

ETHICS REVIEW COMMISSION
CHAPTER 2-7 CITY CODE
COMPLAINT

NAME OF PERSON(S) FILING COMPLAINT: DANIEL LLANES, CHAIR, Govalle/Johnston
Neighborhood Plan Contact Team

MAILING ADDRESS: c/o AleshireLAW, PC, 3605 Shady Valley Dr., Austin, TX 78739

PHONE NUMBER: 512 431-9665; Bill Aleshire 512 750-5854

EMAIL ADDRESS: dllanesrb@earthlink.net Bill@Aleshirelaw.com

PLEASE FILE A SEPARATE COMPLAINT FORM FOR EACH PERSON
COMPLAINED AGAINST.

NAME OF PERSON COMPLAINED AGAINST: Jose Miguel Anwar Velasquez

CITY OFFICE, DEPARTMENT, COMMISSION: CITY COUNCIL, DISTRICT 3

MAILING ADDRESS: P.O. Box 1088, Austin, Texas 78767

PHONE NUMBER [IF KNOWN]: 512 978-2103

EMAIL ADDRESS [IF KNOWN]: _____

The Ethics Review Commission has jurisdiction to hear complaints alleging violation(s) of
the following provisions:

- City Code, Chapter 2-1, Section 2-1-24 (City Boards, Conflict of Interest and Recusal)
- City Code, Chapter 2-2 (Campaign Finance)
- City Code, Chapter 2-7 (Ethics and Financial Disclosure), except for Article 6 (Anti-lobbying and Procurement)
- City Code, Chapter 4-8 (Regulation of Lobbyists)
- City Charter, Article III, Section 8 (Limits on Campaign Contributions and Expenditures)

PLEASE LIST EACH ALLEGED VIOLATION OF THE ABOVE CITY CODE AND
CHARTER PROVISIONS SEPARATELY ON THE FOLLOWING PAGES.

I.

SECTION OF CHARTER OR ORDINANCE VIOLATED: **CODE 2-7-72(E)(1),(2), (13)**

DATE OF ALLEGED VIOLATION: **4/3/2023 Report & 8/29/2022 Report**

ACTIONS ALLEGED TO BE A VIOLATION: **Code 2-7-72(E)(1), (2):**

COUNT 1: On his 2022 SFI [Exhibit C-1 at 2-3], filed 4/3/2023, CM Velasquez failed to list the name/address of East Austin Conservancy as a source of income equal to more than 10% of his gross income in 2022, a fact to which Velasquez swore on Exhibit C-3, his sworn Affidavit of Recusal on the Borden Tract Zoning Council Agenda Items 65 & 66, 6/1/2023. "JMAV Strategies" is not a registered company [Exhibit C-6] or even a registered assumed name [Exhibit C-5]. CM Velasquez is JMAV Strategies.

COUNT 2: On his 2021 SFI [Exhibit C-2 at 2-3], filed 8/29/2022, CM Velasquez likewise failed to list actual income sources.

Code 2-7-72(E)(13):

COUNT 3 & 4: CM Velasquez was a Director of East Austin Conservancy from March 3, 2017 [Exhibit C-4, at 2-3] to at least March 28, 2022 [Exh. C-4 at 5-6]. But CM Velasquez failed to report that for his 2022 SFI [Exhibit C-1 at 5] or his 2021 SFI [Exhibit C-2 at 5].

WITNESSES OR EVIDENCE THAT WOULD BE PRESENTED: **ATTACHED EXHIBITS C-1; C-2; C-3; C-4; C-5; and C-6.**

CONTACT INFORMATION OF ANY PERSON(S), OTHER THAN THE PERSON COMPLAINED AGAINST, WHO IS IDENTIFIED BY NAME ABOVE OR IN ANY ATTACHMENTS AS INVOLVED IN THE ALLEGED INAPPROPRIATE CONDUCT: (Leave blank if inapplicable.)

NAME: _____

MAILING ADDRESS: _____

EMAIL ADDRESS [IF KNOWN]: _____

NAME: _____

MAILING ADDRESS: _____

EMAIL ADDRESS [IF KNOWN]: _____

NAME: _____

MAILING ADDRESS: _____

EMAIL ADDRESS [IF KNOWN]: _____

[IF MORE ROOM IS NECESSARY, PLEASE CONTINUE ON A BLANK PAGE USING THE SAME FORMAT]

ALL THE STATEMENTS AND INFORMATION IN THIS COMPLAINT ARE TRUE AND FACTUAL TO THE BEST OF MY KNOWLEDGE.

DATE: 7.14.23

Daniel Llanes
COMPLAINANT'S SIGNATURE

DANIEL LLANES
PRINT NAME

STATE OF TEXAS

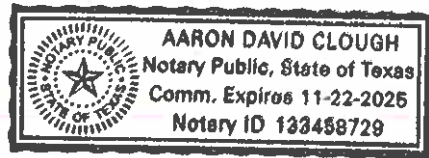
COUNTY OF TRAVIS

This instrument was acknowledged, sworn to and subscribed before me by

Daniel Llanes

On the 14 day of July, 2023, to certify which witness my hand and official seal.

[Signature]
Notary Public in and for the State of Texas
Aaron D. Clough
Typed or Printed Name of Notary



THIS FORM MUST BE SUBMITTED TO THE OFFICE OF THE CITY CLERK.

