CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

	ninistering oath	District	name of officer admini			Title of officer ad	
Sworn to and subscrib to certify which, witnes			a Cabello Havrda	this t	he <u>15th</u>	day of <u>April</u>	, 20 <u>23</u> ,
AFFIX NOTARY STAM	/IP / SEAL ABOVE			Signature 0	. Sanardale	. S.	
						or Officeholder	
				* * *	Electronic	ally Certified * *	*
			in good faith.	-	,	J , , , , ,	
			oort as originally fi that any error or				
			reports: I sw not later than the			filing this correct the date I learn	
		_					
		made	in good faith and ation contained in	without an int		-	
			ONLY if applicab		affirm the	at the original re	oort was
		report	is true and correc	t.	. ,,,		
amending to include 7 AFFIDAVIT	-	ash on hand, ar	-	cupations of	contribut	ors.	
This affidavit is be	ing submitted to d	correct errors in	the 30 Day Befor	e General E	ection- 20	23 report. We a	re
6 EXPLANATION OF C	ORRECTION					Date Imaged	
5 ORIGINAL PERIOD COVERED	Month Day 1/1/2023	Year TH	M ROUGH	onth Day 3/27/202	Year 3	Date Processed	
						Receipt #	Amount \$
	30th Day Befor	e General Electi	on			Date Hand-delive	red or Date Postmark
4 ORIGINAL REPORT TYPE							
	NICKNAME	Cabello Havr	da		SUFFIX		
OFFICEHOLDER NAME	NICKNAME	Melissa			· · ·		
3 CANDIDATE /	MS / MRS / MR	FIRST			MI	Date Received	
1 Filer ID (Ethics Comm	ilssion Filers)		2 Total pages 1	riiea:		OFFICE	USE ONLY

Needed To Report And Explain Corrections

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to comple	ete this form.	1 Filer ID(E	thics Commission Filers)	2 Total pages f	iled:
3 CANDIDATE / OFFICEHOLDER		FIRST Melissa		MI	OFFICE U	SE ONLY
NAME				SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / PO Box 769677 San Antonio TX 78245	SUITE#; C	ITY; ST.	ATE; ZIP CODE		
5 CANDIDATE / OFFICEHOLDER PHONE	1	NUMBER - 7369	EXTEN	NSION	Date Hand-delivered	d or Date Postmarked
6 CAMPAIGN TREASURER		FIRST Carlos		MI	Receipt #	Amount \$
NAME		LAST			Date Processed	
		Cabello			Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business) 8 CAMPAIGN TREASURER PHONE	STREET ADDRESS (NO PO PO Box 769677 San Antonio TX 78245 AREA CODE PHONE () -	NUMBER	EXTEN		ATE; ZIP CODE	
9 REPORT TYPE						
	30th Day Before Ge	eneral Election				
10 PERIOD COVERED	Month	Day Year		Month	Day Year	
OOVERED	1/1/	/2023	THROUG	GH 3/2	27/2023	
11 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year 5/6/2023	Primary X Genera		Description		
10 055105				40. 0===== 0011011=	- 45.	
12 OFFICE	OFFICE HELD (if any) Council District 6			13 OFFICE SOUGHT Council Distri		
		go то	PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME				15 Filer II	O (Ethics Commission Filers)
Melissa Cabello Havrda					
16 NOTICE FROM POLITICAL COMMITTEE(S)	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.				
	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL	COMMITTEE ADDRE	SS		
	SPECIFIC				
Additional Pages		COMMITTEE CAMPA	IIGN TREASURER NAME		
Additional Fages		COMMITTEE CAMPA	IIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS	1. PLEDGES, LO	EMIZED POLITICAL CONT DANS, OR GUARANTEES ONS MADE ELECTRONIC		\$	0
		CICAL CONTRIBUTIONS N PLEDGES, LOANS, OR	GUARANTEES OF LOANS)	\$	18305.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES.		\$	0	
	4. TOTAL POLIT	ICAL EXPENDITURES		\$	36422.54
CONTRIBUTION BALANCE	5. TOTAL POLIT		MAINTAINED AS OF THE LAST DAY	\$	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					
			I swear, or affirm, under penalty or is true and correct and includes al me under Title 15, Election Code.		
* * * Electronically Certified * * *					
AFFIX NOTARY STAM	P / SEAL ABOVE		Signature of Candida	te or Officeho	older
Sworn to and subscribe of April ,				this	the <u>15th</u> day
Signature of officer adn	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. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 18305.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$0
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4. SCHEDULE E: LOANS	\$0
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTR	RIBUTIONS \$36422.54
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$0
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CON	NTRIBUTIONS \$0
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$0
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$0
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BU	USINESS OF C/OH \$0
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CON	NTRIBUTIONS \$0
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION RETURNED TO FILER	NS \$0

