#### FORM MPAC MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** Filer ID 2 Total pages filed: The MPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00016168 3 COMMITTEE NAME **OFFICE USE ONLY** Houston LGBTQ+ Political Caucus PAC Date Received **ELECTRONICALLY FILED** 07/07/2024 COMMITTEE ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP **ADDRESS** P.O. Box 66664 Change of Address Houston, TX 77266-6664 Date Hand-delivered or Date Postmarked MS / MRS / MR **CAMPAIGN FIRST** MI **TREASURER** Receipt # Amount Aaron NAME Date Processed **NICKNAME SUFFIX** LAST Date Imaged Rublein CAMPAIGN APT / SUITE #; STREET ADDRESS (NO PO BOX PLEASE); CITY; STATE; ZIP CODE **TREASURER** 3517 Audubon Pl, Apt 6 STREET **ADDRESS** (Residence or Business) Houston, TX 77006 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 3517 Audubon Pl, Apt 6 MAILING **ADDRESS** Change of Address Houston, TX 77006 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (612) 423-2559 REPORT TYPE 10th day after campaign X Monthly Dissolution (Attach PAC-DR) treasurer termination 10 MONTHLY January 5 April 5 X July 5 October 5 REPORT FILING **DEADLINE** February 5 May 5 August 5 November 5 March 5 September 5 December 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 05/26/2024 06/25/2024

## MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

# FORM MPAC COVER SHEET PG 2

			<b>13</b> Fi	iler ID	(Ethics Commission Filers)
l Caucus PAC			00	0016168	
dentify by name or, if	A. Supported	Marilyn Burgess Count	ty Clerk		
	B. Opposed				
Describe by date and location	A. Supported				
	B. Opposed				
Assisted dentify by name or, if					
PLEDGES, LOANS, CONTRIBUTIONS M	OR GUARAN <sup>T</sup>	TEES OF LOANS, ÒR RONICALLY)	HAN	\$	0.00
			ANS)	\$	50.00
. TOTAL UNITEMIZED	D POLITICAL I	EXPENDITURES		\$	0.00
· TOTAL POLITICA	AL EXPENDI	TURES		\$	818.31
		DNS MAINTAINED AS OF TH	E LAST DAY	\$	33,633.27
			AS OF THE	\$	0.00
		true and correct and includes	all informatio		
			Aaron Rubl	ein	
		Signatu			er
ΓΑΜΡ / SEAL ABOVE					
efore me, by the said			, this the	e	day
20, to certify v	which, witness	my hand and seal of office.			
nistering oath	Printed name	of officer administering oath	Ti	tle of office	er administering oath
	. Officeholders Assisted dentify by name or, if oplicable, classify by party.) . TOTAL UNITEMIZE PLEDGES, LOANS, CONTRIBUTIONS N check here if this report (OTHER THAN PLE . TOTAL UNITEMIZE . TOTAL UNITEMIZE . TOTAL POLITICAL OF THE REPORTIN . TOTAL PRINCIPAL LAST DAY OF THE	. Candidates dentify by name or, if oplicable, classify by party.)  B. Opposed  A. Supported  B. Opposed  A. Supported  B. Opposed  Control of issue.)  TOTAL UNITEMIZED POLITICAL of the policable, classify by party.  TOTAL POLITICAL CONTRIBUTIONS MADE ELECTED Check here if this report qualifies for the check here if this report qualifies for the check here if this report qualifies for the control of the political of the check here if this report qualifies for the check here if this report qualifies for the control of the political control of the political of the poli	A. Supported Marilyn Burgess Countrible to provide the provided includes and location and nature of issue)  B. Opposed  A. Supported Marilyn Burgess Countrible to provide the provided includes and location and nature of issue)  B. Opposed  A. Supported Marilyn Burgess Countrible to provide the provided details by party.  B. Opposed  Describe by date and location election and nature of issue)  B. Opposed  Describe by date and location election and nature of issue)  B. Opposed  Describe the provided Marilyn Burgess Countrible to provide the provided includes a contribution of the provided includes and the provided includes and the provided includes and the provided includes and correct and includes under Title 15, Election Code and provided includes and provided	A Supported Marilyn Burgess County Clerk    Candidates	A. Supported Marilyn Burgess County Clerk    A. Supported Marilyn Burgess County Clerk