STATEMENT OF FINANCIAL INFORMATION

FORM SFI
COVER SHEET

1 NAME	TITLE; FIRST; MI <p style="text-align: center;">José</p> <hr style="border-top: 1px dotted black;"/> NICKNAME; LAST; SUFFIX <p style="text-align: center;">Velásquez</p>	PAGE # <p style="text-align: center;">7</p> <hr/> ACCOUNT # <p style="text-align: center;">00090787</p>						
2 ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP <div style="background-color: black; width: 100px; height: 40px; margin: 5px 0;"></div> <input checked="" type="checkbox"/> (CHECK IF FILER'S HOME ADDRESS)	OFFICE USE ONLY <hr/> Date Received ELECTRONICALLY FILED 04/03/2023 <hr/> Receipt # 						
3 Spouse or Domestic Partner whose financial activity you are reporting		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">HD / PM</td> <td style="width:30%;">Amount</td> </tr> <tr> <td colspan="2">Date Processed</td> </tr> <tr> <td colspan="2">Date Imaged</td> </tr> </table>	HD / PM	Amount	Date Processed		Date Imaged	
HD / PM	Amount							
Date Processed								
Date Imaged								
4 REASON FOR FILING STATEMENT	<div style="margin-bottom: 10px;"> <input type="checkbox"/> MAYOR <input checked="" type="checkbox"/> CITY COUNCIL MEMBER <input type="checkbox"/> CITY STAFF/EMPLOYEE <input type="checkbox"/> CANDIDATE <input type="checkbox"/> BOARD MEMBER </div> <p style="font-size: small;"> This form should be filed by the following City officials -- Mayor, City Council Members, and Candidates -- for the period of January 1 through December 31, 2022. Filing Deadlines: Mayor & Council Members must file the statement (covering the previous calendar year) not later than April 30 of each year. Except that outgoing Mayor & Council Members who have not been re-elected must file the statement (covering the previous calendar year) not later than the 30th day after the end of their term in office. Candidates must file the statement (covering the previous calendar year) within five working days after the deadline for filing for their respective offices. Except that incumbent Candidates are not required to refile if an identical statement covering the previous calendar year has already been filed. For all filers: Statements must be received by the City Clerk on the day stated above. When the deadline falls on a Saturday, Sunday, or City holiday, the deadline is extended to the next day which is not a Saturday, Sunday, or City holiday. This statement must be signed under oath. In reporting information required by this form, a City official shall include the same information as it pertains to his or her spouse or domestic partner, by separate listing. However, a separate report for the City official's spouse or domestic partner is not required. </p>							

SELF-EMPLOYMENT/PROFESSIONAL CORP./SMALL BUSINESS INCOME

PART 2

If you are a self-employed solo practitioner or if you had at least 5% interest in a partnership, professional corporation or other entity through which you do business, list the names and addresses of clients or customers from whom you or this partnership, professional corporation, or entity received 10% or more of gross income or \$5,000 in salary, bonuses, commissions or professional fees; or \$20,000 in payment for goods, products or non professional services during the reporting period.

1 NAME OF CLIENT OR CUSTOMER	JMAV Strategies
2 ADDRESS	ADDRESS CITY STATE ZIP CODE

3 MEMO

LOANS/DEBTS/FINANCIAL LIABILITIES (PERSONAL)

PART 12

List all loans, debts, and other financial liabilities you have which are in excess of \$5,000 which are presently outstanding or which existed at any time during the reporting period.

1 NAME OF LENDER/CREDITOR/OBLIGEE	UFCU
2 RATE OF INTEREST, IF ANY	9
3 DATE OBLIGATION WAS INCURRED	2021-09-14
4 CATEGORY OR AMOUNT	<input checked="" type="checkbox"/> At least \$1 but less than \$10,000 <input type="checkbox"/> At least \$10,000 but less than \$20,000 <input type="checkbox"/> At least \$20,000 but less than \$50,000 <input type="checkbox"/> At least \$50,000 but less than \$75,000 <input type="checkbox"/> At least \$75,000 but less than \$100,000 <input type="checkbox"/> \$100,000 or more, report to nearest \$100,000 <input type="checkbox"/> Enter an Amount

5 MEMO

NAME OF LENDER/CREDITOR/OBLIGEE	US Department of Educaition
RATE OF INTEREST, IF ANY	5
DATE OBLIGATION WAS INCURRED	2008-10-28

4 CATEGORY OR AMOUNT	<input type="checkbox"/> At least \$1 but less than \$10,000 <input type="checkbox"/> At least \$10,000 but less than \$20,000 <input checked="" type="checkbox"/> At least \$20,000 but less than \$50,000 <input type="checkbox"/> At least \$50,000 but less than \$75,000 <input type="checkbox"/> At least \$75,000 but less than \$100,000 <input type="checkbox"/> \$100,000 or more, report to nearest \$100,000 <input type="checkbox"/> Enter an Amount
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MEMO

STATEMENT OF FINANCIAL INFORMATION

PARTS MARKED "NOT APPLICABLE" BY FILER

- N/A Part 1 - Occupation Income
- N/A Part 2 - Self-employment/Professional Corp./Small Business Income
- N/A Part 3 - Non-Occupation Income
- N/A Part 4 - Gifts
- N/A Part 5 - Other Business Ownership/Interests
- N/A Part 6 - Bonds/Notes/Commercial Paper
- N/A Part 7 - Other Income Sources
- N/A Part 8 - Real Property Ownership or Sale
- N/A Part 9 - Real Property, Business Entity
- N/A Part 10 - Loans as Lender/Creditor
- N/A Part 11 - Guarantor/Co-Signer to Loans/Transactions
- N/A Part 12 - Loans/Debts/Financial Liabilities (Personal)
- N/A Part 12b - Loans/Debts/Financial Liabilities (Business)
- N/A Part 13 - Boards of Directors (Membership & Position)

STATEMENT OF FINANCIAL INFORMATION AFFIDAVIT

This information serves as the electronic signature of the person legally responsible for filing this report.

