

CORRECTION/AMENDMENT AFFIDAVIT FOR POLITICAL COMMITTEE

FORM COR-PAC

1 Filer ID (Ethics Commission Filers) 00067013	2 Total pages filed: 11	OFFICE USE ONLY	
3 COMMITTEE NAME University Democrats PAC			Date Received ELECTRONICALLY FILED 11/07/2023
4 TREASURER NAME Jones, Nya			Date Hand-delivered or Date Postmarked
5 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	Receipt #
	<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> 10th day after campaign treasurer resignation	
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Dissolution report	Amount
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Other (specify) _____	Date Processed
6 ORIGINAL PERIOD COVERED	Month Day Year 01/01/2023	THROUGH	Month Day Year 06/30/2023
Date Imaged			

7 EXPLANATION OF CORRECTION
 Forgot to include current money maintained at end of filing period in original report.

8 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check the box next to any and all applicable statements:

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.

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.

Nya Jones

 Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, 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**

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC
COVER SHEET PG 1

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00067013	2 Total pages filed: 11
3 COMMITTEE NAME University Democrats PAC		OFFICE USE ONLY	
		Date Received ELECTRONICALLY FILED 11/07/2023	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2819 Rio Grande st #610 Austin, TX 78705		
	Date Hand-delivered or Date Postmarked		
	Receipt #	Amount	
	Date Processed		
		Date Imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
		Nya	
		NICKNAME	LAST SUFFIX
			Jones
6 CAMPAIGN TREASURER STREET ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 911 West 21st Street #2407 Austin, TX 78705		
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 911 West 21st Street #2407 Austin, TX 78705		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(915)	235-7075	
9 REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Dissolution (Attach PAC-DR)
	<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> 10th day after campaign treasurer termination
	<input type="checkbox"/> Runoff		
10 PERIOD COVERED	Month Day Year	THROUGH	Month Day Year
	01/01/2023		06/30/2023
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year 05/06/2023	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff <input type="checkbox"/> Other
		<input type="checkbox"/> General	<input checked="" type="checkbox"/> Special

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GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME University Democrats PAC	13 Filer ID (Ethics Commission Filers) 00067013
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported Ballot ID:Prop A Election Date:2023-05-06 Desc:Support for Police Oversight Proposition
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	1,386.97
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

16 AFFIDAVIT

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

Nya Jones

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, 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

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM **GPAC**
ADDENDUM

Page 4 of 11

12 COMMITTEE NAME University Democrats PAC		13 Filer ID (Ethics Commission Filers) 00067013
14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported B. Opposed Ballot ID:Prop B Election Date:2023-05-06 Desc:Police Oversight Act brought by the Voters for Oversight and Police Accountability
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

SUBTOTALS - GPAC

17 COMMITTEE NAME University Democrats PAC		18 Filer ID (Ethics Commission Filers) 00067013
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
NAME OF SCHEDULE		
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 1,081.69
15.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 384.19

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 1/5 Rpt: 6/11	2 FILER NAME University Democrats PAC	3 Filer ID (Ethics Commission Filers) 00067013
4 Date 04/06/2023	5 Payee name Amazon	
6 Amount (\$) 49.78 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip None None None, TX 00000	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Gift/Awards/Memorials Expense	(b) Description (See instructions regarding type of information required.) Graduating Senior Tassles
Date 03/27/2023	Payee name Canva	
Amount (\$) 149.90 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 3212 E Cesar Chavez St Austin, TX 78702	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Canva Pro account
Date 02/11/2023	Payee name Dollar Slice Club	
Amount (\$) 71.42 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 2300 Guadalupe St Austin, TX 78705	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description (See instructions regarding type of information required.) Pizza for social
Date 04/21/2023	Payee name H-E-B	
Amount (\$) 60.53 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1000 East 41st Street Austin, TX 78751	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description (See instructions regarding type of information required.) Social event

