CORRECTION/AMENDMENT AFFIDAVIT FORM COR-PAC FOR POLITICAL COMMITTEE Filer ID (Ethics Commission Filers) 2 Total pages filed: **OFFICE USE ONLY** 00067013 26 Date Received COMMITTEE University Democrats PAC **ELECTRONICALLY FILED** NAME 07/17/2024 TREASURER Chrismon, Jack (Mr.) NAME Date Hand-delivered or Date Postmarked **ORIGINAL** January 15 Runoff REPORT TYPE Receipt # Amount July 15 10th day after campaign treasurer resignation 30th day before election Dissolution report Date Processed 8th day before election Other (specify) ORIGINAL PERIOD Month Year Year Day Month Day Date Imaged **COVERED THROUGH** 02/25/2024 06/30/2024 **EXPLANATION OF CORRECTION** I did not have the correct addresses for many of the individuals reimbursed by check. I have now submitted the correct addresses 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. Mr. Jack Chrismon Signature of Campaign Treasurer AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said ____, this the ____ ______, 20_____, to certify which, witness my hand and seal of office. Title of officer administering oath Signature of officer administering oath Printed name of officer administering oath Remember To Attach Any Part Of The Campaign Finance Report Form **Needed To Report And Explain Corrections**

FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00067013 3 COMMITTEE NAME **OFFICE USE ONLY** University Democrats PAC Date Received **ELECTRONICALLY FILED** 07/17/2024 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 2819 Rio Grande st #610 Date Hand-delivered or Date Postmarked Change of Address Austin, TX 78705 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Jack NAME NICKNAME LAST **SUFFIX** Chrismon STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 2401 Whitis Ave. STREET **ADDRESS** #112 (Residence or Business) Austin, TX 78705 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 2401 Whitis Ave. MAILING **ADDRESS** #112 Austin, TX 78705 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (469) 662-0115 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Х Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 02/25/2024 06/30/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

| 12 COMMITTEE NAME | | | 13 Filer ID | (Ethics Commission Filers) |
|---|---|--|-----------------|----------------------------|
| University Democrats | PAC | | 00067013 | |
| 14 COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | A. Supported Lloyd Doggett US House TX-3 | 37 | |
| (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | | |
| | Measures (Describe by date and location of election and nature of issue.) | A. Supported | | |
| | | B. Opposed | | |
| | Officeholders Assisted (Identify by name or, if applicable, classify by party.) | | | |
| 15 CONTRIBUTION TOTALS | PLEDGES, LOANS, CONTRIBUTIONS Macheck here if this report | D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) qualifies for the higher itemization threshold | \$ | 0.00 |
| | 2. TOTAL POLITICA (OTHER THAN PLE | AL CONTRIBUTIONS EDGES, LOANS, OR GUARANTEES OF LOANS) | \$ | 1,125.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZE | D POLITICAL EXPENDITURES | \$ | 0.00 |
| | 4. TOTAL POLITICA | L EXPENDITURES | \$ | 8,910.04 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL OF THE REPORTIN | CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD | DAY \$ | 4,500.00 |
| OUTSTANDING LOAN TOTALS | | AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD | THE \$ | 0.00 |
| 16 AFFIDAVIT | • | | <u> </u> | |
| | | I swear, or affirm, under penalty of pe true and correct and includes all informunder Title 15, Election Code. | | |
| | | Mr. Jack | Chrismon | |
| | | Signature of Car | mpaign Treasur | er |
| AFFIX NOTAR | RY STAMP / SEAL ABOVE | | | |
| Sworn to and subscribe | ed before me, by the said _ | , th | nis the | day |
| of | , 20, to certify | which, witness my hand and seal of office. | | |
| Signature of officer a | administering oath | Printed name of officer administering oath | Title of office | er administering oath |
| | | | | |

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC ADDENDUM

Page 4 of 26

| | | | | | | 1 age 1 01 20 |
|---|---|--------------|--------------------------|-----------|-------------|----------------------------|
| 12 COMMITTEE NAME | | | | | 13 Filer ID | (Ethics Commission Filers) |
| University Democrats P | AC | | | | 00067013 | |
| 14 COMMITTEE | 1. Candidates | A Supported | Bill Burch Railroad Con | mmissione | ar | |
| ACTIVITY | (Identify by name or, if applicable, classify by party.) | | biii barcii Naiiload Col | mmissione | 21 | |
| (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | | | | |
| | 2. Measures | A. Supported | | | | |
| | (Describe by date and location of election and nature of issue.) | | | | | |
| | | B. Opposed | | | | |
| | 3. Officeholders | | | | | |
| | Assisted (Identify by name or, if applicable, classify by party.) | | | | | |
| COMMITTEE | Candidates | A. Supported | Randall Sarosdy Supre | eme Court | Justice | |
| ACTIVITY | (Identify by name or, if applicable, classify by party.) | | | | | |
| (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | | | | |
| | 2. Measures | A. Supported | | | | |
| | (Describe by date and location of election and nature of issue.) | | | | | |
| | | B. Opposed | | | | |
| | 3. Officeholders Assisted | | | | | |
| | (Identify by name or, if applicable, classify by party.) | | | | | |
| COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | | Sherine Thomas Distric | ct Judge | | |
| (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | | | | |
| | 2. Measures | A. Supported | | | | |
| | (Describe by date and location of election and nature of issue.) | | | | | |
| | | B. Opposed | | | | |
| | 3. Officeholders | | | | | |
| | Assisted (Identify by name or, if applicable, classify by party.) | | | | | |
| | | | | | | |

