



# MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC  
COVER SHEET PG 2

|                                       |   |
|---------------------------------------|---|
| <b>12 COMMITTEE NAME</b><br>Hotel PAC | <b>13 Filer ID</b> (Ethics Commission Filers)<br>00015685 |
|---------------------------------------|---|

|   |  |              |
|---|--|--------------|
| <b>14 COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)             | A. Supported |
|   |  | B. Opposed   |
|   | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)       | A. Supported |
|   |  | B. Opposed   |
|   | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.) |              |

|                               |   |              |
|-------------------------------|---|--------------|
| <b>15 CONTRIBUTION TOTALS</b> | <b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b><br><input type="checkbox"/> check here if this report qualifies for the higher itemization threshold | \$ 0.00      |
|                               | <b>2. TOTAL POLITICAL CONTRIBUTIONS</b><br>(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ 1,326.25  |
| EXPENDITURE TOTALS            | <b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>   | \$ 0.00      |
|                               | <b>4. TOTAL POLITICAL EXPENDITURES</b>  | \$ 2,230.89  |
| CONTRIBUTION BALANCE          | <b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>   | \$ 25,499.43 |
| OUTSTANDING LOAN TOTALS       | <b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>  | \$ 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.

Mr. Scott K. Joslove  
\_\_\_\_\_  
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

# SUBTOTALS - MPAC

|                                       |   |   |
|---------------------------------------|---|---|
| <b>17 COMMITTEE NAME</b><br>Hotel PAC |   | <b>18 Filer ID</b> (Ethics Commission Filers)<br>00015685 |
| <b>19 SCHEDULE SUBTOTALS</b>          |   | <b>SUBTOTAL AMOUNT</b>                                    |
|                                       | NAME OF SCHEDULE  |   |
| 1.                                    | <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS  | \$  |
| 2.                                    | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                              | \$  |
| 3.                                    | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$  |
| 4.                                    | <input checked="" type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION    | \$ 1,326.25   |
| 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              | \$ 2,230.89   |
| 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 type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                      | \$  |
| 15.                                   | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER       | \$  |

# MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

|  |  |  |
|--|--|--|
| <b>The Instruction Guide explains how to complete this form.</b> |  | <b>1</b> Total pages Schedule C1:<br>Sch: 1/2 Rpt: 4/6   |
| <b>2</b> FILER NAME<br>Hotel PAC                                 |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015685 |
| <b>4</b> Date<br>01/13/2025                                      | <b>5</b> Corporation / Labor Organization name<br>Embassy Suites Houston Downtown<br><hr/> <b>6</b> Corporation / Labor Organization address; City; State; Zip Code<br><br>Houston, TX 77010 | <b>7</b> Amount of contribution (\$)<br><br>\$50.00      |
| Date<br>01/24/2025   | Corporation / Labor Organization name<br>Four Seasons Hotel Houston<br><hr/> Corporation / Labor Organization address; City; State; Zip Code<br><br>Houston, TX 77010                        | Amount of contribution (\$)<br><br>\$200.00              |
| Date<br>01/17/2025   | Corporation / Labor Organization name<br>Gaylord Texan Resort & Conference Center<br><hr/> Corporation / Labor Organization address; City; State; Zip Code<br><br>Grapevine, TX 76051        | Amount of contribution (\$)<br><br>\$200.00              |
| Date<br>01/14/2025   | Corporation / Labor Organization name<br>Hilton DFW Lakes Exec Conf Ctr<br><hr/> Corporation / Labor Organization address; City; State; Zip Code<br><br>Grapevine, TX 76051                  | Amount of contribution (\$)<br><br>\$50.00               |
| Date<br>01/09/2025   | Corporation / Labor Organization name<br>Hilton Houston North<br><hr/> Corporation / Labor Organization address; City; State; Zip Code<br><br>Houston, TX 77060                              | Amount of contribution (\$)<br><br>\$50.00               |
| Date<br>01/03/2025   | Corporation / Labor Organization name<br>Homewood Suites by Hilton Wichita Falls<br><hr/> Corporation / Labor Organization address; City; State; Zip Code<br><br>Houston, TX 77027           | Amount of contribution (\$)<br><br>\$18.25               |
| Date<br>01/03/2025   | Corporation / Labor Organization name<br>Hyatt Regency Houston West<br><hr/> Corporation / Labor Organization address; City; State; Zip Code<br><br>Houston, TX 77079                        | Amount of contribution (\$)<br><br>\$200.00              |

# MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

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|--|--|--|
| <b>The Instruction Guide explains how to complete this form.</b> |  | <b>1</b> Total pages Schedule C1:<br>Sch: 2/2 Rpt: 5/6   |
| <b>2</b> FILER NAME<br>Hotel PAC                                 |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015685 |
| <b>4</b> Date<br>01/10/2025                                      | <b>5</b> Corporation / Labor Organization name<br>Inn at Circle T - Hamilton<br><hr/> <b>6</b> Corporation / Labor Organization address; City; State; Zip Code<br><br>Hamilton, TX 76531 | <b>7</b> Amount of contribution (\$)<br>\$57.00          |
| Date<br>01/16/2025   | Corporation / Labor Organization name<br>Royal Sonesta Hotel Houston<br><hr/> Corporation / Labor Organization address; City; State; Zip Code<br><br>Houston, TX 77027                   | Amount of contribution (\$)<br>\$50.00                   |
| Date<br>01/10/2025   | Corporation / Labor Organization name<br>SpringHill Suites Austin NW / Arboretum<br><hr/> Corporation / Labor Organization address; City; State; Zip Code<br><br>Austin, TX 78759        | Amount of contribution (\$)<br>\$99.00                   |
| Date<br>01/10/2025   | Corporation / Labor Organization name<br>Springhill Suites McAllen<br><hr/> Corporation / Labor Organization address; City; State; Zip Code<br><br>McAllen , TX 78503                    | Amount of contribution (\$)<br>\$102.00                  |
| Date<br>01/08/2025   | Corporation / Labor Organization name<br>St. Regis Hotel Houston<br><hr/> Corporation / Labor Organization address; City; State; Zip Code<br><br>Houston, TX 77027                       | Amount of contribution (\$)<br>\$50.00                   |
| Date<br>01/07/2025   | Corporation / Labor Organization name<br>The Houstonian Hotel, Club & Spa<br><hr/> Corporation / Labor Organization address; City; State; Zip Code<br><br>Houston, TX 77024              | Amount of contribution (\$)<br>\$200.00                  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel in District                         |
| Contributions/ Donations Made By -         | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | OTHER (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

|   |   |   |
|---|---|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 1/1 Rpt: 6/6              | <b>2</b> FILER NAME<br>Hotel PAC  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015685  |
| <b>4</b> Date<br>01/07/2025   | <b>5</b> Payee name<br>Texas Hotel & Lodging Association                                |   |
| <b>6</b> Amount (\$)<br>\$2,230.89                                  | <b>7</b> Payee address; City; State; Zip Code<br>1701 West Ave.<br><br>Austin, TX 78701 |   |
| <input type="checkbox"/> Expenditure from corporate funds           | <b>8 (a)</b> Category (See Categories listed at the top of this schedule)<br>Fees       | <b>8 (b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Lobby registration, tax filing, cc processing |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name   | Office sought                      Office held  |