Under penalty of perjury, I swear or affirm that the preceding Financial Statement of Information is in all things true and correct and fully shows all information required to be reported pursuant to City Code Section 2-7-72 for the reporting period indicated.

José Velásquez

Signature of Filer

STATEMENT OF FINANCIAL INFORMATION

FORM SFI
COVER SHEET

1 NAME	TITLE; FIRST; MI <p style="text-align: center;">José</p> <hr/> NICKNAME; LAST; SUFFIX <p style="text-align: center;">Velásquez</p>	PAGE # 7						
2 ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP 2311 Willow Street Austin, TX 78702 <input checked="" type="checkbox"/> (CHECK IF FILER'S HOME ADDRESS)	ACCOUNT # 00090787						
		OFFICE USE ONLY Date Received ELECTRONICALLY FILED 08/29/2022 Receipt #						
3 Spouse or Domestic Partner whose financial activity you are reporting		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">HD / PM</td> <td style="width:30%;">Amount</td> </tr> <tr> <td colspan="2">Date Processed</td> </tr> <tr> <td colspan="2">Date Imaged</td> </tr> </table>	HD / PM	Amount	Date Processed		Date Imaged	
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Date Processed								
Date Imaged								
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OCCUPATION INCOME

PART 1

List all sources of occupational income that exceeded 10% of your gross income or \$5,000 in salary, bonuses, commissions or professional fees, or \$20,000 in payment for goods, products or non-professional services per source.

1 NAME OF EMPLOYER OR SOURCE OF INCOME	Self
2 BUSINESS ADDRESS	ADDRESS CITY STATE ZIP CODE 2311 Willow Street Austin, TX 78702
3 NATURE OF OCCUPATION OR BUSINESS	Marketing
4 CATEGORY OR AMOUNT	<input type="checkbox"/> At least \$1 but less than \$10,000 <input type="checkbox"/> At least \$10,000 but less than \$20,000 <input type="checkbox"/> At least \$20,000 but less than \$50,000 <input checked="" type="checkbox"/> At least \$50,000 but less than \$75,000 <input type="checkbox"/> At least \$75,000 but less than \$100,000 <input type="checkbox"/> \$100,000 or more, report to nearest \$100,000 <input type="checkbox"/> Enter an Amount

5 MEMO

SELF-EMPLOYMENT/PROFESSIONAL CORP./SMALL BUSINESS INCOME

PART 2

If you are a self-employed solo practitioner or if you had at least 5% interest in a partnership, professional corporation or other entity through which you do business, list the names and addresses of clients or customers from whom you or this partnership, professional corporation, or entity received 10% or more of gross income or \$5,000 in salary, bonuses, commissions or professional fees; or \$20,000 in payment for goods, products or non professional services during the reporting period.

1 NAME OF CLIENT OR CUSTOMER	JMAV Strategies
2 ADDRESS	ADDRESS CITY STATE ZIP CODE 2311 Willow Street Austin, TX 78702

3 MEMO

LOANS/DEBTS/FINANCIAL LIABILITIES (PERSONAL)

PART 12

List all loans, debts, and other financial liabilities you have which are in excess of \$5,000 which are presently outstanding or which existed at any time during the reporting period.

1 NAME OF LENDER/CREDITOR/OBLIGEE	UFCU
2 RATE OF INTEREST, IF ANY	9
3 DATE OBLIGATION WAS INCURRED	2021-09-14
4 CATEGORY OR AMOUNT	<input checked="" type="checkbox"/> At least \$1 but less than \$10,000 <input type="checkbox"/> At least \$10,000 but less than \$20,000 <input type="checkbox"/> At least \$20,000 but less than \$50,000 <input type="checkbox"/> At least \$50,000 but less than \$75,000 <input type="checkbox"/> At least \$75,000 but less than \$100,000 <input type="checkbox"/> \$100,000 or more, report to nearest \$100,000 <input type="checkbox"/> Enter an Amount
5 MEMO	
NAME OF LENDER/CREDITOR/OBLIGEE	US Department of Educaition
RATE OF INTEREST, IF ANY	5
DATE OBLIGATION WAS INCURRED	2008-10-28
4 CATEGORY OR AMOUNT	<input type="checkbox"/> At least \$1 but less than \$10,000 <input type="checkbox"/> At least \$10,000 but less than \$20,000 <input checked="" type="checkbox"/> At least \$20,000 but less than \$50,000 <input type="checkbox"/> At least \$50,000 but less than \$75,000 <input type="checkbox"/> At least \$75,000 but less than \$100,000 <input type="checkbox"/> \$100,000 or more, report to nearest \$100,000 <input type="checkbox"/> Enter an Amount
MEMO	

BOARDS OF DIRECTORS (MEMBERSHIP & POSITION)

PART 13

List all boards of directors of which you are a member and the offices or executive positions which you hold in corporations, partnerships, limited partnerships, professional corporations, or other entities, including non-business entities. (Do not include positions on corporations or other entities owned by the City of Austin or created by the City Council.)

1 NAME OF ORGANIZATION

Chingona Fest Texas

2 POSITION HELD

Board Member

3 MEMO

STATEMENT OF FINANCIAL INFORMATION

PARTS MARKED "NOT APPLICABLE" BY FILER

- N/A Part 1 - Occupation Income
- N/A Part 2 - Self-employment/Professional Corp./Small Business Income
- N/A Part 3 - Non-Occupation Income
- N/A Part 4 - Gifts
- N/A Part 5 - Other Business Ownership/Interests
- N/A Part 6 - Bonds/Notes/Commercial Paper
- N/A Part 7 - Other Income Sources
- N/A Part 8 - Real Property Ownership or Sale
- N/A Part 9 - Real Property, Business Entity
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- N/A Part 11 - Guarantor/Co-Signer to Loans/Transactions
- N/A Part 12 - Loans/Debts/Financial Liabilities (Personal)
- N/A Part 12b - Loans/Debts/Financial Liabilities (Business)
- N/A Part 13 - Boards of Directors (Membership & Position)

STATEMENT OF FINANCIAL INFORMATION AFFIDAVIT

This information serves as the electronic signature of the person legally responsible for filing this report.

