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) 00015685 3 COMMITTEE NAME **OFFICE USE ONLY** Hotel PAC Date Received **ELECTRONICALLY FILED** 12/27/2024 COMMITTEE ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 1701 West Ave. Change of Address Austin, TX 78701 Date Hand-delivered or Date Postmarked MS / MRS / MR **FIRST CAMPAIGN** MI **TREASURER** Receipt # Amount Mr. Scott K. NAME Date Processed **NICKNAME SUFFIX** LAST Date Imaged Joslove CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE TREASURER 1701 West Ave. STREET **ADDRESS** (Residence or Business) Austin, TX 78701 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 1701 West Ave. MAILING **ADDRESS** Change of Address Austin, TX 78701 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (512) 474-2996 REPORT TYPE 10th day after campaign X Monthly Dissolution (Attach PAC-DR) treasurer termination 10 MONTHLY X January 5 April 5 October 5 REPORT FILING July 5 **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** 11/26/2024 12/25/2024 **GO TO PAGE 2**

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

2 COMMITTEE NAME Hotel PAC			13 Filer ID 000156	(Ethics Commission Filers)
	1 Candidatas	A. Cupported		
4 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		
(Attach lists on plain				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Мосошись	A Supported		
	Measures (Describe by date and location	A. Supported		
	of election and nature of issue.)			
		B. Opposed		
	3. Officeholders			
	Assisted (Identify by name or, if applicable, classify by party.)			
5 CONTRIBUTION		D POLITICAL CONTRIBUTIONS (OTHER THAN		
TOTALS		OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY)	\$	0.00
		qualifies for the higher itemization threshold		
	2. TOTAL POLITICA	IL CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	128.00
EXPENDITURE	· - ` ` 	D POLITICAL EXPENDITURES		
TOTALS	9. 19.11=0.11=1=		\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	5,000.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		ST DAY \$	28,175.07
OUTSTANDING LOAN TOTALS		TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		0.00
6 AFFIDAVIT				
		I swear, or affirm, under penalty of true and correct and includes all inf under Title 15, Election Code.	perjury, that th ormation requ	ne accompanying report is lired to be reported by me
		М. О.	w z z z	
			ott K. Joslove	
		Signature of C	zampaign Tre	asurer
AFFIX NOTA	RY STAMP / SEAL ABOVE			
Sworn to and subscrib	ed before me, by the said _		, this the	day
of	, 20, to certify	which, witness my hand and seal of office.		
				<u></u>
Signature of officer	administering oath	Printed name of officer administering oath	Title of	officer administering oath

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

		3 of 6
17 COMMITTEE NAME Hotel PAC	18 Filer ID 00015685	(Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. X SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	DR	\$ 128.00
5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL LABOR ORGANIZATION	ATION OR	\$
6. SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	SANIZATION	\$
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 CONTRIBUTION	S	\$ 5,000.00
11. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTI	ONS	\$
13. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTI	ONS	\$
15. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$

MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

The Instru	ection Guide explains how to complete this form.	1 Total pages Schedule C1: Sch: 1/1 Rpt: 4/6
Priler Name Hotel PAC		3 Filer ID (Ethics Commission Filers) 00015685
4 Date 12/16/2024	 Corporation / Labor Organization name Hampton Inn & Suites Dumas Corporation / Labor Organization address; City; State; Zip Code Dumas, TX 79029 	7 Amount of contribution (\$) \$78.00
Date 12/05/2024	Corporation / Labor Organization name The Line Austin Corporation / Labor Organization address; City; State; Zip Code Austin, TX 78701	Amount of contribution (\$) \$50.00

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District Travel in District

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: 1/2 Rpt: 5/6	Hotel PAC 00015685			
•				
4 Date	5 Payee name			
12/10/2024	Anchia, Rafael			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$1,000.00	P. O. Box 4468			
Expenditure from corporate funds	Dallas, TX 75208			
8 PURPOSE				
OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Contributions/Donations Made By			
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
	Rafael Anchia Campaign			
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/OI	1			
Date	Payee name			
12/07/2024	Bhojani, Salman			
Amount (\$)	Payee address; City; State; Zip Code			
\$1,000.00	6301 Campus Circle Dr. East			
Ψ1,000.00	oool oampus onoic bii Last			
Expenditure from	In the at TV 75000			
corporate funds	Irving, TX 75063			
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.			
	Candidate/Officeholder/Political Committee			
	Campaign contribution			
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
Complete <u>ONLY</u> if direct expenditure to benefit C/OI				
<u>'</u>				
Date	Payee name			
12/10/2024	DeAyala, Mano			
Amount (\$)	Payee address; City; State; Zip Code			
\$1,000.00	12335 Kinsride Lane			
	#416			
Expenditure from corporate funds	Houston, TX 77024			
	I			
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Contributions/Donations Made By			
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder (Political Committee) Check if Austin, TX, officeholder living expense			
	Mano DeAyala Campaign			
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/OH				

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 Comm

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
OTHEP (expense a category not listed above)

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: 2/2 Rpt: 6/6	Hotel PAC 00015685
4 Date	5 Payee name
12/10/2024	Johnson, Ann
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	P. O. Box 56386
Ψ1,000.00	1 . O. Box 33333
Expenditure from	Houston, TV 772E6
corporate funds	Houston, TX 77256
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Ann Johnson Campaign
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/10/2024	Oliverson, Tom
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	1 E. Greenway Plaza
	Suite 225
Expenditure from corporate funds	Houston, TX 77046
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee
	Tom Onvoicen Gampaign
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	