SCHEDULE A1

	ר	The Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1: 1 of 9
2	FILER NAME Melissa Cabello	o 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	
8	Principal occupa	ation / Job title (See instructions)		9 Employer (See instru	uctions)
	Date 1/24/2023	Full name of contributor Mrs Patricia Meredith	out-of-state P	AC (ID#)	Amount of contribution (\$) 100.00
		Contributor address; 4230 Luckenbach Rd San Antonio, TX 78251	City;	State; Zip Code	
Principal occupation / Job title (See instructions) Employer (See instructions) Retired		Employer (See instru Retired	uctions)		
	Date 1/24/2023	Full name of contributor Mrs Lisa Montoya	· · · · · · · · · · · · · · · · · · ·		Amount of contribution (\$) 100.00
		Contributor address; 324 Adams Street San Antonio, TX 78210	City;	State; Zip Code	
	Principal occupa UTSA	ation / Job title (See instructions)	Employer (See instructions) Professor		
	Date 1/25/2023	Full name of contributor Mr Paul Bishop	out-of-state P	AC (ID#)	Amount of contribution (\$) 25.00
		Contributor address; 923 Ogden Street San Antonio, TX 78212	City;	State; Zip Code	
	Principal occupa	ation / Job title (See instructions)		Employer (See instru	uctions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

	Т	he Instruction Guide explains how to comp	1 Total pages Schedule A1: 2 of 9			
2	FILER NAME Melissa Cabello	Havrda		3 Filer ID (Ethics Commission Filers)		
4	Date 2/2/2023	5 Full name of contributor □ out-o	7 Amount of contribution (\$) 500.00			
		6 Contributor address; Ci 830 Firefly St. San Antonio, TX 78216	ity; State; Zip Code			
8	Principal occupation / Job title (See instructions) Homespring Resdidential Services 9 Employer (See instructions) VP					
	Date 2/2/2023	Full name of contributor	of-state PAC (ID#)	Amount of contribution (\$) 500.00		
		Contributor address; Ci 25534 Vista Bella San Antonio, TX 78260	ity; State; Zip Code			
Principal occupation / Job title (See instructions) J3 Company			Employer (See instru Project Manager	Employer (See instructions) Project Manager		
	Date 2/3/2023	Full name of contributor	of-state PAC (ID#)	Amount of contribution (\$) 500.00		
		Contributor address; Ci 5157 Blanco Rd San Antonio, TX 78216	ity; State; Zip Code			
	Principal occupa Meet Investmen	tion / Job title (See instructions) ts inc	Employer (See instru Executive	uctions)		
	Date 2/4/2023	Full name of contributor	of-state PAC (ID#)	Amount of contribution (\$) 500.00		
		Contributor address; Ci 1813 Parhaven San Antonio, TX 78232	ity; State; Zip Code			
	Principal occupa	tion / Job title (See instructions)	Employer (See instrunda	uctions)		

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SCHEDULE A1

	т	he Instruction Guide explains how to comp	plete this f	form.	1 Total pages Schedule A1: 3 of 9
2	FILER NAME Melissa Cabello	Havrda			3 Filer ID (Ethics Commission Filers)
4	Date 2/5/2023	5 Full name of contributor □ out-out-out-out-out-out-out-out-out-out-	-of-state PA	C (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; C 1307 Fern Shadow CV San Antonio, TX 78258	City; S	tate; Zip Code	
8	Principal occupa Galaxy Builders	tion / Job title (See instructions)		9 Employer (See instru President	ctions)
	Date 2/7/2023	Full name of contributor	-of-state PA	C (ID#)	Amount of contribution (\$) 500.00
		Contributor address; C 1214 Corte Bello San Marcos, CA 90269	City; S	tate; Zip Code	
Principal occupation / Job title (See instructions) n/a			Employer (See instru	ctions)	
	Date 2/27/2023	Full name of contributor	of-state PA	C (ID#)	Amount of contribution (\$) 750.00
		Contributor address; C 267 Old Highway 90 San Antonio, TX 78237	 City; S	tate; Zip Code	
	Principal occupa ABC Supply	tion / Job title (See instructions)		Employer (See instru Owner	ctions)
	Date 3/1/2023	Full name of contributor ut-	-of-state PA	C (ID#)	Amount of contribution (\$) 25.00
		Contributor address; C 3306 Cambria Way San Antonio, TX 78251	 City; S	tate; Zip Code	
	Principal occupa	tion / Job title (See instructions)		Employer (See instru Frost	ctions)

