#### 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** 12/04/2024 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 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** 10/26/2024 11/25/2024

www.ethics.state.tx.us

### MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

# FORM MPAC COVER SHEET PG 2

Houston LGBTQ+ Political Caucus PAC  4 COMMITTEE ACTIVITY  (Attach lists on plain paper to complete his report if necessary)  (Attach lists on plain paper to complete his report if necessary)  2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  3. Officeholders Assisted (Identity by name or. if applicable, classify by party.)  B. Opposed  5 CONTRIBUTION TOTALS  1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS AND ELECTRONICALLY)						
4 COMMITTEE ACTIVITY   1. Candidates   A. Supported	2 COMMITTEE NAME					•
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(Patachistic or plain procedure. disease)	4 COMMITTEE	1. Candidates	A. Supported			
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PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)   check here if this report qualifies for the higher itemization threshold   2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)   75.0   EXPENDITURE TOTALS   3. TOTAL UNITEMIZED POLITICAL EXPENDITURES   \$ 0.0   4. TOTAL POLITICAL EXPENDITURES   \$ 938.3   CONTRIBUTION   5. TOTAL POLITICAL EXPENDITURES   \$ 938.3   CONTRIBUTION   5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD   \$ 56,427.6   OUTSTANDING   6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   \$ 0.0   6 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		(Identify by name or, if				
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LOAN TOTALS  LAST DAY OF THE REPORTING PERIOD  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, to certify which, witness my hand and seal of office.					Y \$	56,427.60
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					\$	0.00
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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.						ırer
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#### **SUBTOTALS - MPAC**

## FORM MPAC COVER SHEET PG 3

				3 of 5
17 COMMITTEE NAME Houston LGBTQ+ Political Caucus PAC  18 Filer ID 00016168			(Ethics Commission Filers)	
19 SCHEDULE SUBTOTALS  NAME OF SCHEDULE			SUBTOTAL AMOUNT	
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 75.00
2.	2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS			\$
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION		\$
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION		\$
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGA	ANIZATION	\$
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR C	ORGANIZATION	\$
9.		SCHEDULE E: LOANS		\$
10.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	3	\$ 938.30
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.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$

MONETARY POLITICA	AL CONTRIBUTIO	NS		SCHEDULE A1
The Instruction Guide explains	1 Total pages S			
2 FILER NAME Houston LGBTQ+ Political Caucus P	AC		3 Filer ID (Et 00016168	hics Commission Filers)
4 Date 5 Full name of contributor Bishop, Jeff 6 Contributor address; C	r out-of-state PAC (ID#:	)	7 Amount of C	ontribution (\$) \$50.0
Salt Lake City, UT 8				
8 Principal occupation / Job title (See Instru CEO	ictions)	9 Employer (See Instructions Key Capture Energy	8)	
Date Full name of contributor  11/14/2024 Stein, Robert  Contributor address; C	<b>–</b>	)	Amount of Co	ontribution (\$) \$25.00
Houston, TX 77008				
Principal occupation / Job title (See Instru IT Analyst	actions)	Employer (See Instructions Booz Allen Hamilton	5)	

### 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

rsement Solicitation/Fundraising Expense
xpense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/1 Rpt: 5/5	Houston LGBTQ+ Political Caucus PAC 00016168
4 Date	5 Payee name
10/31/2024	1Vision
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$784.81	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.
	Check if Austin, TX, officeholder living expense  Mailer Card
	Withier Start
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Power name
11/20/2024	Payee name ActBlue Technical Services
Amount (\$)	Payee address; City; State; Zip Code
\$2.97	366 Summer St
Expenditure from	
corporate funds	Sommerville, MA 02144
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Donation Admin Fees
	Donation Admin Fees
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
D-4-	
Date	Payee name
11/20/2024	Valinski, Jack
Amount (\$)	Payee address; City; State; Zip Code
\$150.52	P.O. Box 66664
Expenditure from	
corporate funds	Houston, TX 77266
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Election supplies
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	