Under penalty of perjury, I swear or affirm that the preceding Financial Statement of Information is in all things true and correct and fully shows all information required to be reported pursuant to City Code Section 2-7-72 for the reporting period indicated.

José Velásquez

Signature of Filer

FILED IN THE OFFICE OF CITY CLERK
ON 1 DAY OF JUN 20 23
AT 10:00 M
MM
CITY CLERK

Council Meeting Date: June 1, 2023
Agenda Item No.: 65 & 66

COUNCIL MEMBER AFFIDAVIT

THE STATE OF TEXAS §
COUNTY OF TRAVIS §

BEFORE ME, the undersigned authority, on this day appeared

JOSE VELASQUEZ
(Name)

known to me to be a credible person, who upon his/her oath did depose and say as follows:

I, JOSE VELASQUEZ as a member of the Austin City Council make this affidavit and hereby on oath state the following: I, and/or a person or persons related to me in the first or second degree by affinity or consanguinity*, have/has a substantial interest in a business entity or in real estate that would be subject to a special economic effect by a vote or decision of the Austin City Council as those terms are used in Chapter 171 of the Texas Local Government Code.

(In the case of a substantial interest in a business entity fill out the following:)

The business entity is:

EAST AUSTIN CONSERVANCY
(Name)

P.O. BOX 6462 AUSTIN TX 78762
(Address)

I

_____ have/has a substantial interest in this
("I" or name of relative and relationship)
business entity of the following reasons (check all that apply):

- Ownership of 10% or more of the voting stock or shares of the business entity.
 Ownership of 10 percent or more or \$15,000 or more of the fair market value of the business entity.
 Funds received from the business entity exceed 10% of my gross income for the previous year.
(my, his, her)

(In the case of a substantial interest in real estate fill out the following:)

The real property is:

(describe)

(address)

_____ have/has an equitable or legal
("I" or name of relative and relationship)

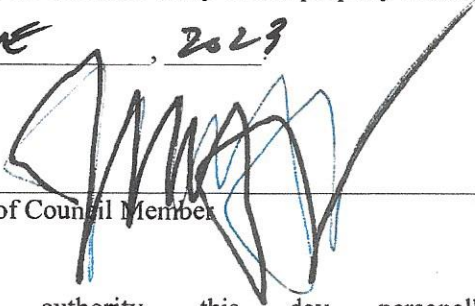
August 10, 2011

EXHIBIT C-3 001

ownership of this property with a fair market value of \$2,500 or more.

On the filing of this affidavit with the City Clerk, I affirm that I will abstain from voting and from further participation in a decision involving the business entity or real property described above.

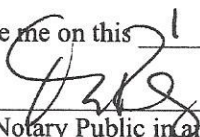
Signed this 1 day of June, 2023



Signature of Council Member

BEFORE ME, the undersigned authority, this day personally appeared Jose Velasquez and on oath stated that the facts hereinabove stated are true to the best of his/her knowledge or belief.

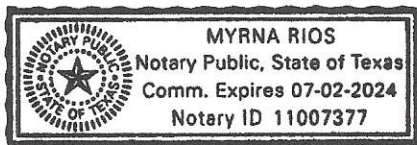
Sworn to and subscribed before me on this 1 day of June, 2024



Notary Public in and for the State of Texas

Myrna Rios
Printed Name of Notary Public

My commission expires: 7.7.2024



*Your first degree relatives by consanguinity (blood) are your parents and children. Your first degree relatives by affinity (marriage) are your spouse, your spouse's children, and your children's and parent's spouses. Your second degree relatives by consanguinity are your brothers, sisters, grandparents, and grandchildren. Your second degree relatives by affinity are your spouse's brothers, sisters, grandparents, and grandchildren, and the spouses of your brothers, sisters, grandparents, and grandchildren. For this purpose, a marriage that has ended because of death or divorce is considered to continue as long as a child of that marriage is living.

TEXAS SECRETARY of STATE
JANE NELSON

BUSINESS ORGANIZATIONS INQUIRY - VIEW ENTITY

Filing Number:	801183813	Entity Type:	Domestic Nonprofit Corporation
Original Date of Filing:	October 20, 2009	Entity Status:	In existence
Formation Date:	N/A	Non-Profit Type:	N/A
Tax ID:	32040520051	FEIN:	
Duration:	Perpetual		
Name:	East Austin Conservancy		
Address:	2601 ZARAGOSA ST Austin, TX 78702 USA		

REGISTERED AGENT	FILING HISTORY	NAMES	MANAGEMENT	ASSUMED NAMES	ASSOCIATED ENTITIES	INITIAL ADDRESS
		Name	Address	Inactive Date		
		Raul R Alvarez	2601 Zaragosa St. Austin, TX 78702 USA			

Instructions:

- To place an order for additional information about a filing press the 'Order' button.

Form 424
(Revised 05/11)

Submit in duplicate to:
Secretary of State
P.O. Box 13697
Austin, TX 78711-3697
512 463-5555
FAX: 512/463-5709
Filing Fee: See instructions



Certificate of Amendment

This space reserved for office use.

