

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.) | |

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| 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) | \$ 693.50 |
| 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 | \$ 23,006.07 |
| 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

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|---------------------------------------|---|---|
| 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 | \$ 693.50 |
| 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 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 | \$ 4.00 |
| 15. | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule C1: Sch: 1/2 Rpt: 4/6 |
| 2 FILER NAME Hotel PAC | | 3 Filer ID (Ethics Commission Filers) 00015685 |
| 4 Date 04/19/2024 | 5 Corporation / Labor Organization name Doubletree Guest Suites - Austin Capitol <hr/> 6 Corporation / Labor Organization address; City; State; Zip Code Austin, TX 78701 | 7 Amount of contribution (\$) \$47.00 |
| Date 03/26/2024 | Corporation / Labor Organization name Doubletree Hotel Austin <hr/> Corporation / Labor Organization address; City; State; Zip Code Austin, TX 78752 | Amount of contribution (\$) \$200.00 |
| Date 04/04/2024 | Corporation / Labor Organization name Embassy Suites Houston Downtown <hr/> Corporation / Labor Organization address; City; State; Zip Code Houston, TX 77010 | Amount of contribution (\$) \$50.00 |
| Date 04/08/2024 | 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 04/04/2024 | Corporation / Labor Organization name Hilton Houston North <hr/> Corporation / Labor Organization address; City; State; Zip Code Houston, TX 77060 | Amount of contribution (\$) \$50.00 |
| Date 04/04/2024 | Corporation / Labor Organization name Homewood Suites Wichita Falls <hr/> Corporation / Labor Organization address; City; State; Zip Code Wichita Falls, TX 76308 | Amount of contribution (\$) \$18.25 |
| Date 03/28/2024 | 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 |

MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule C1: Sch: 2/2 Rpt: 5/6 |
| 2 FILER NAME Hotel PAC | | 3 Filer ID (Ethics Commission Filers) 00015685 |
| 4 Date 04/19/2024 | 5 Corporation / Labor Organization name Magnolia Hotel Houston | 7 Amount of contribution (\$) \$200.00 |
| | 6 Corporation / Labor Organization address; City; State; Zip Code Houston, TX 77002 | |
| Date 03/26/2024 | Corporation / Labor Organization name Royal Sonesta Hotel Houston | Amount of contribution (\$) \$50.00 |
| | Corporation / Labor Organization address; City; State; Zip Code Houston, TX 77027 | |

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

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| 1 Total pages Schedule I: Sch: 1/1 Rpt: 6/6 | 2 FILER NAME Hotel PAC | 3 Filer ID (Ethics Commission Filers) 00015685 |
| 4 Date 03/26/2024 | 5 Payee name Chase Bank | |
| 6 Amount (\$) 4.00 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee Address; City; State; Zip P. O. Box 735614 Dallas, TX 75373-5614 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories) Stop Payment Fee (lost check) | (b) Description (See instructions regarding type of information required.) Stop Payment Fee for a lost check |