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** 10/29/2025 COMMITTEE ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 1701 West Ave. Austin, TX 78701 Date Hand-delivered or Date Postmarked CAMPAIGN MS / MRS / MR **FIRST** 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** 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 January 5 April 5 July 5 October 5 REPORT FILING **DEADLINE** February 5 May 5 August 5 November 5 December 5 March 5 September 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 09/26/2025 10/25/2025

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

2 COMMITTEE NAME Hotel PAC			13 Fi	ler ID 015685	(Ethics Commission Filers)
4 COMMITTEE	1. Candidates	A. Supported			
ACTIVITY	(Identify by name or, if applicable, classify by party.)	A. Supported			
(Attach lists on plain paper to complete this report if necessary.)		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.)				
	1			_	
L5 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS N	D POLITICAL CONTRIBUTIONS (C OR GUARANTEES OF LOANS, OI ADE ELECTRONICALLY) qualifies for the higher itemization thresl	R	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLEI	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES	S OF LOANS)	\$	196.50
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES		\$	0.00	
	4. TOTAL POLITICA	L EXPENDITURES		\$	2,200.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		\$	110,535.04	
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING REPORTING PERIOD	LOANS AS OF THE	\$	0.00
6 AFFIDAVIT	l				
		I swear, or affirm, un true and correct and under Title 15, Electi	ider penalty of perjury, includes all information ion Code.	that the a	ccompanying report is I to be reported by me
			Mr. Scott K. Jo	slove	
		Signature of Campaign Treasurer		rer	
AFFIX NOTARY	STAMP / SEAL ABOVE				
Sworn to and subscribed	hefore me, by the said		this the	2	day
		which, witness my hand and seal of		<i></i>	uuy
	., .,,,	, ,			
Signature of officer ad	ministering oath	Printed name of officer administering	ng oath Ti	tle of offic	er administering oath

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

		3 of 5
17 COMMITTEE NAME Hotel PAC	18 Filer ID 00015	
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE	•	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL COI	NTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. X SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORF	PORATION OR LABOR	\$ 196.50
5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTION LABOR ORGANIZATION	NS FROM CORPORATION OR	\$
6. SCHEDULE C3: MONETARY SUPPORT FROM CORPORATI	ON OR LABOR ORGANIZATION	\$
7. SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPC	PRATION OR LABOR	\$
8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPOR	RATION OR LABOR ORGANIZA	TION \$
9. SCHEDULE E: LOANS		\$
10. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITIC	CAL CONTRIBUTIONS	\$ 2,200.00
11. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLI	TICAL CONTRIBUTIONS	\$
13. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLI	TICAL CONTRIBUTIONS	\$
15. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, ANI TO FILER	CONTRIBUTIONS RETURNED	\$

MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

The Instruc	tion Guide explains how to complete this form.	1 Total pages Schedule C1: Sch: 1/1 Rpt: 4/5
2 FILER NAME Hotel PAC		3 Filer ID (Ethics Commission Filers) 00015685
10/01/2025	 Corporation / Labor Organization name Embassy Suites Houston Downtown Corporation / Labor Organization address; City; State; Zip Code Houston, TX 77010 	7 Amount of contribution (\$) \$50.00
Date 10/06/2025	Corporation / Labor Organization name Hilton Houston North Corporation / Labor Organization address; City; State; Zip Code Houston, TX 77060	Amount of contribution (\$) \$50.00
Date 10/08/2025	Corporation / Labor Organization name Homewood Suites by Hilton Wichita Falls Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$) \$18.25
Date	Houston, TX 77027 Corporation / Labor Organization name	Amount of contribution (\$)
10/06/2025	Hyatt Place El Paso Airport Corporation / Labor Organization address; City; State; Zip Code	\$28.25
	El Paso, TX 79905	
Date 10/20/2025	Corporation / Labor Organization name Marriott Houston North Greenspoint Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$) \$50.00
	Houston, TX 77060	

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense 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

Candidate/Officeholder/Politica Credit Card Payment		
Credit Card r dyment	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	Hotel PAC 00015685	
4 Date	5 Payee name	
10/02/2025	Bhojani, Salman	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$1,000.00	6301 Campus Circle Dr. East	
Expenditure from corporate funds	Irving, TX 75063	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Contributions/Donations Made By	
EXPENDITORE	Candidate/Officeholder/Political Committee	
	Salman Bhojani Campaign	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
experientare to benefit 6/61	<u> </u>	
Date	Payee name	
10/08/2025	Bhojani, Salman	
Amount (\$)	Payee address; City; State; Zip Code	
\$200.00	6301 Campus Circle Dr. East	
Expenditure from corporate funds	Irving, TX 75063	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
OF EXPENDITURE	Contributions/Donations Made By	
EXPENDITORE	Candidate/Officeholder/Political Committee	
	Salman Bhojani Campaign	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
10/02/2025	Schatzline, Nate	
Amount (\$)	Payee address; City; State; Zip Code	
\$1,000.00	6642 N Riverside Dr	
— Foresediture from		
Expenditure from corporate funds	Fort Worth, TX 76137	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Contributions/Donations Made By	
EXPENDITORE	Candidate/Officeholder/Political Committee	
	Nate Schatzline for Texas Campaign.	
Complete CNU V if all	Condidate/Office helder no rec	_
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
,		