FILED
In the Office of the
Secretary of State of Texas

MAR 03 2017

Corporations Section

Entity Information

The name of the filing entity is:

East Austin Conservancy

State the name of the entity as currently shown in the records of the secretary of state. If the amendment changes the name of the entity, state the old name and not the new name.

The filing entity is a: (Select the appropriate entity type below.)

For-profit Corporation

Nonprofit Corporation

Cooperative Association

Limited Liability Company

Professional Corporation

Professional Limited Liability Company

Professional Association

Limited Partnership

The file number issued to the filing entity by the secretary of state is:

801183813

The date of formation of the entity is:

10/20/2009

Amendments

1. Amended Name

(If the purpose of the certificate of amendment is to change the name of the entity, use the following statement)

The amendment changes the certificate of formation to change the article or provision that names the filing entity. The article or provision is amended to read as follows:

The name of the filing entity is: (state the new name of the entity below)

The name of the entity must contain an organizational designation or accepted abbreviation of such term, as applicable.

2. Amended Registered Agent/Registered Office

The amendment changes the certificate of formation to change the article or provision stating the name of the registered agent and the registered office address of the filing entity. The article or provision is amended to read as follows:

RECEIVED

MAR 03 2017

Secretary of State

Registered Agent
(Complete either A or B, but not both. Also complete C.)

A. The registered agent is an organization (cannot be entity named above) by the name of:

OR

B. The registered agent is an individual resident of the state whose name is:

<i>First Name</i>	<i>M.I.</i>	<i>Last Name</i>	<i>Suffix</i>
The person executing this instrument affirms that the person designated as the new registered agent has consented to serve as registered agent.			

C. The business address of the registered agent and the registered office address is:

<i>Street Address (No P.O. Box)</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
		TX	

3. Other Added, Altered, or Deleted Provisions

Other changes or additions to the certificate of formation may be made in the space provided below. If the space provided is insufficient, incorporate the additional text by providing an attachment to this form. Please read the instructions to this form for further information on format.

Text Area (The attached addendum, if any, is incorporated herein by reference.)

Add each of the following provisions to the certificate of formation. The identification or reference of the added provision and the full text are as follows:

Alter each of the following provisions of the certificate of formation. The identification or reference of the altered provision and the full text of the provision as amended are as follows:

~~Delete Article 3: Delete - Joseph Hawkins as Director~~
Add - Tam Hawkins as Director; 7402 Langston Dr. Austin, TX 78723
Add - Jose M.A. Velasquez as Director; 2311 Willow St., Austin, TX 78702

Delete each of the provisions identified below from the certificate of formation.

Statement of Approval

The amendments to the certificate of formation have been approved in the manner required by the Texas Business Organizations Code and by the governing documents of the entity.

Effectiveness of Filing (Select either A, B, or C.)

- A. This document becomes effective when the document is filed by the secretary of state.
- B. This document becomes effective at a later date, which is not more than ninety (90) days from the date of signing. The delayed effective date is: _____
- C. This document takes effect upon the occurrence of a future event or fact, other than the passage of time. The 90th day after the date of signing is: _____

The following event or fact will cause the document to take effect in the manner described below:

Execution

The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument and certifies under penalty of perjury that the undersigned is authorized under the provisions of law governing the entity to execute the filing instrument.

Date: 3/3/17

By: Raul R. Alvarez
Raul R. Alvarez
Signature of authorized person
RAUL R. ALVAREZ
Printed or typed name of authorized person (see instructions)

Form 424
(Revised 05/11)

Submit in duplicate to:
Secretary of State
P.O. Box 13697
Austin, TX 78711-3697
512.463-5555
FAX: 512/463-5709
Filing Fee: See instructions



Certificate of Amendment

This space reserved for office use.

FILED
In the Office of the
Secretary of State of Texas

MAR 28 2022

Corporations Section

Entity Information

The name of the filing entity is:

East Austin Conservancy

State the name of the entity as currently shown in the records of the secretary of state. If the amendment changes the name of the entity, state the old name and not the new name.

The filing entity is a: (Select the appropriate entity type below.)

- For-profit Corporation
- Nonprofit Corporation
- Cooperative Association
- Limited Liability Company
- Professional Corporation
- Professional Limited Liability Company
- Professional Association
- Limited Partnership

The file number issued to the filing entity by the secretary of state is: 801183813

The date of formation of the entity is: 10/20/2009

Amendments

1. Amended Name

(If the purpose of the certificate of amendment is to change the name of the entity, use the following statement)

The amendment changes the certificate of formation to change the article or provision that names the filing entity. The article or provision is amended to read as follows:

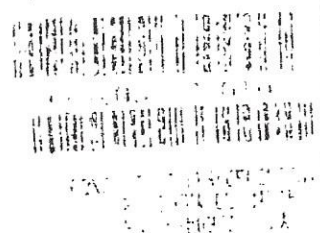
The name of the filing entity is: (state the new name of the entity below)

N/A

The name of the entity must contain an organizational designation or accepted abbreviation of such term, as applicable.

2. Amended Registered Agent/Registered Office

The amendment changes the certificate of formation to change the article or provision stating the name of the registered agent and the registered office address of the filing entity. The article or provision is amended to read as follows:



Registered Agent
(Complete either A or B, but not both. Also complete C.)

A. The registered agent is an organization (cannot be entity named above) by the name of:

OR

B. The registered agent is an individual resident of the state whose name is:

First Name	M.I.	Last Name	Suffix
The person executing this instrument affirms that the person designated as the new registered agent has consented to serve as registered agent.			

C. The business address of the registered agent and the registered office address is:

Street Address (No P.O. Box)	City	State	Zip Code
		TX	

3. Other Added, Altered, or Deleted Provisions

Other changes or additions to the certificate of formation may be made in the space provided below. If the space provided is insufficient, incorporate the additional text by providing an attachment to this form. Please read the instructions to this form for further information on format.

