CORRECTION/AMENDMENT AFFIDAVIT FOR POLITICAL COMMITTEE

FORM **COR-PAC**

1 Filer ID (Ethics Commission Filers) 00015685	**2** Total pages filed: 7	**OFFICE USE ONLY**
3 COMMITTEE NAME	Hotel PAC	Date Received: ELECTRONICALLY FILED 03/02/2026
4 TREASURER NAME	Joslove, Scott K. (Mr.)	Date Hand-delivered or Date Postmarked
5 ORIGINAL REPORT TYPE	☐ January 15 ☐ July 15 ☐ 30th day before election ☐ 8th day before election ☐ Runoff ☐ 10th day after campaign treasurer resignation ☐ Dissolution report ☒ Other (specify) November 5	Receipt # / Amount / Date Processed
6 ORIGINAL PERIOD COVERED	Month Day Year 09/26/2025 THROUGH Month Day Year 10/25/2025	Date Imaged

7 EXPLANATION OF CORRECTION

Checks returned/voided.

8 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check the box next to any and all applicable statements:

☐ **Semiannual reports:** I swear or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

☒ **Other reports:** I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

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

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

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: 7

3 COMMITTEE NAME: Hotel PAC

OFFICE USE ONLY

Date Received: ELECTRONICALLY FILED 03/02/2026

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

- [X] Monthly
- [ ] 10th day after campaign treasurer termination
- [ ] Dissolution (Attach PAC-DR)

10 MONTHLY REPORT FILING DEADLINE

[ ] January 5	[ ] April 5	[ ] July 5	[ ] October 5
[ ] February 5	[ ] May 5	[ ] August 5	[X] November 5
[ ] March 5	[ ] June 5	[ ] September 5	[ ] December 5

11 PERIOD COVERED

Month Day Year	THROUGH	Month Day Year
09/26/2025		10/25/2025

GO TO PAGE 2

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) ☐ check here if this report qualifies for the higher itemization threshold	$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 196.50
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	$ 0.00
	4. TOTAL POLITICAL 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	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

17 COMMITTEE NAME	**18** Filer ID (Ethics Commission Filers)
Hotel PAC	00015685

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.	☒	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	$ 196.50
5.	☐	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	$
6.	☐	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	$
7.	☐	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	$
8.	☐	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	$
9.	☐	SCHEDULE E: LOANS	$
10.	☒	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	$ 2,200.00
11.	☐	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$
12.	☐	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	$
13.	☐	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	$
14.	☐	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	$
15.	☒	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	$ 1,200.00

MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule C1: Sch: 1/1 Rpt: 5/7

2 FILER NAME: Hotel PAC

3 Filer ID (Ethics Commission Filers): 00015685

4 Date	5 Corporation / Labor Organization name	6 Corporation / Labor Organization address; City; State; Zip Code	7 Amount of contribution ($)
10/01/2025	Embassy Suites Houston Downtown	Houston, TX 77010	$50.00
10/06/2025	Hilton Houston North	Houston, TX 77060	$50.00
10/08/2025	Homewood Suites by Hilton Wichita Falls	Houston, TX 77027	$18.25
10/06/2025	Hyatt Place El Paso Airport	El Paso, TX 79905	$28.25
10/20/2025	Marriott Houston North Greenspoint	Houston, TX 77060	$50.00

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 - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 6/7	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 ☐ Expenditure from corporate funds	6301 Campus Circle Dr. East Irving, TX 75063

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Contributions/Donations Made By Candidate/Officeholder/Political Committee	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Salman Bhojani Campaign

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

Date	Payee name
10/08/2025	Bhojani, Salman

Amount ($)	Payee address; City; State; Zip Code
$200.00 ☐ Expenditure from corporate funds	6301 Campus Circle Dr. East Irving, TX 75063

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Contributions/Donations Made By Candidate/Officeholder/Political Committee	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Salman Bhojani Campaign

Complete ONLY if direct expenditure to benefit C/OH	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 ☐ Expenditure from corporate funds	6642 N Riverside Dr Fort Worth, TX 76137

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Contributions/Donations Made By Candidate/Officeholder/Political Committee	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Nate Schatzline for Texas Campaign.

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:
Sch: 1/1 Rpt: 7/7

2 FILER NAME
Hotel PAC

3 Filer ID (Ethics Commission Filers)
00015685

4 Date	5 Name of person from whom amount is received	8 Amount ($)
10/25/2025	Bhojani, Salman	$200.00
	6 Address of person from whom amount is received; City; State; Zip Code Irving, TX 75063	
	7 Purpose for which amount is received	[X] Check if political contribution returned to filer

Date	Name of person from whom amount is received	Amount ($)
10/25/2025	Schatzline, Nate	$1,000.00
	Address of person from whom amount is received; City; State; Zip Code Fort Worth, TX 76137	
	Purpose for which amount is received	[X] Check if political contribution returned to filer