO

Employer (See instructions)
Barrett Insurance Services

Date
6/26/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Jane Macon

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**300 Convent St #2700
San Antonio, TX 78205**

Principal occupation / Job title (See instructions)
Attorney at law

Employer (See instructions)
Bracewell LLP

Date
6/26/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
R L Macon

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**PO Box 120250
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)
Attorney at law

Employer (See instructions)
Macon Law Firm

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
3 of 5

2 FILER NAME
Melissa Cabello Havrda

3 Filer ID (Ethics Commission Filers)

4 Date
6/26/2024

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

7 Amount of contribution (\$)
500.00

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

8 Principal occupation / Job title (See instructions)
CEO/Founder

9 Employer (See instructions)
Bitterblue, Inc.

Date
6/26/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Alfred Carnot

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**819 Midnight Drive
San Antonio, TX 78260**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

Date
6/27/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Jay David Heller

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**2165 E Maya Palm Dr
Boca Raton, FL 33432**

Principal occupation / Job title (See instructions)
President & CEO

Employer (See instructions)
The NRP Group

Date
6/27/2024

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

Amount of contribution (\$)
1000.00

Contributor address; City; State; Zip Code
**146 Cedar Street
San Antonio, TX 78210**

Principal occupation / Job title (See instructions)
Lawyer

Employer (See instructions)
Heard & Smith, L,L,P,

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
4 of 5

2 FILER NAME
Melissa Cabello Havrda

3 Filer ID (Ethics Commission Filers)

4 Date
6/28/2024

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

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**7334 Blanco Road #200
San Antonio, TX 78216**

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

9 Employer (See instructions)
Self

Date
6/28/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Rick Cavender

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**21105 W. Interstate 10
San Antonio, TX 78257**

Principal occupation / Job title (See instructions)
Dealer

Employer (See instructions)
Cavender Auto

Date
6/28/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mario Saenz

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**222 E Quill Dr
San Antonio, TX 78228**

Principal occupation / Job title (See instructions)
Senior Sales Manager

Employer (See instructions)
Fresenius Medical Care

Date
6/29/2024

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**799 East Hildebrand Avenue #1401
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
5 of 5

2 FILER NAME
Melissa Cabello Havrda

3 Filer ID (Ethics Commission Filers)

4 Date
6/29/2024

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

7 Amount of contribution (\$)
50.00

6 Contributor address; City; State; Zip Code
**1104 W Craig pl
San Antonio, TX 78201**

8 Principal occupation / Job title (See instructions)
attorney, writer

9 Employer (See instructions)
self

Date
6/29/2024

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

Amount of contribution (\$)
100.00

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

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

Date
6/30/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Laura Cabanilla

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**3334 Nantucket
San Antonio, TX 78230**

Principal occupation / Job title (See instructions)
Financial

Employer (See instructions)
USAA

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See instructions)

Employer (See instructions)

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