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) 00088507 3 COMMITTEE NAME **OFFICE USE ONLY** 30mm PAC Date Received **ELECTRONICALLY FILED** 08/02/2024 COMMITTEE ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP **ADDRESS** PO Box 341027 Change of Address Austin, TX 78734 Date Hand-delivered or Date Postmarked MS / MRS / MR **FIRST CAMPAIGN** MI **TREASURER** Receipt # Amount Cabell NAME Date Processed **NICKNAME** LAST **SUFFIX** Date Imaged Hobbs CAMPAIGN APT / SUITE #; STREET ADDRESS (NO PO BOX PLEASE); CITY; STATE; ZIP CODE TREASURER PO Box 341027 STREET **ADDRESS** (Residence or Business) Austin, TX 78734 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** PO Box 341027 MAILING **ADDRESS** Change of Address Austin, TX 78734 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (512) 277-6095 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 X August 5 November 5 September 5 December 5 March 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 06/26/2024 07/25/2024 **GO TO PAGE 2**

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

3. Officeholders Activity Acti						
1. Candidates closure(by by name or, if explicate, classify by party) 2. Measures (Describe by date and location of election for factors by classify by party) 3. Cifficeholders Assisted (Describe by date and location of election for fattors or fattors or fattors) 8. Opposed 3. Cifficeholders Assisted (Describe by date and location of election for fattors or fattors) 8. Opposed 5 CONTRIBUTION TOTALS 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR SUARANTEES OF LOANS, OR SUARANTEES OF LOANS) CONTRIBUTION CONTRIBUTION (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) 5. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) 4. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD 6. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD 6. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD 6. AFFIDAVIT 1. 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						(Ethics Commission Filers)
ACTIVITY (Attach lists on plain pages to correlate the report if excessiny by party) 2. Measures (Describe by date and location of election and relative of issue) 3. Officeholders Assisted (Identity by anne or if applicable, classify by party) 5. CONTRIBUTION TOTALS 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS) (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR GUARANTEES OF LOANS) 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES 4. TOTAL POLITICAL EXPENDITURES 5. TOTAL UNITEMIZED POLITICAL EXPENDITURES 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE STANDARD AS OF THE LAST DAY OF THE REPORTING PERIOD 6. AFFIDAVIT 1 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.		14 0	A Commented			
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LOAN TOTALS LAST DAY OF THE REPORTING PERIOD Solution 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					DAY \$	11,231.92
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Sworn to and subscribed before me, by the said this the day	AFFIX NOTARY	STAMP / SEAL ABOVE				
					his the	day
of, 20, to certify which, witness my hand and seal of office.	of	_, 20, to certify v	vhich, witness my hand a	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

		3 of 5
17 COMMITTEE NAME 30mm PAC	18 Filer ID (Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	\$ 18,300.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRI	BUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	\$
4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORA ORGANIZATION	ATION OR LABOR	\$
5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FILL LABOR ORGANIZATION	ROM CORPORATION OR	\$
6. SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION C	OR LABOR ORGANIZATION	\$
7. SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORAT ORGANIZATION	ION OR LABOR	\$
8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION	ON OR LABOR ORGANIZATION	\$
9. SCHEDULE E: LOANS		\$
10. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL C	CONTRIBUTIONS	5 7,649.20
11. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	\$
12. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICA	L CONTRIBUTIONS	\$
13. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	\$
14. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICA	L CONTRIBUTIONS	\$
15. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CO	NTRIBUTIONS RETURNED	\$

	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDUI	LE A1
	The Instruc	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 1/1 Rpt: 4/5	
2	FILER NAME 30mm PAC				3	Filer ID (Ethics Commission 00088507	on Filers)
4	Date 06/28/2024	5 Full name of contributor Gatewood, Cindy (Mrs.)6 Contributor address; City; State	out-of-state PAC (ID#:; Zip Code)	7	Amount of Contribution (\$)	\$5,000.00
_	Deignaignal	Houston, TX 77024	lo la	Francisco (Coo Instructions			
8	Housewife	pation / Job title (See Instructions)		Employer (See Instructions Housewife)		
	Date 06/28/2024	Full name of contributor Gatewood, E. Michael (Mr.) Contributor address; City; State	out-of-state PAC (ID#:; Zip Code			Amount of Contribution (\$)	\$5,000.00
	Principal occu	Houston, TX 77024 pation / Job title (See Instructions)		Employer (See Instructions)		
	Investor			Park Ten Capital			
	Date 06/28/2024	Full name of contributor Kent, William B. (Mr.) Contributor address; City; State	out-of-state PAC (ID#: ; Zip Code)		Amount of Contribution (\$)	\$5,000.00
		Midland, TX 79705					
	Principal occu Ceo	pation / Job title (See Instructions)		Employer (See Instructions The Kent Companies)		
	Date 06/28/2024	Full name of contributor Rabois, Keith Contributor address; City; State San Francisco, CA 94131				Amount of Contribution (\$)	\$1,700.00
	Principal occu Partner	pation / Job title (See Instructions)		Employer (See Instructions Founders Fund)		
	Date 06/28/2024	Full name of contributor Thomas, Ralph B. (Mr.) Contributor address; City; State Houston, TX 77057	out-of-state PAC (ID#:;			Amount of Contribution (\$)	\$1,600.00
	Principal occu Retired	pation / Job title (See Instructions)		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

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)

Credit Card Payment 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	30mm PAC	00088507		
4 Date	5 Payee name	-		
07/05/2024	Intuit Inc.			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$44.77	2800 E. Commerce Center Place			
Expenditure from corporate funds	Tucson, AZ 85706			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.		
		Check if Austin, TX, officeholder living expense		
		Software Subscription		
O Commission ONLY if dispose	Condidate Office helder research	Office hold		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	t Office held		
<u>'</u>				
Date	Payee name			
07/05/2024	RightSide Compliance LLC			
Amount (\$)	Payee address; City; State; Zip Code			
\$150.00	PO Box 341027			
Funanditura from				
Expenditure from corporate funds	Austin, TX 78734			
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Consulting Expense	Check if travel outside of Texas. Complete Schedule T.		
EXPENDITORE		Check if Austin, TX, officeholder living expense		
		Compliance Consulting		
2 1 2 2 1 1 2 1		200		
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH				
Date	Payee name			
06/28/2024	Wesley Hunt Victory Fund			
Amount (\$)	Payee address; City; State; Zip Code			
\$7,454.43	PO Box 341027			
— Foresediture from				
Expenditure from corporate funds	Austin, TX 78734			
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Solicitation/Fundraising Expense	Check if travel outside of Texas. Complete Schedule T.		
EXPENDITORE		Check if Austin, TX, officeholder living expense		
		Joint Fundraising Committee Expenses		
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH				
experience to benefit O/O/I				