## STATEMENT OF FINANCIAL INFORMATION CORRECTION DECLARATION-ANNUAL

Explanation of Correction: Explain why there were error(s) on the original report, what information is being corrected, and how the new information is different from the information on the original report.

Filer Name (First, MI, Last)	Account #
José Velásquez	00090787
Address (P.O. Box or Street Address, Apt. or Suite #)	
X (CHECK IF FILER'S HOME ADDRESS)	
(City, State, Zip Code)	

OFFICE USE ONLY			
Date Received			
ELECTRONICAL	LY FILED		
07/19/2023			
Receipt #			
HD / PM	Amount		
Date Processed			
Date Imaged			

Explanation of Correction	
Correct income source to reflect AISD & East Austin Conservancy add Board Membership East Austin Conservancy	

X	Under penalty of perjury, I swear or affirm that the information contained in the preceding report is in all things true and correct and that in filing the preceding corrected or updated report, I have accurately explained the reason(s) for the correction or update.
	José Velásquez
	Signature of Filer

	STATEMEN	T OF FINANCIAL INFORMATION	cov	FORM SFI ER SHEET
1	NAME	TITLE; FIRST; MI  José  NICKNAME; LAST; SUFFIX  Velásquez	PAGE # 8 ACCOUNT # 00090787	
2	ADDRESS	ADDRESS / PO BOX: APT / SUITE #; CITY; STATE; ZIP  X (CHECK IF FILER'S HOME ADDRESS)	Date Received ELECTRONICA 07/19/2023 Receipt#	
3	Spouse or Domestic	Partner whose financial activity you are reporting	Date Processed  Date Imaged	Amount
4	REASON FOR FILIING STATEMENT	□ CITY COUNCIL MEMBER □ CITY STAFF/EMPLOYEE □ BOARD MEMBER □ This form should be filed by the following City officials Mayor, City Corfor the period of January 1 through December 31, 2021. Filing Deadlines: Mayor & Council Members must file the statement (covering the previou April 30 of each year. □ Except that outgoing Mayor & Council Members who have not statement (covering the previous calendar year) not later than the 30th office. Candidates must file the statement (covering the previous calendar year the deadline for filing for their respective offices. □ Except that incumbent Candidates are not required to refile if the previous calendar year has already been filed. For all filers: Statements must be received by the City Clerk on the day falls on a Saturday, Sunday, or City holiday, the deadline is extended to Saturday, Sunday, or City holiday.  This statement must be signed under oath. In report form, a City official shall include the same information as it pertains to hi partner, by separate listing. However, a separate report for the City officinot required.	is calendar year) no t been re-elected m day after the end of r) within five working an identical statement stated above. Whe the next day which ting information requise or her spouse or of	ust file the their term in g days after ent covering en the deadline is not a uired by this domestic

OCCUPATION INCOME		PART 1
List all sources of occupational ir or \$20,000 in payment for goods	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.	
NAME OF EMPLOYER OR SOURCE OF INCOME	Austin ISD	
2 BUSINESS ADDRESS	ADDRESS CITY STATE ZIP CODE 4000 S. I-H 35 Frontage Rd.  Austin, TX 78704	
3 NATURE OF OCCUPATION OR BUSINESS	Marketing	
4 CATEGORY OR AMOUNT	At least \$1 but less than \$10,000  At least \$10,000 but less than \$20,000  At least \$20,000 but less than \$50,000  X At least \$50,000 but less than \$75,000  At least \$75,000 but less than \$100,000  \$100,000 or more, report to nearest \$100,000  Enter an Amount	

	SELF-EMPLOYMENT/PR	OFESSIONAL CORP./SMALL BUSINESS INCOME	PART 2
	which you do business, list the nentity received 10% or more of g	practitioner or if you had at least 5% interest in a partnership, professional corporation or of ames and addresses of clients or customers from whom you or this partnership, professions income or \$5,000 in salary, bonuses, commissions or professional fees; or \$20,000 vices during the reporting period.	onal corporation, or
1	NAME OF CLIENT OR CUSTOMER	East Austin Conservancy	
2	ADDRESS	ADDRESS CITY STATE ZIP CODE P.O. Box 6462	
		Austin, TX 78762	
3	MEMO	Upon resigning from the Board of the East Austin Conservancy in October 2021, I provid for East Austin Conservancy.	ed limited consulting work
		www.austintexas.gov	Version V3.4.8a9eb6dd

LOANS/DEBTS/FI	NANCIAL LIABILITIES (PERSONAL)  PART 12
List all loans, debts, and other fin- time during the reporting period.	ancial liabilities you have which are in excess of \$5,000 which are presently outstanding or which existed at any
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	X   At least \$1 but less than \$10,000     At least \$10,000 but less than \$20,000     At least \$20,000 but less than \$50,000     At least \$50,000 but less than \$75,000     At least \$75,000 but less than \$100,000     \$100,000 or more, report to nearest \$100,000     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	At least \$1 but less than \$10,000  At least \$10,000 but less than \$20,000  X At least \$20,000 but less than \$50,000  At least \$50,000 but less than \$75,000  At least \$75,000 but less than \$100,000  \$100,000 or more, report to nearest \$100,000  Enter an Amount
МЕМО	

	BOARDS OF DIR	ECTORS (MEMBERSHIP & POSITION)	PART 13
	partnerships, professional corpo	ich you are a member and the offices or executive positions which you hold in corporation rations, or other entities, including non-business entities. (Do not include positions on costin or created by the City Council.)	ons, partnerships, limited orporations or other
1	NAME OF ORGANIZATION	Chingona Fest Texas	
2	POSITION HELD	Board Member	
3	MEMO		
	NAME OF ORGANIZATION	East Austin Conservancy	
	POSITION HELD	Board Member	
	МЕМО		
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## 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
X	N/A Part 3 - Non-Occupation Income
X	N/A Part 4 - Gifts
X	N/A Part 5 - Other Business Ownership/Interests
X	N/A Part 6 - Bonds/Notes/Commercial Paper
Х	N/A Part 7 - Other Income Sources
X	N/A Part 8 - Real Property Ownership or Sale
X	N/A Part 9 - Real Property, Business Entity
X	N/A Part 10 - Loans as Lender/Creditor
Χ	N/A Part 11 - Guarantor/Co-Signer to Loans/Transactions
	N/A Part 12 - Loans/Debts/Financial Liabilities (Personal)
X	N/A Part 12b - Loans/Debts/Financial Liabilities (Business)
	N/A Part 13 - Boards of Directors (Membership & Position)

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 information required to be reported pursuant to City Code Section 2-7-7 the reporting period indicated.  José Velásquez  Signature of Filer	is information serves as the electronic signa	ature of the person legally respons ble 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.
Signature of Filer		
		Signature of Filer