

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC
COVER SHEET PG 2

12 COMMITTEE NAME Hotel PAC	13 Filer ID (Ethics Commission Filers) 00015685
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,213.75
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 31,196.32
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 AFFIDAVIT

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

Mr. Scott K. Joslove
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - MPAC

17 COMMITTEE NAME Hotel PAC	18 Filer ID (Ethics Commission Filers) 00015685
19 SCHEDULE SUBTOTALS	
NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input checked="" type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$ 2,213.75
5. <input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6. <input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7. <input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8. <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9. <input type="checkbox"/> SCHEDULE E: LOANS	\$
10. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
11. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14. <input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 6,900.00
15. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C1: Sch: 1/4 Rpt: 4/8
2 FILER NAME Hotel PAC		3 Filer ID (Ethics Commission Filers) 00015685
4 Date 01/22/2024	5 Corporation / Labor Organization name Doubletree Suites 6 Corporation / Labor Organization address; City; State; Zip Code Austin, TX 78701-1622	7 Amount of contribution (\$) \$47.00
Date 01/22/2024	Corporation / Labor Organization name Embassy Suites Austin Downtown/Town Lake Corporation / Labor Organization address; City; State; Zip Code Austin, TX 78704-1221	Amount of contribution (\$) \$200.00
Date 01/22/2024	Corporation / Labor Organization name Embassy Suites Houston Downtown Corporation / Labor Organization address; City; State; Zip Code Houston, TX 77010	Amount of contribution (\$) \$50.00
Date 01/11/2024	Corporation / Labor Organization name Fairfield Inn & Suites San Antonio Downtown/Alamo Corporation / Labor Organization address; City; State; Zip Code San Antonio, TX 78205	Amount of contribution (\$) \$99.00
Date 01/11/2024	Corporation / Labor Organization name Gaylord Texan Resort & Conference Center Corporation / Labor Organization address; City; State; Zip Code Grapevine, TX 76051	Amount of contribution (\$) \$200.00
Date 01/22/2024	Corporation / Labor Organization name Hampton Inn & Suites Austin Airport Corporation / Labor Organization address; City; State; Zip Code Austin, TX 78744	Amount of contribution (\$) \$25.50
Date 01/17/2024	Corporation / Labor Organization name Hampton Inn & Suites Dumas Corporation / Labor Organization address; City; State; Zip Code Dumas, TX 79029	Amount of contribution (\$) \$78.00

MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C1: Sch: 2/4 Rpt: 5/8
2 FILER NAME Hotel PAC		3 Filer ID (Ethics Commission Filers) 00015685
4 Date 01/09/2024	5 Corporation / Labor Organization name Hilton Houston North <hr/> 6 Corporation / Labor Organization address; City; State; Zip Code Houston, TX 77060	7 Amount of contribution (\$) \$50.00
Date 01/17/2024	Corporation / Labor Organization name Holiday Inn Express Hereford <hr/> Corporation / Labor Organization address; City; State; Zip Code Hereford, TX 79045	Amount of contribution (\$) \$59.00
Date 01/04/2024	Corporation / Labor Organization name Homewood Suites by Hilton Wichita Falls <hr/> Corporation / Labor Organization address; City; State; Zip Code Wichita Falls, TX 76308	Amount of contribution (\$) \$18.25
Date 01/25/2024	Corporation / Labor Organization name Inn at Circle T - Hamilton <hr/> Corporation / Labor Organization address; City; State; Zip Code Hamilton, TX 76531	Amount of contribution (\$) \$57.00
Date 01/25/2024	Corporation / Labor Organization name Marriott Houston North Greenspoint <hr/> Corporation / Labor Organization address; City; State; Zip Code Houston, TX 77060	Amount of contribution (\$) \$50.00
Date 01/19/2024	Corporation / Labor Organization name Omni Austin Downtown <hr/> Corporation / Labor Organization address; City; State; Zip Code Austin, TX 78701	Amount of contribution (\$) \$200.00
Date 01/08/2024	Corporation / Labor Organization name Renaissance Austin Hotel <hr/> Corporation / Labor Organization address; City; State; Zip Code Austin, TX 78759	Amount of contribution (\$) \$50.00

MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C1: Sch: 3/4 Rpt: 6/8
2 FILER NAME Hotel PAC		3 Filer ID (Ethics Commission Filers) 00015685
4 Date 01/16/2024	5 Corporation / Labor Organization name Residence Inn West Energy <hr/> 6 Corporation / Labor Organization address; City; State; Zip Code Houston, TX 77077	7 Amount of contribution (\$) \$129.00
Date 01/18/2024	Corporation / Labor Organization name Royal Sonesta Hotel Houston <hr/> Corporation / Labor Organization address; City; State; Zip Code Houston, TX 77027	Amount of contribution (\$) \$50.00
Date 01/25/2024	Corporation / Labor Organization name Sheraton Houston Brookhollow Hotel <hr/> Corporation / Labor Organization address; City; State; Zip Code Houston, TX 77092	Amount of contribution (\$) \$200.00
Date 01/05/2024	Corporation / Labor Organization name SpringHill Suites Austin NW / Arboretum <hr/> Corporation / Labor Organization address; City; State; Zip Code Austin, TX 78759	Amount of contribution (\$) \$99.00
Date 01/16/2024	Corporation / Labor Organization name Springhill Suites McAllen <hr/> Corporation / Labor Organization address; City; State; Zip Code McAllen , TX 78503	Amount of contribution (\$) \$102.00
Date 01/11/2024	Corporation / Labor Organization name St. Regis Hotel Houston <hr/> Corporation / Labor Organization address; City; State; Zip Code Houston, TX 77027	Amount of contribution (\$) \$50.00
Date 01/22/2024	Corporation / Labor Organization name The Houstonian Hotel, Club & Spa <hr/> Corporation / Labor Organization address; City; State; Zip Code Houston, TX 77024	Amount of contribution (\$) \$200.00

**MONETARY CONTRIBUTIONS FROM
CORPORATION OR LABOR ORGANIZATION**

SCHEDULE C1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C1: Sch: 4/4 Rpt: 7/8
2 FILER NAME Hotel PAC		3 Filer ID (Ethics Commission Filers) 00015685
4 Date 01/12/2024	5 Corporation / Labor Organization name Westin Galleria Houston	7 Amount of contribution (\$) \$200.00
	6 Corporation / Labor Organization address; City; State; Zip Code Houston, TX 77056-5801	

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 1/1 Rpt: 8/8	2 FILER NAME Hotel PAC	3 Filer ID (Ethics Commission Filers) 00015685
4 Date 01/23/2024	5 Payee name ASSET	
6 Amount (\$) 2,500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 400 West 15th Street Suite 804 Austin , TX 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) ASSET Membership Contribution	(b) Description (See instructions regarding type of information required.) 2023-2024 Dues
Date 01/25/2024	Payee name Votervoice, LLC	
Amount (\$) 4,400.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip PO Box 82130 Baton Rouge, LA 70808	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Advocacy software	(b) Description (See instructions regarding type of information required.) Advocacy software