



**MONTHLY FILING GPAC REPORT:  
PURPOSE AND TOTALS**

**FORM MPAC  
COVER SHEET PG 2**

<b>12 COMMITTEE NAME</b> 30mm PAC	<b>13 Filer ID</b> (Ethics Commission Filers) 00088507
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<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (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> <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 18,300.00
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 7,649.20
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 11,231.92
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.

\_\_\_\_\_  
 Cabell Hobbs  
 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</b> COMMITTEE NAME 30mm PAC	<b>18</b> Filer ID (Ethics Commission Filers) 00088507
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<b>19</b> SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
NAME OF SCHEDULE		
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 18,300.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
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	\$ 7,649.20
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 POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/1 Rpt: 4/5
<b>2</b> FILER NAME 30mm PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00088507
<b>4</b> Date 06/28/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gatewood, Cindy (Mrs.)	<b>7</b> Amount of Contribution (\$) \$5,000.00
	<b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77024	
<b>8</b> Principal occupation / Job title (See Instructions) Housewife		<b>9</b> Employer (See Instructions) Housewife
Date 06/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gatewood, E. Michael (Mr.)	Amount of Contribution (\$) \$5,000.00
	Contributor address; City; State; Zip Code  Houston, TX 77024	
Principal occupation / Job title (See Instructions) Investor		Employer (See Instructions) Park Ten Capital
Date 06/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kent, William B. (Mr.)	Amount of Contribution (\$) \$5,000.00
	Contributor address; City; State; Zip Code  Midland, TX 79705	
Principal occupation / Job title (See Instructions) Ceo		Employer (See Instructions) The Kent Companies
Date 06/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rabois, Keith	Amount of Contribution (\$) \$1,700.00
	Contributor address; City; State; Zip Code  San Francisco, CA 94131	
Principal occupation / Job title (See Instructions) Partner		Employer (See Instructions) Founders Fund
Date 06/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Ralph B. (Mr.)	Amount of Contribution (\$) \$1,600.00
	Contributor address; City; State; Zip Code  Houston, TX 77057	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# 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 Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/1 Rpt: 5/5	<b>2</b> FILER NAME 30mm PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00088507
<b>4</b> Date 07/05/2024	<b>5</b> Payee name Intuit Inc.	
<b>6</b> Amount (\$) \$44.77  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 2800 E. Commerce Center Place  Tucson, AZ 85706	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software Subscription
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/05/2024	Payee name RightSide Compliance LLC	
Amount (\$) \$150.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 341027  Austin, TX 78734	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Compliance Consulting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/28/2024	Payee name Wesley Hunt Victory Fund	
Amount (\$) \$7,454.43  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 341027  Austin, TX 78734	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Joint Fundraising Committee Expenses
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held