FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00084992 3 COMMITTEE NAME **OFFICE USE ONLY Engage Texas** Date Received **ELECTRONICALLY FILED** 07/14/2025 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** PO BOX 341016 Date Hand-delivered or Date Postmarked Change of Address AUSTIN, TX 78734 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Cabell NAME NICKNAME LAST **SUFFIX** Hobbs STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 14425 Falcon Head Blvd STREET **ADDRESS** Bldg E-100 Ste 226 (Residence or Business) Austin, TX 78738 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** PO Box 341027 MAILING **ADDRESS** Austin, TX 78734 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (202) 615-2353 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Х Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 01/01/2025 06/30/2025 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Engage Texas			00084992	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	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	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES		
	4. TOTAL POLITICA	L EXPENDITURES	\$	255.00
CONTRIBUTION BALANCE		5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		
OUTSTANDING LOAN TOTALS	•	AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	HE \$	0.00
16 AFFIDAVIT	•			
		I swear, or affirm, under penalty of per true and correct and includes all inforr under Title 15, Election Code.		
		Cabell	Hobbs	
		Signature of Car	mpaign Treasເ	ırer
AFFIX NOTARY	STAMP / SEAL ABOVE			
		, th	nis the	day
of	_, 20, to certify v	which, witness my hand and seal of office.		
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of office	cer administering oath

SUBTOTALS - GPAC

FORM GPAC COVER SHEET PG 3

			3 of 8
17 COMMIT		18 Filer ID 00084992	(Ethics Commission Filers)
19 SCHEDU NAME OF	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 LABO ORGANIZATION)R	\$
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL LABOR ORGANIZATION	ATION OR	\$
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGA	ANIZATION	\$
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR C	ORGANIZATION	\$
9.	SCHEDULE E: LOANS		\$
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$ 255.00
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
15. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$ 0.36

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
vertising Expense Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Candidate/Officeholder/Politica Credit Card Payment	I Committee 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: 1/3 Rpt: 4/8	Engage Texas 00084992
4 Date	5 Payee name
02/05/2025	RightSide Compliance
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$135.00	PO Box 341027
Expenditure from	
corporate funds	Austin, TX 78734
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Compliance Consulting
	Compliance Consulting
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
01/31/2025	Truist
Amount (\$)	Payee address; City; State; Zip Code
\$15.00	200 WEST SECOND ST
Ψ13.00	200 WEST SECOND ST
Expenditure from corporate funds	WINSTON-SALEM, NC 27101
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Bank Fee
	Dalik Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Dougo nama
02/28/2025	Payee name Truist
Amount (\$)	Payee address; City; State; Zip Code
\$15.00	200 WEST SECOND ST
Expenditure from corporate funds	WINSTON-SALEM, NC 27101
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Bank Fee
Operation Children	Our fide to Coff a bank and a second to the control of the control
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Candidate/Officeholder/Politica Credit Card Payment	al Committee 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: 2/3 Rpt: 5/8	Engage Texas 00084992
4 Date	5 Payee name
03/31/2025	Truist
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$15.00	200 WEST SECOND ST
Expenditure from corporate funds	WINSTON-SALEM, NC 27101
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Bank Fee
	Bankree
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
5.	<u> </u>
Date	Payee name
04/30/2025	Truist
Amount (\$)	Payee address; City; State; Zip Code
\$25.00	200 WEST SECOND ST
— Formandita wa farana	
Expenditure from corporate funds	WINSTON-SALEM, NC 27101
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Bank Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
05/31/2025	Truist
Amount (\$)	Payee address; City; State; Zip Code
\$25.00	200 WEST SECOND ST
- Formanditure Const	
Expenditure from corporate funds	WINSTON-SALEM, NC 27101
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Check if Austin, TX, officeholder living expense
EXPENDITURE	Check if Austin, TX, officeholder living expense Bank Fee
EXPENDITURE Complete ONLY if direct	Check if Austin, TX, officeholder living expense Bank Fee Candidate/Officeholder name Office sought Office held
EXPENDITURE	Check if Austin, TX, officeholder living expense Bank Fee Candidate/Officeholder name Office sought Office held
EXPENDITURE Complete ONLY if direct	Check if Austin, TX, officeholder living expense Bank Fee Candidate/Officeholder name Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributing / Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al Committee	Legal Services The Instruct	morials Expense		nse es/Contract Labor	Travel III District Travel Out of Dis OTHER (enter a	
1	Total pages Schedule F1:	2 FILER	NAME				3 Filer ID	(Ethics Commission Filers)
	Sch: 3/3 Rpt: 6/8		e Texas				00084992	
4	Date	5 Payee	name					
	06/30/2025	Truist						
6	Amount (\$)	7 Payee	address; City;	State;	; Zip Code			
	\$25.00	200 W	EST SECOND S					
	Expenditure from corporate funds	WINS.	TON-SALEM, N	C 27101				
8	PURPOSE	(a) Catego	ry (See Categories lis	ted at the top of this sch	edule) (b)	Description		
	OF EXPENDITURE	Fees				ш	outside of Texas. Com	
						_	, TX, officeholder living	g expense
						Bank Fee		
9	Complete ONLY if direct expenditure to benefit C/OI	Candida H	te/Officeholder na	me C	Office sought		Office he	eld