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC **ADDENDUM**

| | | | | | | Page 5 of 26 |
|--|---|--------------------------|--------------|--------------------|----------------|----------------------------|
| 12 COMMITTEE NAMI | E | | | | 13 Filer ID | (Ethics Commission Filers) |
| University Democ | rats PAC | | | | 00067013 | |
| 14 COMMITTEE ACTIVITY (Attach lists on plair | Candidates (Identify by name or, if applicable, classify by party.) | | Jose Garza [| District Attorney | | |
| paper to complete the report if necessary.) | his | B. Opposed | | | | |
| | Measures (Describe by date and location of election and nature of issue.) | A. Supported | | | | |
| | | B. Opposed | | | | |
| | 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) | | | | | |
| COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | A. Supported | Maggie Ellis | Court Of Appeals, | Justice | |
| (Attach lists on plair paper to complete the report if necessary.) | his | B. Opposed | | | | |
| | 2. Measures (Describe by date and location of election and nature of issue.) | A. Supported B. Opposed | | | | |
| | | B. Opposed | | | | |
| | Officeholders Assisted (Identify by name or, if applicable, classify by party.) | | | | | |
| COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | | Ornela DeSet | a Justice of The F | Peace, Place 5 | |
| (Attach lists on plair paper to complete the report if necessary.) | his | B. Opposed | | | | |
| | Measures (Describe by date and location of election and nature of issue.) | A. Supported | | | | |
| | | B. Opposed | | | | |
| | Officeholders Assisted (Identify by name or, if applicable, classify by party.) | | | | | |

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC ADDENDUM

Page 6 of 26

| | | | | | 1 ago o o 120 |
|----|---|---|--------------|--------------------------------|--|
| 12 | COMMITTEE NAME | | | | 13 Filer ID (Ethics Commission Filers) |
| | University Democrats P. | AC | | | 00067013 |
| | COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | | Roland Gutierrez US Senate | |
| | (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | | |
| | | 2. Measures (Describe by date and location of election and nature of issue.) | A. Supported | | |
| | | | B. Opposed | | |
| | | 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) | | | |
| | COMMITTEE | 1. Candidates | A. Supported | Jett Hanna Travis County Centr | ral Appraisal District Board Place 1 |
| | ACTIVITY | (Identify by name or, if applicable, classify by party.) | | | |
| | (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | | |
| | | 2. Measures (Describe by date and location of election and nature of issue.) | A. Supported | | |
| | | | B. Opposed | | |
| | | 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) | | | |
| | COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | | Shenghao Wang Travis County | Central Appraisal District Board Place 2 |
| | (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | | |
| | | 2. Measures (Describe by date and location of election and nature of issue.) | A. Supported | | |
| | | | B. Opposed | | |
| | | 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) | | | |
| | | | | | |

GENERAL-PURPOSE COMMITTEE REPORT:

FORM GPAC

| | | | | | Page 7 of 26 |
|--|---|--|---|--|--|
| | | | | 12 Eilor ID | (Ethics Commission Filers) |
| PAC | | | | | (Euros Commission Flicis) |
| | Δ Supported | Dick Lovins | Travic County C | | istrict Poord Place 2 |
| • | A. Supported | DICK LAVINE | Travis County C | central Appraisal D | ISITICI BOATU PIACE 3 |
| | B. Opposed | | | | |
| 2. Measures (Describe by date and location of election and | A. Supported | | | | |
| | B. Opposed | | | | |
| Officeholders Assisted | | | | | |
| (Identify by name or, if applicable, classify by party.) | | | | | |
| | | | | | |
| | Measures (Describe by date and location of election and nature of issue.) Officeholders Assisted | 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders | 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed B. Opposed 3. Officeholders Assisted | 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed A. Supported B. Opposed A. Supported A. Supported | 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed A. Supported B. Opposed A. Supported A. Supported A. Supported A. Supported |

