CORRECTION/AMENDMENT AFFIDAVIT FOR POLITICAL COMMITTEE

1	Filer ID (Eth	ics Commission Filers)	2 Total pages	s filed:				OFFICE U	
	00016168			12				Date Received	
3	COMMITTEE NAME	Houston LGBTQ+ Polit	ical Caucus P	AC				ELECTRONICAL 05/20/2024	LY FILED
4	TREASURER NAME	Rublein, Aaron							
5	ORIGINAL			_				Date Hand-delivered or D	Date Postmarked
	REPORT TYPE	January 15	Ļ	Runo		maaigaa troop		Receipt #	Amount
		July 15 30th day before election	F	=	lution repo		surer resignation		
		8th day before election			(specify)			Date Processed	•
6	ORIGINAL PERIOD	Month Day Yea	ar		Month	Day	Year	Date Imaged	
	COVERED	03/26/2024		DUGH		/25/2024		Dute imaged	
7	EXPLANATION OF 0	CORRECTION						-	
	-								
8	AFFIDAVIT								
					ear, or am correct.	rm, under p	enalty of perjury	r, that this corrected i	report is true
				Chec	ck the box	next to any	and all applical	ble statements:	
	Semiannual reports: I swear or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.								
	XOther reports:I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.								
							A area Duk		
						Sian	Aaron Rub ature of Campai		
	AFFIX NOTARY ST	AMP / SEAL ABOVE				Sign	attine of Campa	ign freuduren	
		ribed before me, by the sai , 20, to cer						ne	day
	Signature of offic	er administering oath	Printed nan	ne of off	ficer admi	nistering oa	th	Title of officer admini	stering oath
		Remember To At Nee	tach Any Pa eded To Rep					ort Form	

MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC COVER SHEET PG 1

F							
Tł	The MPAC Instruction Guide explains how to complete this form. 1 Filer ID 2 Total pages filed: 00016168 12						
3	COMMITTEE NAME			OFFICE USE ONLY			
	Houston LGBTO+	Political Caucus PAC					
	····· 、			Date Received			
				ELECTRONICALLY FILED			
				05/20/2024			
4	COMMITTEE	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP				
	ADDRESS	P.O. Box 66664					
	Change of Address	Houston, TX 77266-6664					
╞╴			N 41	Date Hand-delivered or Date Postmarked			
5	CAMPAIGN TREASURER	MS / MRS / MR FIRST	MI				
	NAME	Aaron		Receipt # Amount			
				Date Processed			
		NICKNAME LAST	SUFF				
		Rublein		Date Imaged			
6	CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #; CITY; S	TATE; ZIP CODE			
	TREASURER	3517 Audubon Pl, Apt 6					
	STREET ADDRESS						
	(Residence or Business)						
		Houston, TX 77006					
7	CAMPAIGN	STREET ADDRESS OR PO BOX;	APT / SUITE #; CITY; S	STATE; ZIP CODE			
	TREASURER MAILING	3517 Audubon PI, Apt 6					
	ADDRESS						
	Change of Address	Houston, TX 77006					
8	CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION				
	TREASURER						
	PHONE	(612) 423-2559					
9	REPORT TYPE						
ľ		X Monthly	10th day after campaign treasurer termination	Dissolution (Attach PAC-DR)			
10	MONTHLY			October 5			
	REPORT FILING DEADLINE	January 5 April 5	5 July 5				
	BERBEINE	February 5 X May 5	5 August 5	November 5			
		March 5 June	5 September 5	December 5			
11	L PERIOD	Month Day Year	Month	Day Year			
	COVERED	03/26/2024 T	HROUGH 04/25	5/2024			
⊢			0	,			
		GO T	O PAGE 2				
E0	rms provided by Tex	as Ethics Commission www.eth	nics.state.tx.us	Version V4.1.0.d378aba0			

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer	r ID (Ethics Commission Filers)		
Houston LGBTQ+ Politie	cal Caucus PAC		000	16168		
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Molly Cook State Senator				
(Attach lists on plain paper to complete this report if necessary.)		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	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THA OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	Ν	\$ 0.00		
	2. TOTAL POLITICA (OTHER THAN PLEI	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS	S)	\$ 9,150.00		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES		\$ 0.00		
	4. TOTAL POLITICA	L EXPENDITURES		\$ 10,093.75		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE L G PERIOD	AST DAY	\$ 48,637.55		
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS REPORTING PERIOD	OF THE	\$ 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.					
		Aa	aron Rublei	n		
		Signature of	of Campaign	Treasurer		
AFFIX NOTARY	STAMP / SEAL ABOVE					
Sworn to and subscribed	before me, by the said		, this the _	day		
of	, 20, to certify v	which, witness my hand and seal of office.				
Signature of officer ad	ninistering oath	Printed name of officer administering oath	Title	e of officer administering oath		
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V4.1.0.d378aba0		