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SCHEDULE A1

	т	he Instruction Guide explains how to complete this t	form.	1 Total pages Schedule A1: 4 of 9	
2	FILER NAME Melissa Cabello	Havrda		3 Filer ID (Ethics Commission Filers)	
4	Date 3/7/2023	5 Full name of contributor ☐ out-of-state PA Mr Eliot Lee	C (ID#)	7 Amount of contribution (\$) 50.00	
		6 Contributor address; City; S 1542 Wild Fire San Antonio, TX 78251	tate; Zip Code		
8	Principal occupa MVHL Consultir	tion / Job title (See instructions) ng, LLC	9 Employer (See instru Owner	ictions)	
	Date 3/9/2023	Full name of contributor	C (ID#)	Amount of contribution (\$) 1000.00	
		Contributor address; City; S 4006 Green Oak Dr Waco, TX 76710	tate; Zip Code		
			Employer (See instru Realtor/ retired	uctions)	
Date 3/9/2023 Full name of contributor Mrs Cristina Gomez Contributor address; PO Box 300146 Contributor address				Amount of contribution (\$) 10.00	
	Principal occupa	Austin, TX 78703 tion / Job title (See instructions)	Employer (See instru	uctions)	
	Date 3/9/2023	Full name of contributor Mrs Cristina Gomez Contributor address; PO Box 300146 Austin, TX 78703	C (ID#)	Amount of contribution (\$) 10.00	
Principal occupation / Job title (See instructions) self			Employer (See instructions) consultant		

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

www.ethics.state.tx.us

SCHEDULE A1

	т	he Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1: 5 of 9
2	FILER NAME Melissa Cabello	Havrda			3 Filer ID (Ethics Commission Filers)
4	Date 3/14/2023	5 Full name of contributor Mr Paul Basaldua	out-of-state P	AC (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; 3 Woltwood San Antonio, TX 78248	City;	State; Zip Code	
8	Principal occupa Self VersaTerra	tion / Job title (See instructions) Development		9 Employer (See instru Real Estate	uctions)
	Date 3/17/2023	Full name of contributor Mr Humberto Vazquez	out-of-state P	AC (ID#)	Amount of contribution (\$) 10.00
		Contributor address; 7424 Spring Meadow Drive San Antonio, TX 78227	City;	State; Zip Code	
Principal occupation / Job title (See instructions) Retired			Employer (See instru Retired	uctions)	
	Date 3/20/2023	Full name of contributor Mrs Sarah Sepeda-Garcia	out-of-state P	AC (ID#)	Amount of contribution (\$) 250.00
		Contributor address; 11138 Quail Rise San Antonio, TX 78249	City;	State; Zip Code	
	Principal occupa N/A	tion / Job title (See instructions)		Employer (See instru N/A	uctions)
	Date 3/20/2023	Full name of contributor Mr Andrew Skemp	out-of-state P	AC (ID#)	Amount of contribution (\$) 250.00
		Contributor address; 1100 NE Loop 410 San Antonio, TX 78209	City;	State; Zip Code	
	Principal occupa Janicek Law Fir	tion / Job title (See instructions) m		Employer (See instru Attorney	uctions)

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SCHEDULE A1

explains how to complete this	form.	1 Total pages Schedule A1: 6 of 9
		3 Filer ID (Ethics Commission Filers)
	AC (ID#)	7 Amount of contribution (\$) 500.00
ver LN	State; Zip Code	
instructions)	9 Employer (See instru Paralegal	ctions)
	AC (ID#)	Amount of contribution (\$) 100.00
idge	State; Zip Code	
instructions)	Employer (See instructions) Regional Director of Purchasing and Est	
	AC (ID#)	Amount of contribution (\$) 500.00
y Dr	State; Zip Code	
instructions)	Employer (See instru Owner	ctions)
	AC (ID#)	Amount of contribution (\$) 500.00
ay	State; Zip Code	
instructions)	Employer (See instru Owner	ctions)
	Intributor	ress; City; State; Zip Code ress; City; State; Zip Code restructions) 9