Text Area (The attached addendum, if any, is incorporated herein by reference.)

Add each of the following provisions to the certificate of formation. The identification or reference of the added provision and the full text are as follows:

Alter each of the following provisions of the certificate of formation. The identification or reference of the altered provision and the full text of the provision as amended are as follows:
Alter Article 3 by deleting Jose M. A. Velasquez as Director, 2311 Willow St., Austin, TX 78702.

Delete each of the provisions identified below from the certificate of formation.

Statement of Approval

The amendments to the certificate of formation have been approved in the manner required by the Texas Business Organizations Code and by the governing documents of the entity.

Effectiveness of Filing (Select either A, B, or C.)

- A. This document becomes effective when the document is filed by the secretary of state.
- B. This document becomes effective at a later date, which is not more than ninety (90) days from the date of signing. The delayed effective date is: _____
- C. This document takes effect upon the occurrence of a future event or fact, other than the passage of time. The 90th day after the date of signing is: _____
- The following event or fact will cause the document to take effect in the manner described below:

Execution

The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument and certifies under penalty of perjury that the undersigned is authorized under the provisions of law governing the entity to execute the filing instrument.

Date: 3/29/22

By:

Raul Alvarez
Signature of authorized person

RAUL R. ALVAREZ
Printed or typed name of authorized person (see instructions)



Comptroller of Public Accounts FORM 05-102 (Rev. 9-11/30)

Texas Franchise Tax Public Information Report

To be filed by Corporations, Limited Liability Companies (LLC) and Financial Institutions
 This report **MUST** be signed and filed to satisfy franchise tax requirements

Tcode 13196 Franchise

■ Taxpayer number

3 2 0 4 0 5 2 0 0 5 1

■ Report year

2 0 2 2

You have certain rights under Chapter 552 and 559, Government Code, to review, request, and correct information we have on file about you. Contact us at (800) 252-1381 or (512) 463-4600.

Taxpayer name EAST AUSTIN CONSERVANCY				Secretary of State (SOS) file number or Comptroller file number 0801183813			
Mailing address 2601 ZARAGOSA ST							
City AUSTIN		State TX		ZIP Code 78702		Plus 4	

Blacken circle if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.

Principal office 2601 Zaragosa St., Austin, TX 78702
Principal place of business Austin, TX

Please sign below!

Officer, director and manager information is reported as of the date a Public Information Report is completed. The information is updated annually as part of the franchise tax report. There is no requirement or procedure for supplementing the information as officers, directors, or managers change throughout the year.



3204052005122

SECTION A Name, title and mailing address of each officer, director or manager.

Name	Title	Director	Term expiration	m	m	d	d	y	y
JOSE M A VELASQUEZ	DIRECTOR	<input checked="" type="radio"/> YES	1 2 3 1 2 2						
Mailing address 2311 WILLOW ST.	City AUSTIN	State TX	ZIP Code 78702						
THERESA ALVAREZ	DIRECTOR	<input checked="" type="radio"/> YES	1 2 3 1 2 2						
Mailing address 2601 ZARAGOSA ST	City AUSTIN	State TX	ZIP Code 78702						
TAM HAWKINS	SECRETARY	<input type="radio"/> YES	1 2 3 1 2 3						
Mailing address 7402 LANGSTON DR.	City AUSTIN	State TX	ZIP Code 78723						

SECTION B Enter the information required for each corporation or LLC, if any, in which this entity owns an interest of 10 percent or more.

Name of owned (subsidiary) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of ownership
Name of owned (subsidiary) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of ownership

SECTION C Enter the information required for each corporation or LLC, if any, that owns an interest of 10 percent or more in this entity or limited liability company.

Name of owned (parent) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of ownership
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Registered agent and registered office currently on file. (see instructions if you need to make changes) Blacken circle if you need forms to change the registered agent or registered office information.

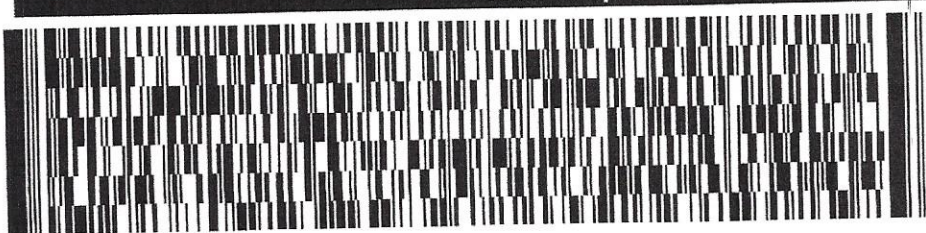
Agent: RAUL R ALVAREZ	City AUSTIN	State TX	ZIP Code 78702
Office: 2601 ZARAGOSA ST.			

The above information is required by Section 171.203 of the Tax Code for each corporation or limited liability company that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B, and C, if necessary. The information will be available for public inspection.

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director or manager and who is not currently employed by this, or a related, corporation or limited liability company.

sign here Raul R Alvarez	Title Electronic	Date 05-10-2022	Area code and phone number (512) 785 - 0492
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Texas Comptroller Official Use Only



VE/DE <input type="radio"/>	PIR IND <input type="radio"/>
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Comptroller of Public Accounts FORM 05-102 (Rev.9-11/30)

Texas Franchise Tax Public Information Report

To be filed by Corporations, Limited Liability Companies (LLC) and Financial Institutions
This report MUST be signed and filed to satisfy franchise tax requirements

Tcode 13196 Franchise

Taxpayer number **3 2 0 4 0 5 2 0 0 5 1**
 Report year **2 0 2 2**

You have certain rights under Chapter 552 and 559, Government Code, to review, request, and correct information we have on file about you. Contact us at (800) 252-1381 or (512) 463-4600.

