

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)	\$ 2,621.50
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,900.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 25,510.07
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		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$ 2,621.50
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 checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 1,900.00
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 type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
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: 1/3 Rpt: 4/7
2 FILER NAME Hotel PAC		3 Filer ID (Ethics Commission Filers) 00015685
4 Date 01/26/2024	5 Corporation / Labor Organization name Austin Southpark Hotel <hr/> 6 Corporation / Labor Organization address; City; State; Zip Code Austin, TX 78744	7 Amount of contribution (\$) \$200.00
Date 02/20/2024	Corporation / Labor Organization name Courtyard Richardson Spring Valley <hr/> Corporation / Labor Organization address; City; State; Zip Code Richardson, TX 75081	Amount of contribution (\$) \$37.25
Date 02/12/2024	Corporation / Labor Organization name Embassy Suites Austin Downtown/Town Lake <hr/> Corporation / Labor Organization address; City; State; Zip Code Austin, TX 78704-1221	Amount of contribution (\$) \$200.00
Date 02/08/2024	Corporation / Labor Organization name Four Seasons Hotel Austin <hr/> Corporation / Labor Organization address; City; State; Zip Code Austin, TX 78701	Amount of contribution (\$) \$200.00
Date 01/26/2024	Corporation / Labor Organization name Four Seasons Hotel Houston <hr/> Corporation / Labor Organization address; City; State; Zip Code Houston, TX 77010	Amount of contribution (\$) \$200.00
Date 01/29/2024	Corporation / Labor Organization name Grand Hyatt DFW Int'l. Airport Hotel <hr/> Corporation / Labor Organization address; City; State; Zip Code Dallas, TX 75261	Amount of contribution (\$) \$200.00
Date 02/05/2024	Corporation / Labor Organization name Hilton Americas Houston <hr/> Corporation / Labor Organization address; City; State; Zip Code Houston, TX 77010	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: 2/3 Rpt: 5/7
2 FILER NAME Hotel PAC		3 Filer ID (Ethics Commission Filers) 00015685
4 Date 02/02/2024	5 Corporation / Labor Organization name Hilton Austin Convention Center <hr/> 6 Corporation / Labor Organization address; City; State; Zip Code Austin, TX 78701	7 Amount of contribution (\$) \$200.00
Date 02/05/2024	Corporation / Labor Organization name Hilton DFW Lakes Exec Conf Ctr <hr/> Corporation / Labor Organization address; City; State; Zip Code Grapevine, TX 76051	Amount of contribution (\$) \$50.00
Date 02/05/2024	Corporation / Labor Organization name Hilton Houston Post Oak <hr/> Corporation / Labor Organization address; City; State; Zip Code Houston, TX 77056	Amount of contribution (\$) \$200.00
Date 02/05/2024	Corporation / Labor Organization name Hotel ZaZa Houston <hr/> Corporation / Labor Organization address; City; State; Zip Code Houston, TX 77005	Amount of contribution (\$) \$200.00
Date 02/15/2024	Corporation / Labor Organization name Hyatt Place El Paso Airport <hr/> Corporation / Labor Organization address; City; State; Zip Code El Paso, TX 79905	Amount of contribution (\$) \$28.25
Date 02/05/2024	Corporation / Labor Organization name Inn of the Hills Hotel & Conference Center <hr/> Corporation / Labor Organization address; City; State; Zip Code Kerville, TX 78028	Amount of contribution (\$) \$166.00
Date 02/20/2024	Corporation / Labor Organization name JW Marriott Hotel Houston <hr/> Corporation / Labor Organization address; City; State; Zip Code Houston, TX 77056	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: 3/3 Rpt: 6/7
2 FILER NAME Hotel PAC		3 Filer ID (Ethics Commission Filers) 00015685
4 Date 02/20/2024	5 Corporation / Labor Organization name JW Marriott San Antonio Hill Country	7 Amount of contribution (\$) \$50.00
	6 Corporation / Labor Organization address; City; State; Zip Code San Antonio, TX 78261	
Date 01/26/2024	Corporation / Labor Organization name MCM Elegante Hotel Beaumont	Amount of contribution (\$) \$50.00
	Corporation / Labor Organization address; City; State; Zip Code Beaumont, TX 77705	
Date 01/31/2024	Corporation / Labor Organization name Sonesta Select Austin North	Amount of contribution (\$) \$190.00
	Corporation / Labor Organization address; City; State; Zip Code Austin, TX 78752	
Date 02/05/2024	Corporation / Labor Organization name The Line Austin	Amount of contribution (\$) \$50.00
	Corporation / Labor Organization address; City; State; Zip Code Austin, TX 78701-4001	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/1 Rpt: 7/7	2 FILER NAME Hotel PAC	3 Filer ID (Ethics Commission Filers) 00015685
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4 Date 02/06/2024	5 Payee name Fuentes, Vanessa
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6 Amount (\$) \$450.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code P. O. Box 17221 Austin, TX 78760
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Vanessa Fuentes for Austin City Council D2
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/07/2024	Payee name Quadri, Zo
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Amount (\$) \$450.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P. O. Box 1088 Austin, TX 78767
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Zo Qadri for City Council
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/30/2024	Payee name Shine, Hugh
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Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P. O. Box 793 Temple, TX 76503
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Hugh Shine for Texas State Representative
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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