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SCHEDULE A1

		The Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1: 7 of 9
2	FILER NAME Melissa Cabell	o Havrda			3 Filer ID (Ethics Commission Filers)
4	Date 3/22/2023	5 Full name of contributor Mr Jeffrey Buell	out-of-state PA	AC (ID#)	7 Amount of contribution (\$) 200.00
		6 Contributor address; 1815 My Anns Hill San Antonio, TX 78258	City;	State; Zip Code	
8	Principal occup Sitterle Homes	ation / Job title (See instructions)		9 Employer (See instru Owner	uctions)
	Date 3/22/2023	Full name of contributor Mr Timothy Pruski	out-of-state P/	AC (ID#)	Amount of contribution (\$) 250.00
		Contributor address; 26227 High Timber Pass San Antonio, TX 78260	City;	State; Zip Code	
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 Mrs Jeane Conger	Out-of-state PAC (ID#)		Amount of contribution (\$) 50.00
		Contributor address; 23834 Village Blacksmith San Antonio, TX 78255	City;	State; Zip Code	
	Principal occup ON3	ation / Job title (See instructions)	Employer (See instructions) Chief Client Officer		
	Date 3/22/2023	Full name of contributor Mr Raoul Berlanga	out-of-state P/	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 14929 Cadillac Dr San Antonoi, TX 78248	City;	State; Zip Code	
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) Retired		uctions)	

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SCHEDULE A1

	T	he Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 8 of 9
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 P Mr Kui Mew Wong	AC (ID#)	7 Amount of contribution (\$) 200.00
		6 Contributor address; City; 11003 Alder Springs San Antonio, TX 78255	State; Zip Code	
8	Principal occupa	ation / Job title (See instructions)	9 Employer (See instru Architect	uctions)
	Date 3/22/2023	Full name of contributor	AC (ID#)	Amount of contribution (\$) 50.00
		Contributor address; City; 9832 Rugged Oaks Dr Houston, TX 77080	State; Zip Code	
Principal occupation / Job title (See instructions) Employer (See Texas All Points Sales VP of Sales			Employer (See instru VP of Sales	ictions)
	Date 3/22/2023	Full name of contributor	AC (ID#)	Amount of contribution (\$) 250.00
		Contributor address; City; 522 Possum Oak Shavano Park, TX 78230	State; Zip Code	
	Principal occupa	tion / Job title (See instructions)	Employer (See instru	actions)
	Date 3/22/2023		AC (ID#)	Amount of contribution (\$) 250.00
		19179 Blanco Rd San Antonio, TX 78258		
	Principal occupa Owner	ation / Job title (See instructions)	Employer (See instru	ictions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: 9 of 9		
2	FILER NAME Melissa Cabello	Havrda		3 Filer ID (Ethics Commission Filers)	
4	Date 3/22/2023	5 Full name of contributor		7 Amount of contribution (\$) 450.00	
		6 Contributor address; City; S 554 Old Highway 90 San Antonio, TX 78237			
8	Principal occupa Owner	rincipal occupation / Job title (See instructions) wner 9 Employer (See instructions) Del Bravo Record Shop			
	Date 3/27/2023	,		Amount of contribution (\$) 1000.00	
		Contributor address; City; S 11300 NE Loop 410 San Antonio, TX 78216	State; Zip Code		
	Principal occupation / Job title (See instructions) Brown and McDonald/Alamo Concrete Products Company Employer (See instructions) Attorney/Attorney				
	Date 3/27/2023 Full name of contributor				
	Principal occupa	tion / Job title (See instructions)	Employer (See instru	ictions)	
	Date Sull name of contributor Out-of-state PAC (ID#) Amount of contribution (\$) Mr Myrl Britten Sull name of contributor Sull name of contributor (\$) Mr Myrl Britten Sull name of contributor (\$) Sull name of contributor Contribution (\$) Sull name of contributor Contributor (\$) Sull name of contributor (\$) Sull n				
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) Retired			

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