SUBTOTALS - GPAC

FORM **GPAC**COVER SHEET PG 3

| | | | 8 of 26 | | | | |
|--|--|--------------|--------------------|--|--|--|--|
| 17 COMMITTEE NAME Liniversity Democrats PAC | University Democrats PAC 18 Filer ID 00067013 | | | | | | |
| 19 SCHEDULE SUBTOTALS | | 00007013 | Ι | | | | |
| NAME OF SCHEDULE | | | | | | | |
| 1. X SCHEDULE A1: MONETARY POLITICAL CONTI | RIBUTIONS | | \$ 1,125.00 | | | | |
| 2. SCHEDULE A2: NON-MONETARY (IN-KIND) PC | LITICAL CONTRIBUTIONS | | \$ | | | | |
| 3. SCHEDULE B: PLEDGED CONTRIBUTIONS | | | \$ | | | | |
| 4. SCHEDULE C1: MONETARY CONTRIBUTIONS ORGANIZATION | FROM CORPORATION OR LABO |)R | \$ | | | | |
| 5. SCHEDULE C2: NON-MONETARY (IN-KIND) CC | ONTRIBUTIONS FROM CORPORA | ATION OR | \$ | | | | |
| 6. SCHEDULE C3: MONETARY SUPPORT FROM | CORPORATION OR LABOR ORG | ANIZATION | \$ | | | | |
| 7. SCHEDULE C4: NON-MONETARY SUPPORT F ORGANIZATION | ROM CORPORATION OR LABOR | | \$ | | | | |
| 8. SCHEDULE D: PLEDGED CONTRIBUTIONS FR | OM CORPORATION OR LABOR (| ORGANIZATION | \$ | | | | |
| 9. SCHEDULE E: LOANS | | | \$ | | | | |
| 10. X SCHEDULE F1: POLITICAL EXPENDITURES FF | ROM POLITICAL CONTRIBUTION: | S | \$ 8,910.04 | | | | |
| 11. SCHEDULE F2: UNPAID INCURRED OBLIGATION | ONS | | \$ | | | | |
| 12. SCHEDULE F3: PURCHASE OF INVESTMENTS | FROM POLITICAL CONTRIBUTION | ONS | \$ | | | | |
| 13. SCHEDULE F4: EXPENDITURES MADE BY CR | EDIT CARD | | \$ | | | | |
| 14. X SCHEDULE I: NON-POLITICAL EXPENDITURES | FROM POLITICAL CONTRIBUTION | ONS | \$ 164.11 | | | | |
| 15. SCHEDULE K: INTEREST, CREDITS, GAINS, RE | EFUNDS, AND CONTRIBUTIONS | RETURNED | \$ | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | ONS | | SCHEDU | LE A1 |
|---|------------------------------|--|------------------------------|--------|--|--------------|
| | The Instru | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 1/1 Rpt: 9/26 | |
| 2 | FILER NAME University D | emocrats PAC | | 1 | Filer ID (Ethics Commiss 00067013 | ion Filers) |
| 4 | Date 06/28/2024 | | | 7 | Amount of Contribution (\$) | \$25.00 |
| 8 | Principal occu | Austin, TX 78723 upation / Job title (See Instructions) | 9 Employer (See Instructions | 8) | | |
| | | vare Engineer | The University of Texas | • | Austin | |
| | Date 04/29/2024 | Full name of contributor out-of-state PAC (ID#:_ Pumfrey, William Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$100.00 |
| | | Austin, TX 78736 | | | | |
| | Principal occu Unemployed | រpation / Job title (See Instructions) វ | Employer (See Instructions | s) | | |
| | Date 06/13/2024 | Full name of contributor out-of-state PAC (ID#:_ Watson, Kirk Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) | \$1,000.00 |
| | Principal occu | Austin, TX 78751 upation / Job title (See Instructions) | Employer (See Instructions | s) | | |
| | Mayor | | City of Austin | , | | |
| | | | | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

| Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | |
|--|---|
| 4. Total manage Coloradula 54 | |
| 1 Total pages Schedule F1: | |
| Sch: 1/16 Rpt: 10/26 | University Democrats PAC 00067013 |
| 4 Date | 5 Payee name |
| 06/20/2024 | Act Blue |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$30.00 | 366 Summer Street |
| | |
| Expenditure from | Somerville, MA 02144 |
| corporate funds | |
| 8 PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| EXPENDITURE | Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | Candidate/Onicenoider/Political Committee Donated \$30 to Mothers Against Greg Abbott for |
| | signs |
| 9 Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/O | |
| | |
| Date | Payee name |
| 06/04/2024 | Act Blue |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$595.00 | 366 Summer Street |
| | |
| Expenditure from corporate funds | Somerville, MA 02144 |
| PURPOSE | 1 |
| OF | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T. |
| EXPENDITURE | Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense |
| | Donated to Texas Young Dems |
| | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/O | · · |
| Data | Davida dama |
| Date | Payee name |
| 03/15/2024 | Act Blue |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$200.00 | 366 Summer Street |
| | |
| Expenditure from corporate funds | Somerville, MA 02144 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF | Contributions/Donations Made By Contributions/Donations Made By Contributions/Donations Made By |
| EXPENDITURE | Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense |
| | Donated to Travis County Young Dems |
| | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/O | |
| | |
| | |
| | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/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)

| Credit Card Payment | The Instruction Guide explains how to complete this form. |
|---|--|
| 1 Total pages Schedule F1: Sch: 2/16 Rpt: 11/26 | 2 FILER NAME University Democrats PAC 3 Filer ID (Ethics Commission Filers) 00067013 |
| 4 Date 03/01/2024 | 5 Payee name Adobe |
| 6 Amount (\$) \$21.64 | 7 Payee address; City; State; Zip Code 345 Park Ave |
| Expenditure from corporate funds | San Jose, CA 95110 |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Adobe Suite for UDems Social Media |
| Complete <u>ONLY</u> if direct expenditure to benefit C/Oh | Candidate/Officeholder name Office sought Office held |
| Date 04/01/2024 | Payee name Adobe |
| Amount (\$) \$21.64 | Payee address; City; State; Zip Code 345 Park Ave |
| Expenditure from corporate funds | San Jose, CA 95110 |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Adobe Suite for UDems Social Media |
| Complete <u>ONLY</u> if direct expenditure to benefit C/Oh | Candidate/Officeholder name Office sought Office held |
| Date 05/01/2024 | Payee name Adobe |
| Amount (\$) \$21.64 | Payee address; City; State; Zip Code 345 Park Ave |
| Expenditure from corporate funds | San Jose, CA 95110 |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Adobe Suite for UDems Social Media |
| Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Fees

| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide expl | Office Over Polling Exp Printing Exp Salaries/Wa | oense ages/Contract Labor | | Travel in District Travel Out of Dis | quipment & Related Expense |
|--|-----------------------------|---|---|------------------------------|-------|--|----------------------------|
| 1 Total pages Schedule F1: | 2 EII ED NAMI | <u>.</u> | | | 3 | Filer ID | (Ethics Commission Filers) |
| Sch: 3/16 Rpt: 12/26 | | = Democrats PAC | | | l | 00067013 | (Ethics Commission Filets) |
| 4 Date | 5 Payee name | | | | | | |
| 06/01/2024 | Adobe | | | | | | |
| 6 Amount (\$) \$21.64 | 7 Payee addre 345 Park A | | State; Zip Coo | le | | | |
| Expenditure from corporate funds | San Jose, (| CA 95110 | <u>, </u> | | | | |
| 8 PURPOSE OF EXPENDITURE | | ee Categories listed at the top of th head/Rental Expense | is schedule) | | , TX, | de of Texas. Composition officeholder living UDems Soc | expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/Oh | | iceholder name | Office soug | ht | | Office he | eld |
| Date | Payee name | | | | | | |
| 03/19/2024 | Amazon | | | | | | |
| Amount (\$) | Payee addre | ss; City; S | State; Zip Cod | le | | | |
| \$29.21 | 410 Terry A | ve N. | | | | | |
| Expenditure from corporate funds | Seattle, WA | A 98109 | | | | | |
| PURPOSE OF EXPENDITURE | | ee Categories listed at the top of th head/Rental Expense | ais schedule) | <u> </u> | , TX, | de of Texas. Composition officeholder living | |
| Complete ONLY if direct expenditure to benefit C/OF | | iceholder name | Office soug | ht | | Office he | eld |
| Date 04/09/2024 | Payee name Amazon | | | | | | |
| Amount (\$) \$48.70 | Payee addre | | State; Zip Cod | le | | | |
| Expenditure from corporate funds | Seattle, WA | A 98109 | | | | | |
| PURPOSE OF EXPENDITURE | | ee Categories listed at the top of th head/Rental Expense | is schedule) | <u> </u> | , TX, | de of Texas. Composition | |
| Complete ONLY if direct expenditure to benefit C/Oh | | iceholder name | Office soug | ht | | Office he | eld |
| | | | | | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense Accounting/Banking Consulting Expense

Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

| Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | |
|--|--|---|
| 4 7 1 0 1 1 5 | · · · · · · · · · · · · · · · · · · · | _ |
| 1 Total pages Schedule F1: Sch: 4/16 Rpt: 13/26 | 2 FILER NAME University Democrats PAC 3 Filer ID (Ethics Commission Filers) 00067013 | |
| 4 Date | 5 Payee name | |
| 04/09/2024 | Amazon | |
| | | _ |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | |
| \$31.14 | 410 Terry Ave N. | |
| | | |
| Expenditure from corporate funds | Seattle, WA 98109 | |
| | | |
| 8 PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) Description | |
| EXPENDITURE | Office Overhead/Rental Expense | |
| | Check if Austin, TX, officeholder living expense | |
| | Office Expense | |
| | | |
| 9 Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | |
| expenditure to benefit C/O | H | |
| Data | | = |
| Date | Payee name | |
| 06/10/2024 | Austin Bergstrom International Airport | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| \$46.00 | 3201 Presidential Blvd | |
| | | |
| Expenditure from | Augtin TV 70710 | |
| corporate funds | Austin, TX 78719 | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| OF EXPENDITURE | Travel In District Check if travel outside of Texas. Complete Schedule T. | |
| EXI ENDITORE | Check if Austin, TX, officeholder living expense | |
| | Travel Expenses from the State Democratic | |
| | Convention | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | |
| expenditure to benefit C/O | H | |
| | | _ |
| Date | Payee name | |
| 04/09/2024 | Canva | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| \$149.90 | 3212 E Cesar Chavez St | |
| , , , , , | Suite 1300 | |
| Expenditure from | | |
| corporate funds | Austin, TX 78702 | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| OF | Office Overhead/Rental Expense | |
| EXPENDITURE | Check if Austin, TX, officeholder living expense | |
| | Canva Subscription for UDems Social Media | |
| | Graphics | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | _ |
| expenditure to benefit C/O | | |
| • | | |
| | | |
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Git/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | |
|--|--|
| 4 Tabella 01 11 51 | |
| 1 Total pages Schedule F1: | |
| Sch: 5/16 Rpt: 14/26 | University Democrats PAC 00067013 |
| 4 Date | 5 Payee name |
| 04/04/2024 | Chrismon, Jack |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$227.96 | 2401 Whitis Ave |
| , | #112 |
| Expenditure from | |
| corporate funds | Austin, TX 78705 |
| 8 PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| EXPENDITURE | Travel Out of District Check if travel outside of Texas. Complete Schedule T. |
| | Check if Austin, TX, officeholder living expense Reimbursement for Travel to El Paso |
| | Reimbursement for Traver to Err aso |
| • | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| oxportantaro to sorione or o | |
| Date | Payee name |
| 06/25/2024 | Cohen, Jessica |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$270.00 | 1728 Timberwood Dr |
| , , , , , , | |
| Expenditure from | Auctin TV 70741 |
| corporate funds | Austin, TX 78741 |
| PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| EXPENDITURE | Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | Reimbursed for the purchase of event tickets during |
| | the State Democratic Convention |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | |
| , | |
| Date | Payee name |
| 06/07/2024 | DoorDash |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$109.67 | 303 2nd Street |
| | Suite 800 |
| Expenditure from corporate funds | San Francisco, CA 94107 |
| | I |
| PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) Food/Reverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. |
| EXPENDITURE | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | DoorDashed Chick-Fil-A to State Democratic |
| | Convention |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/OI | |
| | |
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| | |
| - '' '' | 11. 0 |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

