

CORRECTION/AMENDMENT AFFIDAVIT FOR POLITICAL COMMITTEE

FORM COR-PAC

1 Filer ID (Ethics Commission Filers) 00016168	2 Total pages filed: 12	OFFICE USE ONLY	
3 COMMITTEE NAME Houston LGBTQ+ Political Caucus PAC	Date Received ELECTRONICALLY FILED 05/20/2024		
4 TREASURER NAME Rublein, Aaron	Date Hand-delivered or Date Postmarked		
5 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	Receipt #
	<input type="checkbox"/> July 15	<input type="checkbox"/> 10th day after campaign treasurer resignation	
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Dissolution report	Amount
	<input type="checkbox"/> 8th day before election	<input checked="" type="checkbox"/> Other (specify) <u>May 5</u>	Date Processed
6 ORIGINAL PERIOD COVERED	Month Day Year 03/26/2024	THROUGH	Month Day Year 04/25/2024
Date Imaged			

7 EXPLANATION OF CORRECTION
 On May 5, 20224, I learned I had been incorrectly attributing political contributions managed by a third party. I am updating all affected reports.

8 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check the box next to any and all applicable 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.

Other 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.

Aron Rublein

 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

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC
COVER SHEET PG 2

12 COMMITTEE NAME Houston LGBTQ+ Political Caucus PAC	13 Filer ID (Ethics Commission Filers) 00016168
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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 Molly Cook State Senator
		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)	\$ 9,150.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 10,093.75
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 48,637.55
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.

Aaron Rublein

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

MONTHLY FILING GPAC REPORT: PURPOSE

FORM **MPAC**
ADDENDUM

Page 4 of 12

12 COMMITTEE NAME Houston LGBTQ+ Political Caucus PAC		13 Filer ID (Ethics Commission Filers) 00016168
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 Lauren Simmons State Representative 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.)	
	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Gemayel Haynes Criminal District Court Judge 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.)	
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 Annette Ramirez Harris County Tax Assessor-Collector 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**
ADDENDUM

Page 5 of 12

12 COMMITTEE NAME Houston LGBTQ+ Political Caucus PAC		13 Filer ID (Ethics Commission Filers) 00016168
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 Jerry Rodriguez Harris County Constable
		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.)	

SUBTOTALS - MPAC

17 COMMITTEE NAME Houston LGBTQ+ Political Caucus PAC		18 Filer ID (Ethics Commission Filers) 00016168
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 9,150.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
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	\$ 10,093.75
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	\$ 6,463.20
15.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 500.00

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/1 Rpt: 7/12
2 FILER NAME Houston LGBTQ+ Political Caucus PAC		3 Filer ID (Ethics Commission Filers) 00016168
4 Date 03/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ActBlue Texas	7 Amount of Contribution (\$) \$1,500.00
6 Contributor address; City; State; Zip Code Somerville, MA 02144		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ActBlue Texas	Amount of Contribution (\$) \$4,100.00
Contributor address; City; State; Zip Code Somerville, MA 02144		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ActBlue Texas	Amount of Contribution (\$) \$3,300.00
Contributor address; City; State; Zip Code Somerville, MA 02144		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ActBlue Texas	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code Somerville, MA 02144		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 1/3 Rpt: 9/12	2 FILER NAME Houston LGBTQ+ Political Caucus PAC	3 Filer ID (Ethics Commission Filers) 00016168
4 Date 03/31/2024	5 Payee name ActBlue Technical Services	
6 Amount (\$) 59.26 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 366 Summer St Sommerville, MA 02144	
8 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 <input type="checkbox"/> 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 04/21/2024	Payee name ActBlue Technical Services	
Amount (\$) 9.88 <input type="checkbox"/> 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 <input type="checkbox"/> 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.

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 2/3 Rpt:	2 FILER NAME Houston LGBTQ+ Political Caucus PAC	3 Filer ID (Ethics Commission Filers) 00016168
4 Date 04/16/2024	5 Payee name Center for African-American Military History	
6 Amount (\$) 2,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 3816 Caroline St. Houston, TX 77004	
8 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 04/08/2024	Payee name Churrosco's Catering	
Amount (\$) 2,167.16 <input type="checkbox"/> 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 04/23/2024	Payee name Harrison Homer-Guy	
Amount (\$) 500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 8131 Lawler St 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 04/15/2024	Payee name Hung Vuong Lion Dance	
Amount (\$) 500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 11360 Bellaire Blvd Suite 900 Houston, TX 77072	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) Entertainment for fundraising event.

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 3/3 Rpt:	2 FILER NAME Houston LGBTQ+ Political Caucus PAC	3 Filer ID (Ethics Commission Filers) 00016168
4 Date 04/11/2024	5 Payee name Lagner, Tina	
6 Amount (\$) 250.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip PO Box 66664 Houston, TX 77266	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) DJ for fundraising event.
Date 04/12/2024	Payee name Lane Lewis Agency	
Amount (\$) 144.92 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 2200 North Loop West Suite 136 Houston, TX 77018	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) Event insurance
Date 04/09/2024	Payee name The Golden Leaf Floral and Design	
Amount (\$) 579.14 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip goldenleaf.com Houston, TX	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) Flowers for event. This is an online business with no mailing address.

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

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 1/1 Rpt: 12/12
2 FILER NAME Houston LGBTQ+ Political Caucus PAC		3 Filer ID (Ethics Commission Filers) 00016168
4 Date 04/23/2024	5 Name of person from whom amount is received Houston LGBTQ+ Political Caucus	8 Amount (\$) \$500.00
6 Address of person from whom amount is received; City; State; Zip Code Houston, TX 77266		
7 Purpose for which amount is received Political Contribution credited to incorrect account.		<input type="checkbox"/> Check if political contribution returned to filer