### **SUBTOTALS - MPAC**

# FORM MPAC COVER SHEET PG 3

			3 of 6
17 COMMITTI	EE NAME	18 Filer ID	(Ethics Commission Filers)
Houston L	GBTQ+ Political Caucus PAC	00016168	
19 SCHEDULE SUBTOTALS  NAME OF SCHEDULE			SUBTOTAL AMOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 50.00	
2.	2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		
3.	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	\$	
7.	7. SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		
8.	8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION		
9.	9. SCHEDULE E: LOANS		
10. X	10. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS		
11.	11. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		
12.	12. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS		\$
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14. X	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTI	ONS	\$ 5,546.36
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$

MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE A1
The Instru	ction Guide explains how to complete this	form.	1 Total pages Sch Sch: 1/1 Rpt:	
FILER NAME Houston LG			3 Filer ID (Ethic 00016168	es Commission Filers)
Date 06/20/2024	5 Full name of contributor  out-of-state PAC (ID#: ActBlue Texas  6 Contributor address; City; State; Zip Code		7 Amount of Cont	tribution (\$) \$50.00
	Somerville, MA 02144			
Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	S)	
	The Instru FILER NAME Houston LG Date 06/20/2024	The Instruction Guide explains how to complete this filer NAME  Houston LGBTQ+ Political Caucus PAC  Date  5 Full name of contributor out-of-state PAC (ID#: ActBlue Texas  6 Contributor address; City; State; Zip Code	The Instruction Guide explains how to complete this form.  FILER NAME Houston LGBTQ+ Political Caucus PAC  Date 06/20/2024  5 Full name of contributor out-of-state PAC (ID#:) ActBlue Texas 6 Contributor address; City; State; Zip Code  Somerville, MA 02144	The Instruction Guide explains how to complete this form.  FILER NAME Houston LGBTQ+ Political Caucus PAC  Date 06/20/2024  6 Contributor address; City; State; Zip Code  1 Total pages Sc Sch: 1/1 Rpt:  3 Filer ID (Ethic 00016168)  7 Amount of Contributor Contributor Contributor Contributor Contributor Contributor ActBlue Texas  6 Contributor address; City; State; Zip Code

### 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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (outer a extracounce) listed above)

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	ry - Gitt/Awards/Memorials Expense Printing Ex al Committee Legal Services Salaries/W.  The Instruction Guide explains how to cor	ages/Contract Labor OTHER (enter a category not listed above)
		·
1 Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
Sch: 1/1 Rpt: 5/6	Houston LGBTQ+ Political Caucus PAC	00016168
4 Date	5 Payee name	
06/05/2024	1Vision	
6 Amount (\$)	7 Payee address; City; State; Zip Coo	de
\$568.31	9346 Telge Rd.	
,		
Expenditure from corporate funds	Houston, TX 77095	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Printing Expense	Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE		Check if Austin, TX, officeholder living expense
		Printing for endorsement mailers.
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sout	ght Office held
Date	Payee name	
06/05/2024	Marilyn Burgess Campaign	
Amount (\$)	Payee address; City; State; Zip Coo	de
\$250.00	P.O. Box 7235	
Expenditure from corporate funds	Houston, TX 77248	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Loan Repayment/Reimbursement	Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE		Check if Austin, TX, officeholder living expense
		Reimbursement for advertising in the program for an event that was canceled.
		event that was canceled.
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office soug	ght Office held
'		

# 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: 6/6	2 FILER NAME Houston LGBTQ+ Political Caucus PAC  3 Filer ID (Ethics Commission Filers) 00016168
4 Date 05/28/2024	5 Payee name 4INLANYARDS
6 Amount (\$)  1,485.00  Expenditure from corporate funds	7 Payee Address; City; State; Zip 1968 S. Coast Hwy #289 Laguna Beach, CA 92651
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Gift/Awards/Memorials Expense (b) Description (See instructions regarding type of information required.) Merchandise
Date 06/20/2024	Payee name ActBlue Technical Services
Amount (\$)  1.98  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 06/11/2024	Payee name Post Oak Hotel
Amount (\$)  4,059.38  Expenditure from corporate funds	Payee Address; City; State; Zip 1699 W Loop S Houston, TX 77027
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)  Event Expense  (b) Description (See instructions regarding type of information required.)  Payment on Venue for fundraising event.