Taxpayer name **EAST AUSTIN CONSERVANCY**
 Mailing address **2601 ZARAGOSA ST**
 City **AUSTIN** State **TX** ZIP Code **78702** Plus 4
 Secretary of State (SOS) file number or Comptroller file number **0801183813**

Blacken circle if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.

Principal office **2601 Zaragosa St., Austin, TX 78702**
 Principal place of business **Austin, TX**

Please sign below!

Officer, director and manager information is reported as of the date a Public Information Report is completed. The information is updated annually as part of the franchise tax report. There is no requirement or procedure for supplementing the information as officers, directors, or managers change throughout the year.



SECTION A Name, title and mailing address of each officer, director or manager.

3204052005122

Name RAUL ALVAREZ	Title PRESIDENT	Director <input type="radio"/> YES	Term expiration 1 2 3 1 2 3
Mailing address 2601 ZARAGOSA ST	City AUSTIN	State TX	ZIP Code 78702
Name THERESA ALVAREZ	Title TREASURER	Director <input type="radio"/> YES	Term expiration 1 2 3 1 2 2
Mailing address 2601 ZARAGOSA ST	City AUSTIN	State TX	ZIP Code 78702
Name	Title	Director <input type="radio"/> YES	Term expiration
Mailing address	City	State	ZIP Code

SECTION B Enter the information required for each corporation or LLC, if any, in which this entity owns an interest of 10 percent or more.

Name of owned (subsidiary) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of ownership
Name of owned (subsidiary) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of ownership

SECTION C Enter the information required for each corporation or LLC, if any, that owns an interest of 10 percent or more in this entity or limited liability company.

Name of owned (parent) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of ownership
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Registered agent and registered office currently on file. (see instructions if you need to make changes)

Agent: **RAUL R ALVAREZ** Blacken circle if you need forms to change the registered agent or registered office information.

Office: **2601 ZARAGOSA ST.** City **AUSTIN** State **TX** ZIP Code **78702**

The above information is required by Section 171.203 of the Tax Code for each corporation or limited liability company that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B, and C, if necessary. The information will be available for public inspection.

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director or manager and who is not currently employed by this, or a related, corporation or limited liability company.

sign here **Raul R Alvarez** Title **Electronic** Date **05-10-2022** Area code and phone number **(512) 785 - 0492**

Texas Comptroller Official Use Only



VE/DE PIR IND





Comptroller of Public Accounts FORM 05-102 (Rev.9-11/30)

Texas Franchise Tax Public Information Report

To be filed by Corporations, Limited Liability Companies (LLC) and Financial Institutions
 This report MUST be signed and filed to satisfy franchise tax requirements

Code 13196 Franchise

■ Taxpayer number

3 2 0 4 0 5 2 0 0 5 1

■ Report year

2 0 2 1

You have certain rights under Chapter 552 and 559, Government Code, to review, request, and correct information we have on file about you. Contact us at (800) 252-1381 or (512) 463-4600.

Taxpayer name EAST AUSTIN CONSERVANCY				Secretary of State (SOS) file number or Comptroller file number	
Mailing address 2601 ZARAGOSA ST					
City AUSTIN	State TX	ZIP Code 78702	Plus 4	0801183813	

○ Blacken circle if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.

Principal office 2601 Zaragosa. St.
Principal place of business Austin, Texas

Please sign below! Officer, director and manager information is reported as of the date a Public Information Report is completed. The information is updated annually as part of the franchise tax report. There is no requirement or procedure for supplementing the information as officers, directors, or managers change throughout the year.



3204052005121

SECTION A Name, title and mailing address of each officer, director or manager.

Name	Title	Director	Term expiration	State	ZIP Code												
THERESA ALVAREZ	Treasurer	<input checked="" type="radio"/> YES	<table border="1"><tr><td>m</td><td>m</td><td>d</td><td>d</td><td>y</td><td>y</td></tr><tr><td>1</td><td>2</td><td>3</td><td>1</td><td>2</td><td>2</td></tr></table>	m	m	d	d	y	y	1	2	3	1	2	2	TX	78702
m	m	d	d	y	y												
1	2	3	1	2	2												
TAM HAWKINS	SECRETARY	<input type="radio"/> YES	<table border="1"><tr><td>m</td><td>m</td><td>d</td><td>d</td><td>y</td><td>y</td></tr><tr><td>1</td><td>2</td><td>3</td><td>1</td><td>2</td><td>3</td></tr></table>	m	m	d	d	y	y	1	2	3	1	2	3	TX	78723
m	m	d	d	y	y												
1	2	3	1	2	3												
RAUL ALVAREZ	PRESIDENT	<input type="radio"/> YES	<table border="1"><tr><td>m</td><td>m</td><td>d</td><td>d</td><td>y</td><td>y</td></tr><tr><td>1</td><td>2</td><td>3</td><td>1</td><td>2</td><td>3</td></tr></table>	m	m	d	d	y	y	1	2	3	1	2	3	TX	78702
m	m	d	d	y	y												
1	2	3	1	2	3												

SECTION B Enter the information required for each corporation or LLC, if any, in which this entity owns an interest of 10 percent or more.

Name of owned (subsidiary) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of ownership

SECTION C Enter the information required for each corporation or LLC, if any, that owns an interest of 10 percent or more in this entity or limited liability company.

Name of owned (parent) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of ownership

Registered agent and registered office currently on file. (see instructions if you need to make changes) Blacken circle if you need forms to change the registered agent or registered office information.