MONTHLY FILING GPAC REPORT: PURPOSE

FORM MPAC

Page 4 of 12

					1 ago 1 of ±2
12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Houston LGBTQ+ Politica	I Caucus PAC			00016168	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Lauren Simmons State Repres	entative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures	A. Supported			
	(Describe by date and location of election and nature of issue.)				
		B. Opposed			
	3. Officeholders Assisted				
	(Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Gemayel Haynes Criminal Dist	rict Court Judge	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures	A. Supported			
	(Describe by date and location of election and nature of issue.)				
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE	1. Candidates	A. Supported	Annette Ramirez Harris County	/ Tay Assessor-(Collector
ACTIVITY	(Identify by name or, if applicable, classify by party.)				Solicetor
(Attach lists on plain paper to complete this report if necessary.)		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.)				

MONTHLY FILING GPAC REPORT: PURPOSE

FORM MPAC

					Page 5 of 12
12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Houston LGBTQ+ Political	Caucus PAC			00016168	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Jerry Rodriç	guez Harris County C	Constable	
(Attach lists on plain paper to complete this report if necessary.)		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.)				

FORM MPAC COVER SHEET PG 3

6 of 12

17 COMMITTI	EE NAME	18 Filer ID	(Ethics Commission Filers)			
Houston L	GBTQ+ Political Caucus PAC	00016168				
	E SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT			
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 9,150.00			
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$			
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$			
4.	4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION					
5.	5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION					
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG.	ANIZATION	\$			
7.	7. SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION					
8.	8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION					
9.	SCHEDULE E: LOANS	\$				
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 10,093.75				
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$			
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$			
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$			
14. X	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	DNS	\$ 6,463.20			
15. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$ 500.00			

SUBTOTALS - MPAC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

	The Instru	ction Guide explains how to complete	this fo	rm.	1	Total pages Schedule A1: Sch: 1/1 Rpt: 7/12	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
[BTQ+ Political Caucus PAC			•	00016168	
4	Date	5 Full name of contributor out-of-state PA	C (ID#:)	7	Amount of Contribution (\$)	
	03/31/2024	ActBlue Texas					\$1,500.00
		6 Contributor address; City; State; Zip Code					
L		Somerville, MA 02144					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions)		
	Date	Full name of contributor 🛛 out-of-state PA	C (ID#:)		Amount of Contribution (\$)	
	04/07/2024 ActBlue Texas					\$4,100.00	
		Contributor address; City; State; Zip Code					
		Somerville, MA 02144					
⊢	Principal occupation / Job title (See Instructions) Employer (See Instruction)			
					,		
⊨	Date	Full name of contributor Out-of-state PA	C (ID# [.])		Amount of Contribution (\$)	
	04/14/2024	ActBlue Texas				(1)	\$3,300.00
	•						+0,000.00
	Contributor address; City; State; Zip Code						
		Somerville, MA 02144					
-	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	i incipai occu)		
	Date	Full name of contributor 🔲 out-of-state PA	C (ID# [.])		Amount of Contribution (\$)	
	04/21/2024	ActBlue Texas				(1)	\$250.00
	0 1/21/2021						\$200.00
		Contributor address; City; State; Zip Code					
		Somerville, MA 02144					
⊢	Bringinal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Filicipal occu)		
ĺ							
1							

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/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/1 Rpt: 8/12	Houston LGBTQ+ Political Caucus PAC 00016168
4 Date	5 Payee name
04/14/2024	ActBlue Technical Services
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	366 Summer St
Expenditure from corporate funds	Sommerville, MA 02144
8 PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Refund (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Refund of contribution.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought Office held
Date	Payee name
04/11/2024	InfoVine, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$8,843.75	1100 W 23rd St
Expenditure from corporate funds	Ste 100 Houston, TX 77008
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Printing Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Printing endorsement cards
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
04/22/2024	Miranda, Stephen
Amount (\$) \$250.00	Payee address; City; State; Zip Code 619 Coral St
Expenditure from corporate funds	Houston, TX 77023
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Refund (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Refund of event sponsorship
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