| Candidate/Officeholder/Politica Credit Card Payment | I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. |
|--|---|
| 1 Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| Sch: 6/16 Rpt: 15/26 | University Democrats PAC 00067013 |
| 4 Date | 5 Payee name |
| 06/08/2024 | El Paso F&B |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$101.32 | C St |
| | |
| Expenditure from corporate funds | El Paso, TX 79901 |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. |
| | Check if Austin, TX, officeholder living expense Food at the Convention Center during the State |
| | Democratic Convention |
| 9 Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/OI | 1 |
| Date | Payee name |
| 03/22/2024 | Google Drive |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$2.12 | 1600 Ampitheatre parkway |
| | |
| Expenditure from corporate funds | Mountain View, CA 94043 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | Drive Storage for UDems Email |
| | Sinc clorage for essine Linai |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/OI | |
| Date | Payee name |
| 04/22/2024 | Google Drive |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$2.12 | 1600 Ampitheatre parkway |
| Φ2.12 | 1000 Amplineatie parkway |
| Expenditure from corporate funds | Mountain View, CA 94043 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Office Overhead/Rental Expense |
| | Check if Austin, TX, officeholder living expense |
| | Drive Storage for UDems Email |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/OI | |
| | |
| | |
| | |

SCHEDULE F1

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | |
|--|---|
| 1 Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| Sch: 7/16 Rpt: 16/26 | University Democrats PAC 00067013 |
| 4 Date | 5 Payee name |
| 05/22/2024 | Google Drive |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$2.12 | 1600 Ampitheatre parkway |
| | |
| Expenditure from corporate funds | Mountain View, CA 94043 |
| | 1 |
| 8 PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | Drive Storage for UDems Email |
| | blive storage for obeling Linian |
| | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| experientare to benefit 6/61 | ' |
| Date | Payee name |
| 06/22/2024 | Google Drive |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$2.12 | 1600 Ampitheatre parkway |
| Ψ2.12 | 1000 / implificatio partitory |
| Expenditure from | |
| corporate funds | Mountain View, CA 94043 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Office Overhead/Rental Expense |
| | Check if Austin, TX, officeholder living expense |
| | Drive Storage for UDems Email |
| | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/O | |
| Date | Payee name |
| 04/19/2024 | Grantham, Roam |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$236.96 | 600 W 26 Street |
| φ230.90 | |
| Expenditure from | Apt 3116 |
| corporate funds | Austin, TX 78705 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF | Travel Out of District Check if travel outside of Texas. Complete Schedule T. |
| EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | Flight Reimbursement to El Paso |
| | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/O | 1 |
| | |
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