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 2/5 Rpt: 7/11	2 FILER NAME University Democrats PAC	3 Filer ID (Ethics Commission Filers) 00067013
4 Date 04/18/2023	5 Payee name Lopez, Raikolf	
6 Amount (\$) 63.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 2400 San Gabriel Austin, TX 78705	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Loan Repayment/Reimbursement	(b) Description (See instructions regarding type of information required.) Food reimbursement
Date 04/20/2023	Payee name Reed, Emma	
Amount (\$) 10.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 715 W 23rd St Austin, TX 78705	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Loan Repayment/Reimbursement	(b) Description (See instructions regarding type of information required.) Ice reimbursement
Date 02/11/2023	Payee name Target	
Amount (\$) 31.40 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 2025 Guadalupe St Austin, TX 78705	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description (See instructions regarding type of information required.) Picnic social
Date 02/21/2023	Payee name UT Austin Recreational Sports	
Amount (\$) 110.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 2101 Speedway Room 2.204 Austin, TX 78712	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) IM Softball

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 3/5 Rpt: 8/11	2 FILER NAME University Democrats PAC	3 Filer ID (Ethics Commission Filers) 00067013
4 Date 02/21/2023	5 Payee name UT Austin Recreational Sports	
6 Amount (\$) 110.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 2101 Speedway Room 2.204 Austin, TX 78712	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) IM Softball
Date 01/31/2023	Payee name University of Texas at Austin	
Amount (\$) 5.41 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 110 Inner Campus Drive Austin, TX 78705	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Printing Expense	(b) Description (See instructions regarding type of information required.) Printing
Date 03/25/2023	Payee name University of Texas at Austin	
Amount (\$) 5.41 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 110 Inner Campus Drive Austin, TX 78705	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Printing Expense	(b) Description (See instructions regarding type of information required.) Printing
Date 04/08/2023	Payee name University of Texas at Austin	
Amount (\$) 20.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 110 Inner Campus Drive Austin, TX 78705	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Gift/Awards/Memorials Expense	(b) Description (See instructions regarding type of information required.) Gifts for graduating seniors

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 4/5 Rpt: 9/11	2 FILER NAME University Democrats PAC	3 Filer ID (Ethics Commission Filers) 00067013
4 Date 05/06/2023	5 Payee name University of Texas at Austin	
6 Amount (\$) 125.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 110 Inner Campus Drive Austin, TX 78705	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Register as student org
Date 03/25/2023	Payee name University of Texas at Austin	
Amount (\$) 16.24 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 110 Inner Campus Drive Austin, TX 78705	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Printing Expense	(b) Description (See instructions regarding type of information required.) printing
Date 03/28/2023	Payee name University of Texas at Austin	
Amount (\$) 5.41 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 110 Inner Campus Drive Austin, TX 78705	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Printing Expense	(b) Description (See instructions regarding type of information required.) printing
Date 04/01/2023	Payee name University of Texas at Austin	
Amount (\$) 5.41 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 110 Inner Campus Drive Austin, TX 78705	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Printing Expense	(b) Description (See instructions regarding type of information required.) printing

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 5/5 Rpt:	2 FILER NAME University Democrats PAC	3 Filer ID (Ethics Commission Filers) 00067013
4 Date 06/05/2023	5 Payee name Walter, Eleanor	
6 Amount (\$) 152.83 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 2910 Medical Arts St Austin, TX 78705	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Loan Repayment/Reimbursement	(b) Description (See instructions regarding type of information required.) Reimbursement
Date 04/25/2023	Payee name hallameck, James	
Amount (\$) 89.95 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 160 River Front Dr Cedar Creek, TX 78612	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Loan Repayment/Reimbursement	(b) Description (See instructions regarding type of information required.) Kareoke rental reimbursement

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: Sch: 1/1 Rpt: 11/11
2 FILER NAME University Democrats PAC		3 Filer ID (Ethics Commission Filers) 00067013
4 Date 01/20/2023	5 Name of person from whom amount is received University of Texas at Austin Student Government	8 Amount (\$) \$384.19
	6 Address of person from whom amount is received; City; State; Zip Code Austin, TX 78712	
	7 Purpose for which amount is received A-Frame display	<input type="checkbox"/> Check if political contribution returned to filer