Total pages Schedule I: Sch: 1/3 Rpt: 9/12	2 FILER NAME Houston LGBTQ+ Political Caucus PAC	3 Filer ID (Ethics Commission Filers 00016168
Date 03/31/2024	5 Payee name ActBlue Technical Services	· · · · ·
Amount (\$) 59.26 Expenditure from corporate funds	 Payee Address; City; State; Zip 366 Summer St Sommerville, MA 02144 	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required Fees for managing contributions.
Date 04/07/2024	Payee name ActBlue Technical Services	
Amount (\$) 161.97 Expenditure from	Payee Address; City; State; Zip 366 Summer St	
corporate funds PURPOSE OF EXPENDITURE	Sommerville, MA 02144 (a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required Fees for managing contributions.
Date 04/21/2024	Payee name ActBlue Technical Services	
Amount (\$) 9.88 Expenditure from corporate funds	Payee Address; City; State; Zip 366 Summer St Sommerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required Fees for managing contributions.
Date 04/14/2024	Payee name ActBlue Technical Services	
Amount (\$) 90.87 Expenditure from corporate funds	Payee Address; City; State; Zip 366 Summer St Sommerville, MA 02144	
	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required Fees for managing contributions.

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

Total names Oct. 111	The Instruction Guide explains how t	
Total pages Schedule I: Sch: 2/3 Rpt:	2 FILER NAME Houston LGBTQ+ Political Caucus PAC	3 Filer ID (Ethics Commission Filers 00016168
Date 04/16/2024	5 Payee name Center for African-American Military History	
Amount (\$) 2,000.00 Expenditure from	7 Payee Address; City; State; Zip 3816 Caroline St.	
corporate funds	Houston, TX 77004	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories Event Expense	 (b) Description (See instructions regarding type of information required Venue deposit
Date	Payee name	I
04/08/2024	Churrosco's Catering	
Amount (\$) 2,167.16 Expenditure from corporate funds	Payee Address; City; State; Zip 3300 S. Gessner Rd Suite 211 Houston, TX 77063	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories Food/Beverage Expense	 (b) Description (See instructions regarding type of information required Catering for a fundraising event.
Date	Payee name	-
04/23/2024	Harrison Homer-Guy	
Amount (\$) 500.00	Payee Address; City; State; Zip 8131 Lawler St	
Expenditure from corporate funds	Houston, TX 77051	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories Event Expense	(b) Description (See instructions regarding type of information required Entertainment producer for fundraising event
Date	Payee name	
04/15/2024	Hung Vuong Lion Dance	
Amount (\$)	Payee Address; City; State; Zip 11360 Bellaire Blvd	
500.00 Expenditure from corporate funds	Suite 900 Houston, TX 77072	