| Candidate/Officeholder/Politica Credit Card Payment | l Committee Leg | e Instruction Guide exp | | Vages | /Contract Labor | | OTHER (enter | a category not listed above) | |
|---|---------------------|----------------------------------|----------------|------------------|-----------------|-------|--|---|-----------|
| 1 Total pages Schedule F1: | 2 FILER NAME | | | | | 3 | Filer ID | (Ethics Commission | Filers) |
| Sch: 8/16 Rpt: 17/26 | University Den | nocrats PAC | | | | | 00067013 | | |
| 4 Date | 5 Payee name | | | | | | | | |
| 04/27/2024 | H-E-B | | | | | | | | |
| 6 Amount (\$) | 7 Payee address; | City; | State; Zip Co | ode | | | | | |
| \$98.65 | 1000 East 41s | t Street | | | | | | | |
| | | | | | | | | | |
| Expenditure from corporate funds | Austin, TX 787 | 51 | | | | | | | |
| 8 PURPOSE OF | (a) Category (See C | ategories listed at the top of t | this schedule) | (b) | Description | | | | |
| EXPENDITURE | Food/Beverage | e Expense | | | = | | de of Texas. Cor officeholder livin | nplete Schedule T. | |
| | | | | | — | | | Dems End-Of-Yea | r Party |
| | | | | | . courbining i | -// | 701100 101 0 | | a.ty |
| Complete ONLY if direct expenditure to benefit C/OF | Candidate/Officeh | older name | Office sou | l ught | | | Office h | eld | |
| | | | | | | | | | |
| Date | Payee name | | | | | | | | |
| 06/10/2024 | Hilton Garden | Inn | | | | | | | |
| Amount (\$) | Payee address; | City; | State; Zip Co | ode | | | | | |
| \$2,087.67 | 7930 Jones Br | anch Drive | | | | | | | |
| | | | | | | | | | |
| Expenditure from corporate funds | McLean, VA 22 | 2102 | | | | | | | |
| PURPOSE | (a) Category (See C | ategories listed at the top of t | this schedule) | (b) | Description | | | | |
| OF EXPENDITURE | Travel Out of D | District | | | = | | | nplete Schedule T. | |
| | | | | | — | | officeholder livin | ^{g expense} Iring the State Den | accratic |
| | | | | | Convention in | | | ining the State Den | ilocialic |
| Complete ONLY if direct | Candidate/Officeh | older name | Office sou | <u>l</u> ıght | | | Office h | eld | |
| expenditure to benefit C/O | 4 | | | | | | | | |
| Date | Payee name | | | | | | | | |
| 04/26/2024 | Jones, Nya | | | | | | | | |
| Amount (\$) | Payee address; | City; | State; Zip Co | ode | | | | | |
| \$228.96 | 911 W 21 Stre | et | | | | | | | |
| | Apt 2407 | | | | | | | | |
| Expenditure from corporate funds | Austin, TX 787 | 05 | | | | | | | |
| PURPOSE | | ategories listed at the top of t | this echodule) | (b) | Description | | | | |
| OF | Travel Out of E | | ans soneuule) | `' | | outsi | de of Texas. Cor | nplete Schedule T. | |
| EXPENDITURE | | | | | ш | | officeholder livin | | |
| | | | | | | | | El Paso for State | |
| | | | | | Democratic C | onر | vention | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeh | older name | Office sou | ıght | | | Office h | eld | |
| | | | | | | | | | |
| | | | | | | | | | |
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

| Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | |
|--|---|
| 1 Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| Sch: 9/16 Rpt: 18/26 | University Democrats PAC 00067013 |
| 4 Date | 5 Payee name |
| 05/06/2024 | Jones, Nya |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$79.00 | 911 W 21 Street |
| — Forest dit us from | Apt 2407 |
| Expenditure from corporate funds | Austin, TX 78705 |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Event Expense |
| | Check if Austin, TX, officeholder living expense |
| | Reimbursement for Expense regarding a UDems End-Of-Year Party |
| 9 Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/OI | - |
| Date | Payee name |
| 04/12/2024 | Kalb, Caitlin |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$250.00 | 907 W 23rd Street |
| Expenditure from | |
| corporate funds | Austin, TX 78705 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Travel Out of District Check if travel outside of Texas. Complete Schedule T. |
| | Check if Austin, TX, officeholder living expense Reimbursement for Flight to El Paso for State |
| | Democratic Convention |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/OI | - |
| Date | Payee name |
| 06/26/2024 | Krembs, Minami |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$250.00 | 1318 Sunland Park Drive |
| Expenditure from | |
| corporate funds | Frisco, TX 75033 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Travel Out of District Check if travel outside of Texas. Complete Schedule T. |
| | Check if Austin, TX, officeholder living expense Reimbursement for Flight to El Paso for State |
| | Democratic Convention |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/OI | ' |
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