Agent: **RAUL R ALVAREZ**

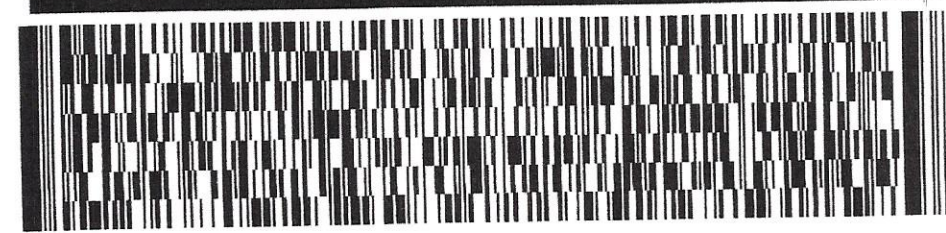
Office: **2601 ZARAGOSA ST.** City **AUSTIN** State **TX** ZIP Code **78702**

The above information is required by Section 171.203 of the Tax Code for each corporation or limited liability company that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B, and C, if necessary. The information will be available for public inspection.

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director or manager and who is not currently employed by this, or a related, corporation or limited liability company.

sign here) **Raul R Alvarez** Title **Electronic** Date **07-17-2021** Area code and phone number **(512) 785 - 0492**

Texas Comptroller Official Use Only



VE/DE	<input type="radio"/>	PIR IND	<input type="radio"/>
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Comptroller of Public Accounts FORM 05-102 (Rev.9-11/30)

Texas Franchise Tax Public Information Report

To be filed by Corporations, Limited Liability Companies (LLC) and Financial Institutions

This report **MUST** be signed and filed to satisfy franchise tax requirements

Tcode 13196 Franchise

■ Taxpayer number

3 2 0 4 0 5 2 0 0 5 1

■ Report year

2 0 2 1

You have certain rights under Chapter 552 and 559, Government Code, to review, request, and correct information we have on file about you. Contact us at (800) 252-1381 or (512) 463-4600.

Taxpayer name EAST AUSTIN CONSERVANCY				Secretary of State (SOS) file number or Comptroller file number 0801183813	
Mailing address 2601 ZARAGOSA ST					
City AUSTIN		State TX	ZIP Code 78702	Plus 4	

Blacken circle if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.

Principal office 2601 Zaragosa. St.
Principal place of business Austin, Texas

Please sign below!

Officer, director and manager information is reported as of the date a Public Information Report is completed. The information is updated annually as part of the franchise tax report. There is no requirement or procedure for supplementing the information as officers, directors, or managers change throughout the year.



SECTION A Name, title and mailing address of each officer, director or manager.

Name	Title	Director	Term expiration	State	ZIP Code
JOSE M A VELASQUEZ	Director	<input type="radio"/> YES	1 2 3 1 2 2	TX	78702
Mailing address 2311 WILLOW ST.	City AUSTIN	State TX	ZIP Code 78702		
Name	Title	Director	Term expiration	State	ZIP Code
Mailing address	City	State	ZIP Code		
Name	Title	Director	Term expiration	State	ZIP Code
Mailing address	City	State	ZIP Code		

SECTION B Enter the information required for each corporation or LLC, if any, in which this entity owns an interest of 10 percent or more.

Name of owned (subsidiary) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of ownership
Name of owned (subsidiary) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of ownership

SECTION C Enter the information required for each corporation or LLC, if any, that owns an interest of 10 percent or more in this entity or limited liability company.

Name of owned (parent) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of ownership
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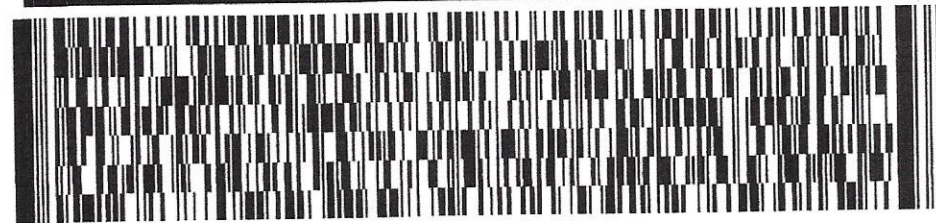
Registered agent and registered office currently on file. (see instructions if you need to make changes)	<input type="radio"/> Blacken circle if you need forms to change the registered agent or registered office information.
Agent: RAUL R ALVAREZ	
Office: 2601 ZARAGOSA ST.	City AUSTIN State TX ZIP Code 78702

The above information is required by Section 171.203 of the Tax Code for each corporation or limited liability company that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B, and C, if necessary. The information will be available for public inspection.

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director or manager and who is not currently employed by this, or a related, corporation or limited liability company.

sign here Raul R Alvarez	Title Electronic	Date 07-17-2021	Area code and phone number (512) 785-0492
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Texas Comptroller Official Use Only



VE/DE <input type="radio"/>	PIR IND <input type="radio"/>
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Travis County, Texas County Clerk Web Search

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Welcome	Assumed Names	Marriage	Misc Docs	Real Estate	FAQ
Assumed Names Document Access					

Criteria: Assumed Name like JMAV STRATEGIES;Party Name like VELASQUEZ J
0 records found as of 07/13/2023 11:52:05 AM [count again](#)

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Sort By:

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TEXAS SECRETARY of STATE
JANE NELSON

FIND ENTITY NAME SEARCH

This search was performed with the following search parameter:

ENTITY NAME : JMAV Strategies

There are no records which match your inquiry.

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[New Search](#)

Instructions:

- To view additional information pertaining to a particular filing select the number associated with the name.
- To place an order for additional information about a filing select the radial button listed under 'Mark' that is associated with the entity and press the 'Order' button.