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

Sch: 3/3 Rpt: Houston LGBTQ+ Political Caucus PAC 00016168 Date 5 Payee name Lagner, Tina 4.Mount (\$) 7 Payee Address; City; State; Zip 250.00 PO Box 66664 PO Box 66664 corporate funds Houston, TX 77266 (b) Description (See instructions regarding type of information requires of acceptable categories) Date OF Event Expense DJ for fundraising event. Date Payee name DJ for fundraising event. 0/12/2024 Lane Lewis Agency DJ for fundraising event. Amount (\$) Payee Address; City; State; Zip 144.92 2200 North Loop West Suite 136 corporate funds Houston, TX 77018 Event Expense PURPOSE OF Event Expense OF Event Expense (b) Description (See instructions regarding type of information requires of acceptable categories) Ok/09/2024 The Golden Leaf Floral and Design (See instructions regarding type of information requires of acceptable categories) Amount (\$) Payee Address; City; State; Zip See instructions regarding type of information requires of acceptable categories)		The Instruction Guide explains how to	complete this form.
04/11/2024 Lagner, Tina Amount (\$) 7 Payee Address; City; State; Zip 250.00 PO Box 66664 Expenditure from Houston, TX 77266 PURPOSE (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions reparding type of information requery DJ for fundraising event. Date Payee name Date Payee name Date Date Date 04/12/2024 Lane Lewis Agency Amount (\$) Payee Address; City; State; Zip Date 144.92 Suite 136 Houston, TX 77018 Houston, TX 77018 Event Expense (b) Description (See instructions reparding type of information requery Corporate funds Date Or GO Category (See instructions for examples of acceptable categories) (b) Description (See instructions reparding type of information requery Corporate funds PURPOSE Corporate funds Foreit and Design (b) Description (See instructions reparding type of information requery Corporate funds Date Payee name Houston, TX To Golden Leaf Floral and Design (b) Description (See instructions reparding type of information requery Corporate funds S79.14 goldenleaf.			
250.00 PO Box 66664 Expenditure from corporate funds Houston, TX 77266 PURPOSE EXPENDITURE (a) Category (See instructions for examples of acceptable categories) Event Expense (b) Description (See instructions regarding type of information required D ate Date Payee name J for fundraising event. 04/12/2024 Lane Lewis Agency J Amount (\$) Payee Address; City; State; Zip 2200 North Loop West Suite 136 Corporate funds Houston, TX 77018 PURPOSE (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information requires) Event Expense Event insurance Date Payee name Event Expense (b) Description (See instructions regarding type of information requires) Date Payee name Event Expense Event insurance Event insurance Date Payee name The Golden Leaf Floral and Design Houston, TX Armount (\$) Payee Address; City; State; Zip Goldenleaf.com S79.14 goldenleaf.com Houston, TX (b) Description (See instructions regarding type of information required of t		-	
_ corporate funds Houston, TX 77266 PURPOSE OF EXPENDITURE (a) Category (See instructions for examples of acceptable categories) Event Expense (b) Description (See instructions regarding type of information requined DJ for fundraising event. Date Payee name 04/12/2024 Lane Lewis Agency Amount (\$) Payee Address; City; State; Zip 2200 North Loop West Suite 136 Corporate funds Houston, TX 77018 PURPOSE OF EXPENDITURE (a) Category (See instructions for examples of acceptable categories) Corporate funds (b) Description (See instructions regarding type of information requined by the of information requi	250.00		
OF EXPENDITURE Event Expense DJ for fundraising event. Date Payee name 04/12/2024 Lane Lewis Agency Amount (\$) Payee Address; City; State; Zip 144.92 2200 North Loop West Suite 136 Houston, TX 77018 PURPOSE (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information requered by the Golden Leaf Floral and Design Date Payee Address; City; State; Zip 04/09/2024 The Golden Leaf Floral and Design Amount (\$) Payee Address; City; State; Zip 579.14 goldenleaf.com Expenditure from Houston, TX Expenditure from Houston, TX 04/09/2024 The Golden Leaf Floral and Design Amount (\$) Payee Address; City; State; Zip 579.14 goldenleaf.com Expenditure from Houston, TX PURPOSE (a) Category (See instructions for examples of acceptable categories) for purpose (a) Category (See instructions for examples of acceptable categories)	corporate funds		
04/12/2024 Lane Lewis Agency Amount (\$) Payee Address; City; State; Zip 144.92 2200 North Loop West Suite 136 Houston, TX 77018 PURPOSE (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information requered instructions regarding type of information requered instructions regarding type of information requered instructions Date Payee name 04/09/2024 The Golden Leaf Floral and Design Amount (\$) Payee Address; City; State; Zip 579.14 goldenleaf.com Expenditure from corporate funds Houston, TX PURPOSE (a) Category (See instructions for examples of acceptable categories) Function for examples of acceptable categories (b) Description (See instructions regarding type of information requered	OF		
144.92 2200 North Loop West Suite 136 Suite 136 Houston, TX 77018 Houston, TX 77018 PURPOSE (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information requires the second s			
OF EXPENDITURE Event Expense Event insurance Date Payee name	144.92 Expenditure from	2200 North Loop West Suite 136	
04/09/2024 The Golden Leaf Floral and Design Amount (\$) Payee Address; City; State; Zip goldenleaf.com 579.14 goldenleaf.com Expenditure from corporate funds Houston, TX PURPOSE OF Event Expense (a) Category (See instructions for examples of acceptable categories) Event Expense (b) Description (See instructions regarding type of information requered on the provide the provided on the provided o	PURPOSE OF		
Amount (\$) Payee Address; City; State; Zip 579.14 goldenleaf.com goldenleaf.com Expenditure from corporate funds Houston, TX PURPOSE OF (a) Category (See instructions for examples of acceptable categories) Event Expense (b) Description (See instructions regarding type of information requires for event. This is an online business with the state of		-	
579.14 goldenleaf.com Expenditure from corporate funds Houston, TX PURPOSE OF (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information requestions for event. This is an online business with the second		-	
Corporate funds Houston, TX PURPOSE (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information requirements OF Event Expense Flowers for event. This is an online business with the set of	579.14		
OF Event Expense Flowers for event. This is an online business with		Houston, TX	
	OF		(b) Description (See instructions regarding type of information required Flowers for event. This is an online business with mailing address.

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

	The Instru	ctio		bages Schedule K: 1/1 Rpt: 12/12		
2	FILER NAME			3	Filer I	D (Ethics Commission Filers)
	Houston LG	вто	Q+ Political Caucus PAC		00016	5168
4	Date	5	Name of person from whom amount is received			8 Amount (\$)
	04/23/2024		Houston LGBTQ+ Political Caucus			\$500.00
		6	Address of person from whom amount is received; City; State; Zip Code			
			Houston, TX 77266			
		7		olitio	al cont	tribution returned to filer
			Political Contribution credited to incorrect account.			