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

SCHEDULE K

L									
I The Instruction Guide explains how to complete this form.							pages Schedule K:		
L							: 1/2 Rpt: 7/8		
2	2 FILER NAME						(Ethics Commission F	ilers)	
L	Engage Tex	_			C	00084992			
4	Date	5	Name of person from whom amount is received				8 Amount (\$)		
	01/31/2025	ļ	Truist		\$0.06				
		6	Address of person from whom amount is received; City; State; Zip Code						
			WINSTON-SALEM, NC 27101						
		7		if politic	ica	Leontri	ibution returned to filer		
			Interest	i ponti	ica	COILL	ibation retained to mer		
⊨	Date	╁	Name of person from whom amount is received			1	Amount (\$)		
	02/28/2025		Truist				Amount (\$)	\$0.06	
	02/20/2025	ļ						ψ0.00	
			Address of person from whom amount is received; City; State; Zip Code						
			WINSTON-SALEM, NC 27101						
		H	Purpose for which amount is received	if politi	ica	l contri	ibution returned to filer		
			Interest						
F	Date	Ħ	Name of person from whom amount is received				Amount (\$)		
	03/31/2025		Truist				.,	\$0.06	
			Address of person from whom amount is received; City; State; Zip Code						
		L	WINSTON-SALEM, NC 27101						
				if polition	ica	l contr	ibution returned to filer		
L			Interest						
	Date		Name of person from whom amount is received				Amount (\$)		
	04/30/2025	ļ	Truist					\$0.06	
			Address of person from whom amount is received; City; State; Zip Code						
			WINSTON-SALEM, NC 27101						
		\vdash		if politi	ioo	Looptr	ibution returned to filer		
			Purpose for which amount is received	с п роши	lca	i Conti	ibution returned to liler		
⊨	5 /	╄					(6)		
	Date 05/31/2025		Name of person from whom amount is received Truist				Amount (\$)	\$0.06	
							Φ0.00		
			Address of person from whom amount is received; City; State; Zip Code						
l									
			WINSTON-SALEM, NC 27101						
		H	_	if politic	ica	I contr	ibution returned to filer		
			Interest			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
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INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 2/2 Rpt: 8/8 2 FILER NAME 3 Filer ID (Ethics Commission Filers) **Engage Texas** 00084992 4 Date 8 Amount (\$) 5 Name of person from whom amount is received 06/30/2025 \$0.06 Truist 6 Address of person from whom amount is received; City; State; Zip Code WINSTON-SALEM, NC 27101 Purpose for which amount is received Check if political contribution returned to filer Interest