

MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC
COVER SHEET PG 1

The MPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00015685	2 Total pages filed: 5												
3 COMMITTEE NAME Hotel PAC			OFFICE USE ONLY Date Received ELECTRONICALLY FILED 04/30/2025 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged												
4 COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP 1701 West Ave. Austin, TX 78701														
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Scott K.														
	NICKNAME LAST SUFFIX Joslove														
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1701 West Ave. Austin, TX 78701														
7 CAMPAIGN TREASURER MAILING ADDRESS	STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1701 West Ave. Austin, TX 78701														
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 474-2996														
9 REPORT TYPE	<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Dissolution (Attach PAC-DR)														
10 MONTHLY REPORT FILING DEADLINE	<table><tr><td><input type="checkbox"/> January 5</td><td><input type="checkbox"/> April 5</td><td><input type="checkbox"/> July 5</td><td><input type="checkbox"/> October 5</td></tr><tr><td><input type="checkbox"/> February 5</td><td><input checked="" type="checkbox"/> May 5</td><td><input type="checkbox"/> August 5</td><td><input type="checkbox"/> November 5</td></tr><tr><td><input type="checkbox"/> March 5</td><td><input type="checkbox"/> June 5</td><td><input type="checkbox"/> September 5</td><td><input type="checkbox"/> December 5</td></tr></table>			<input type="checkbox"/> January 5	<input type="checkbox"/> April 5	<input type="checkbox"/> July 5	<input type="checkbox"/> October 5	<input type="checkbox"/> February 5	<input checked="" type="checkbox"/> May 5	<input type="checkbox"/> August 5	<input type="checkbox"/> November 5	<input type="checkbox"/> March 5	<input type="checkbox"/> June 5	<input type="checkbox"/> September 5	<input type="checkbox"/> December 5
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<input type="checkbox"/> March 5	<input type="checkbox"/> June 5	<input type="checkbox"/> September 5	<input type="checkbox"/> December 5												
11 PERIOD COVERED	Month Day Year 03/26/2025 THROUGH Month Day Year 04/25/2025														

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MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME Hotel PAC		13 Filer ID (Ethics Commission Filers) 00015685
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
		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
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 80,493.75
	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
CONTRIBUTION BALANCE	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 105,188.17
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.

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**FORM MPAC**
COVER SHEET PG 3
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17 COMMITTEE NAME Hotel PAC		18 Filer ID (Ethics Commission Filers) 00015685
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
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	\$ 80,493.75
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 type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C1: Sch: 1/2 Rpt: 4/5
2 FILER NAME Hotel PAC		3 Filer ID (Ethics Commission Filers) 00015685
4 Date 04/14/2025	5 Corporation / Labor Organization name AAHOA <hr/> 6 Corporation / Labor Organization address; City; State; Zip Code Atlanta, GA 30328-6707	7 Amount of contribution (\$) \$80,000.00
Date 03/26/2025	Corporation / Labor Organization name Grand Hyatt DFW Int'l. Airport Hotel <hr/> Corporation / Labor Organization address; City; State; Zip Code Dallas, TX 75261	Amount of contribution (\$) \$200.00
Date 04/18/2025	Corporation / Labor Organization name Hampton Inn & Suites Austin Airport <hr/> Corporation / Labor Organization address; City; State; Zip Code Austin, TX 78744	Amount of contribution (\$) \$25.50
Date 04/17/2025	Corporation / Labor Organization name Hilton DFW Lakes Exec Conf Ctr <hr/> Corporation / Labor Organization address; City; State; Zip Code Grapevine, TX 76051	Amount of contribution (\$) \$50.00
Date 04/04/2025	Corporation / Labor Organization name Hilton Houston North <hr/> Corporation / Labor Organization address; City; State; Zip Code Houston, TX 77060	Amount of contribution (\$) \$50.00
Date 04/08/2025	Corporation / Labor Organization name Homewood Suites by Hilton Wichita Falls <hr/> Corporation / Labor Organization address; City; State; Zip Code Houston, TX 77027	Amount of contribution (\$) \$18.25
Date 04/03/2025	Corporation / Labor Organization name Marriott Houston North Greenspoint <hr/> Corporation / Labor Organization address; City; State; Zip Code Houston, TX 77060	Amount of contribution (\$) \$50.00

MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE **C1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C1: Sch: 2/2 Rpt: 5/5
2 FILER NAME Hotel PAC		3 Filer ID (Ethics Commission Filers) 00015685
4 Date 04/08/2025	5 Corporation / Labor Organization name Royal Sonesta Hotel Houston	7 Amount of contribution (\$) \$50.00
	6 Corporation / Labor Organization address; City; State; Zip Code Houston, TX 77027	
Date 04/07/2025	Corporation / Labor Organization name The Line Austin	Amount of contribution (\$) \$50.00
	Corporation / Labor Organization address; City; State; Zip Code Austin, TX 78701	