| Candidate/Officeholder/Politica Credit Card Payment | | |
|---|---|---|
| 1 Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) | _ |
| Sch: 10/16 Rpt: 19/26 | University Democrats PAC 00067013 | |
| 4 Date | 5 Payee name | |
| 05/30/2024 | McCulloch, Mark | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | |
| \$100.67 | 5303 Summer Dr. | |
| | | |
| Expenditure from corporate funds | Austin, TX 78741 | |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| OF EXPENDITURE | Printing Expense Check if travel outside of Texas. Complete Schedule T. | |
| | Check if Austin, TX, officeholder living expense UDems Endorsed Stickers | |
| | ODENIS ENdorsed Stickers | |
| | | _ |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held | |
| | | |
| Date | Payee name | |
| 04/26/2024 | Mendoza, Katherine | |
| Amount (\$) | Payee address; City; State; Zip Code | _ |
| \$250.00 | 2902 Sunbird Dr | |
| | | |
| Expenditure from corporate funds | Houston, TX 77804 | |
| | | _ |
| PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. | |
| EXPENDITURE | Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| | Reimbursement for Flight to El Paso for State | |
| | Democratic Convention | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | _ |
| expenditure to benefit C/OI | | |
| D-1- | | = |
| Date | Payee name | |
| 06/09/2024 | Olive Garden | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| \$503.00 | 1000 Darden Center Drive | |
| Funon diture from | | |
| Expenditure from corporate funds | Orlando, FL 32837 | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | _ |
| OF | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. | |
| EXPENDITURE | Check if Austin, TX, officeholder living expense | |
| | Dinner after the State Democratic Convention | |
| | | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | |
| expenditure to benefit C/OI | H | |
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Com Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| Candidate/Officeholder/Politica Credit Card Payment | | Se Travel Out of District S/Contract Labor OTHER (enter a category not listed above) |
|---|--|--|
| Credit Card F dyment | The Instruction Guide explains how to compl | ete this form. |
| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
| Sch: 11/16 Rpt: 20/26 | University Democrats PAC | 00067013 |
| 4 Date | 5 Payee name | • |
| 04/22/2024 | Painaik, Elif | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | |
| \$248.96 | 1733 Dapplegrey Lane | |
| | | |
| Expenditure from corporate funds | Austin, TX 78727 | |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) | Description |
| OF | Travel Out of District | Check if travel outside of Texas. Complete Schedule T. |
| EXPENDITURE | | Check if Austin, TX, officeholder living expense |
| | | Reimbursement for El Paso Flight for State |
| | | Democratic Convention |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought | Office held |
| expenditure to benefit C/Oi | - | |
| Date | Payee name | |
| 05/09/2024 | Painaik, Elif | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| \$96.62 | 1733 Dapplegrey Lane | |
| | | |
| Expenditure from corporate funds | Austin, TX 78727 | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) | Description |
| OF EXPENDITURE | Office Overhead/Rental Expense | Check if travel outside of Texas. Complete Schedule T. |
| EXI ENDITORE | | Check if Austin, TX, officeholder living expense |
| | | Reimbursement for UDems End-Of-Year Party |
| Operation ONLY if allowed | Out like to 10 ff and all land and a second at land and a second at land at la | Office held |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought | Office held |
| | | |
| Date | Payee name | |
| 05/07/2024 | Papari, Shokrollah | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| \$250.00 | 2001 Crimson Rosella Trl | |
| Expenditure from | | |
| corporate funds | Austin, TX 78728 | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) | Description |
| OF EXPENDITURE | Travel Out of District | Check if travel outside of Texas. Complete Schedule T. |
| EXI ENDITORE | | Check if Austin, TX, officeholder living expense |
| | | Reimbursement for Flight to El Paso for State Democratic Convention |
| Complete CAU V if dire-+ | Condidate/Officeholder news | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought H | Office held |
| | | |
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| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Reimbursement Solicitation/Fundraising Expense
ental Expense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

| Candidate/Officeholder/Politica Credit Card Payment | | or HER (enter a category not listed above) |
|---|--|--|
| orean out a tyment | The Instruction Guide explains how to comple | ete this form. |
| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
| Sch: 12/16 Rpt: 21/26 | University Democrats PAC | 00067013 |
| 4 Date | 5 Payee name | • |
| 04/03/2024 | Pena, Brian | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | |
| \$250.00 | 2400 San Gabriel | |
| | | |
| Expenditure from corporate funds | Austin, TX 78705 | |
| 8 PURPOSE | | Description |
| OF | (a) Category (See Categories listed at the top of this schedule) Travel Out of District | Description Check if travel outside of Texas. Complete Schedule T. |
| EXPENDITURE | Travel Out of District | Check if Austin, TX, officeholder living expense |
| | | Travel Reimbursement to El Paso for State |
| | | Democratic Convention |
| 9 Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held |
| expenditure to benefit C/O | Н | |
| Date | Payee name | |
| 04/03/2024 | Pena, Brian | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| \$128.73 | 2400 San Gabriel | |
| Ψ120.10 | 2400 Gail Gabliel | |
| Expenditure from | Augtin TV 7070F | |
| corporate funds | Austin, TX 78705 | |
| PURPOSE OF | o , (eee canegeries as are top er and caneer, | Description Check if travel outside of Taylor Complete Schoolule T |
| EXPENDITURE | Office Overhead/Rental Expense | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Reimbursement for Office Supplies |
| | | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held |
| expenditure to benefit C/O | | |
| Date | Payee name | |
| 06/27/2024 | Payee name Pena, Brian | |
| | | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| \$244.00 | 2400 San Gabriel | |
| Expenditure from | | |
| corporate funds | Austin, TX 78705 | |
| PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) | Description |
| EXPENDITURE | Food/Beverage Expense | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Reimbursement for dinner on 06/06/2024 at the |
| | | State Democratic Convention in El Paso |
| Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held |
| expenditure to benefit C/Ol | • | Chief Held |
| | | |
| | | |
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | |
|--|---|
| 1 Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| Sch: 13/16 Rpt: 22/26 | University Democrats PAC 00067013 |
| 4 Date | 5 Payee name |
| 04/26/2024 | Perez, Mario |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$250.00 | 4409 Duval Street |
| | |
| Expenditure from corporate funds | Austin, TX 78751 |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Travel Out of District Check if travel outside of Texas. Complete Schedule T. |
| | Check if Austin, TX, officeholder living expense Reimbursement for Flight to El Paso for State |
| | Democratic Convention |
| 9 Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/OI | H |
| Date | Payee name |
| 04/19/2024 | Perez-Cabaras, Jose |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$250.00 | 1109 S Pleasant Valley Rd |
| | Apt 217 |
| Expenditure from corporate funds | Austin, TX 78741 |
| PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| EXPENDITURE | Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | Flight Reimbursement for Travel to El Paso for State |
| | Democratic Convention |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| Date | Douge name |
| 04/25/2024 | Payee name Portillo, Nichole |
| | |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$91.76 | 7201 S Congress Ave |
| Expenditure from | Apt 810 |
| corporate funds | Austin, TX 78745 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | Event Expense Reimbursement for Caucus Chair |
| | Event Expense Neimbursement for Caucus Chair |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/O | н |
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

| Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | xpense Travel Out of District Vages/Contract Labor OTHER (enter a category not listed above) |
|---|--|--|
| 1 Total pages Schedule F1: | | 3 Filer ID (Ethics Commission Filers) |
| Sch: 14/16 Rpt: 23/26 | University Democrats PAC | 00067013 |
| 4 Date | 5 Payee name | |
| 06/28/2024 | Slot, Simon | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Co | ode |
| \$250.00 | 2500 Longview St | |
| Expenditure from corporate funds | Austin, TX 78705 | |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
| OF EXPENDITURE | Travel Out of District | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Reimbursement for flight to El Paso for State |
| | | Democratic Convention |
| Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sou H | ight Office held |
| Date | Payee name | |
| 03/03/2024 | Target | |
| Amount (\$) | Payee address; City; State; Zip Co | ode |
| \$5.73 | 2025 Guadalupe St | |
| - Cynonditure from | | |
| Expenditure from corporate funds | Austin, TX 78705 | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
| OF EXPENDITURE | Office Overhead/Rental Expense | Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Shopping Expense for on-campus political |
| | | organizing |
| Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sou H | I Ight Office held |
| Date | Payee name | |
| 02/26/2024 | Texas Ethics Commission | |
| Amount (\$) | Payee address; City; State; Zip Co | ode |
| \$50.00 | 201 E 14th St | |
| Evponditure from | #10 | |
| Expenditure from corporate funds | Austin, TX 78701 | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
| OF EXPENDITURE | Fees | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Late Fee for 2023 June Semiannual |
| | | |
| Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sou H | light Office held |
| | | |
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Co Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | |
|--|---|
| 1 Total pages Cabadula F4: | |
| 1 Total pages Schedule F1: | |
| Sch: 15/16 Rpt: 24/26 | University Democrats PAC 00067013 |
| 4 Date | 5 Payee name |
| 06/07/2024 | The Pizza Joint |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$210.27 | 500 N Stanton St |
| | |
| Expenditure from | El Paso, TX 79901 |
| corporate funds | |
| 8 PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| EXPENDITURE | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | Dinner at Pizza Joint during State Democratic |
| | Convention Convention |
| O Complete CNII V if divers | Candidate/Officeholder name Office cought Office hold |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| , , . , | |
| Date | Payee name |
| 06/06/2024 | Uber |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$123.03 | 1725 Third Street |
| | |
| Expenditure from corporate funds | San Francisco, CA 94158 |
| • | |
| PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. |
| EXPENDITURE | Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | Ubers for the Day of 06/06/2024 during State |
| | Democratic Convention |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/O | |
| | |
| Date | Payee name |
| 06/07/2024 | Uber |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$201.33 | 1725 Third Street |
| | |
| Expenditure from corporate funds | San Francisco, CA 94158 |
| PURPOSE | |
| OF | (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. |
| EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | Ubers for the day of 06/07/2024 in El Paso during the |
| | State Democratic Convention |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/O | |
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

ense Travel in Di ense Travel Out ges/Contract Labor OTHER (er

| Candidate/Officeholder/Politica Credit Card Payment | Al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. |
|--|--|
| 1 Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| Sch: 16/16 Rpt: 25/26 | University Democrats PAC 00067013 |
| 4 Date | 5 Payee name |
| 06/08/2024 | Uber |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$173.59 | 1725 Third Street |
| Expenditure from corporate funds | San Francisco, CA 94158 |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Travel Out of District Check if travel outside of Texas. Complete Schedule T. |
| | Ubers for the day of 06/08/2024 in El Paso during t State Democratic Convention |
| Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held H |
| Date | Payee name |
| 06/09/2024 | Uber |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$67.17 | 1725 Third Street |
| Expenditure from corporate funds | San Francisco, CA 94158 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Travel Out of District Check if travel outside of Texas. Complete Schedule T. |
| | Check if Austin, TX, officeholder living expense |
| | Ubers after the State Democratic Convention, the morning of 06/09/2024 |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
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SCHEDULE I

| The Instruction Guide explains how to complete this form. | | | |
|---|---|--|--|
| Total pages Schedule I: Sch: 1/1 Rpt: | 2 FILER NAME University Democrats PAC 3 Filer ID (Ethics Commission Filers) 00067013 | | |
| 4 Date 03/03/2024 | 5 Payee name Academy Sports + Outdoors | | |
| 6 Amount (\$) 54.11 Expenditure from corporate funds | 7 Payee Address; City; State; Zip 1800 N. Mason Rd Katy, TX 77449 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories) Event Expense (b) Description (See instructions regarding type of information required.) Softball Supplies | | |
| Date 03/21/2024 | Payee name UT Recsports | | |
| Amount (\$) 110.00 Expenditure from corporate funds | Payee Address; City; State; Zip 2001 San Jacinto Blvd Austin, TX 78705 | | |
| PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories) Event Expense (b) Description (See instructions regarding type of information required.) Softball Team Payment | | |
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