MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC COVER SHEET PG 1

Tł	ne MPAC Instruction (Guide explains how to complete this for		Filer ID (Ethics Commission Fil	ers)	2 Total pages filed: 8	
	00042961						
3	COMMITTEE NAME				OFFICE USE ONLY		
Gulf States Toyota Inc. State PAC				Date Received ELECTRONICALLY FILED 05/03/2024			
4	COMMITTEE	ADDRESS / PO BOX; APT / SUITE #	; C	ITY; STATE;	ZIP		
	ADDRESS	1375 Enclave Pkwy.					
	Change of Address	Houston, TX 77077				Date Hand-delivered or Date Postmarked	
5	CAMPAIGN	MS / MRS / MR FIRS	Г		MI	Bate Hand delivered of Bate Fostmarked	
	TREASURER	Mr. Laird	М.			Receipt # Amount	
	NAME						
						Date Processed	
		NICKNAME LAST			SUFFI		
		Dora	n			Date Imaged	
6	CAMPAIGN	STREET ADDRESS (NO PO BOX PLEA	SE).	APT / SUITE #;	CITY; ST	TATE; ZIP CODE	
ľ	TREASURER	1375 Enclave Pkwy.	02),	/			
	STREET ADDRESS						
	(Residence or Business)	Houston, TX 77077					
-	CAMPAIGN	STREET ADDRESS OR PO BOX;		APT / SUITE #;	CITY; S	TATE; ZIP CODE	
Ľ	TREASURER	1375 Enclave Pkwy.		APT/SUITE#,	CITY, S	TATE, ZIP CODE	
	MAILING ADDRESS	1373 Enclave F Kwy.					
		Houston, TX 77077					
8		AREA CODE PHONE NUMBE	R	EXTE	NSION		
	TREASURER PHONE	(713) 580-3635					
9	REPORT TYPE	X Monthly		10th day after of treasurer termin		Dissolution (Attach PAC-DR)	
10	MONTHLY REPORT FILING	January 5	April 5	Г	July 5	October 5	
	DEADLINE				_		
		February 5 X	May 5	L	August 5	November 5	
		March 5	June 5		September 5	December 5	
11	. PERIOD COVERED	Month Day Year	ТН	ROUGH	Month	Day Year	
	COVERED	03/26/2024			04/25/	2024	
		C	о то	PAGE 2			
	orms provided by Texas Ethics Commission www.ethics.state.tx.us Version V3.5.1.5b35d027						

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)	
Gulf States Toyota Inc.	State PAC		0004296	61	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Lynn Stucky State Representa	ative		
(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.)				
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 PLEI	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	290.00	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00	
	4. TOTAL POLITICA	L EXPENDITURES	\$	30,500.00	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	61,872.85	
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00	
16 AFFIDAVIT			1		
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.			
		Mr. Lairc	I M. Doran		
		Signature of Ca	mpaign Trea	asurer	
AFFIX NOTARY	AFFIX NOTARY STAMP / SEAL ABOVE				
Sworn to and subscribed	before me, by the said	, ti	his the	day	
		which, witness my hand and seal of office.			
Signature of officer ad	ninistering oath	Printed name of officer administering oath	Title of o	fficer administering oath	
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V3.5.1.5b35d027	

MONTHLY FILING GPAC REPORT: PURPOSE

FORM MPAC

Page 3 of 8

					9
12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Gulf States Toyota Inc. St	ate PAC			00042961	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Jolanda Jones State Represent	tative	
(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.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Jarvis Johnson State Senator		
(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.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Royce West State Senator		
(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.)				

MONTHLY FILING GPAC REPORT: PURPOSE

FORM MPAC

				Page 4 of 8
12 COMMITTEE NAME 13 Filer ID (Ethics Commission Filers)				
Gulf States Toyota Inc. State PAC				
1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Brent Hagenbuch State Senator	-	
	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				
1. Candidates (Identify by name or, if		Charlene Ward Johnson State F	Representative	
	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. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	1. Candidates (Identify by name or, if applicable, classify by party.)A. Supported2. Measures (Describe by date and location of election and nature of issue.)A. Supported3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)B. Opposed1. Candidates (Identify by name or, if applicable, classify by party.)A. Supported2. Measures (Describe by date and location of election and nature of issue.)A. Supported3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)A. Supported2. Measures (Describe by date and location of election and nature of issue.)A. Supported3. Officeholders AssistedA. Supported3. Officeholders AssistedA. Supported	1. Candidates (dentify by name or, if applicable, classify by party.) A. Supported Brent Hagenbuch State Senator 2. Measures (Describe by date and location of election and nature of issue.) A. Supported B. Opposed 3. Officeholders Assisted (dentify by name or, if applicable, classify by party.) A. Supported Charlene Ward Johnson State F 1. Candidates (dentify by name or, if applicable, classify by party.) A. Supported Charlene Ward Johnson State F 2. Measures (Describe by date and location of election and nature of issue.) A. Supported Charlene Ward Johnson State F 3. Officeholders Assisted (dentify by name or, if applicable, classify by party.) A. Supported Charlene Ward Johnson State F 3. Officeholders Assisted (dentify by name or, if applicable, classify by party.) B. Opposed B. Opposed 3. Officeholders Assisted (dentify by name or, if applicable, classify by party.) A. Supported B. Opposed 3. Officeholders Assisted (dentify by name or, if A. Supported B. Opposed	ate PAC 00042961 1. Candidates (dentify by name or, if applicable, classify by party.) A. Supported Brent Hagenbuch State Senator B. Opposed B. Opposed B. Opposed B. Opposed 3. Officeholders Assisted (dentify by name or, if applicable, classify by party.) A. Supported Charlene Ward Johnson State Representative 1. Candidates (dentify by name or, if applicable, classify by party.) A. Supported Charlene Ward Johnson State Representative 2. Measures (Describe by date and location of election and nature of issue.) A. Supported Charlene Ward Johnson State Representative 3. Officeholders Assisted (dentify by name or, if applicable, classify by party.) B. Opposed Image: Charlene Ward Johnson State Representative 3. Officeholders Assisted (dentify by name or, if applicable, classify by party.) B. Opposed Image: Charlene Ward Johnson State Representative 3. Officeholders Assisted (dentify by name or, if A. Supported Image: Charlene Ward Johnson State Representative 1. Candidates (dentify by name or, if B. Opposed Image: Charlene Ward Johnson State Representative 1. Candidates (dentify by name or, if Image: Charlene Ward Johnson State Representative Image: Charlene Ward Johnson State Representative 1. Candidates (dentify by name or, if Image: Charlene Ward Johnson State Representative </td

FORM MPAC COVER SHEET PG 3

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17 COMMITTE	(Ethics Commission Filers)						
Gulf State							
19 SCHEDULI	SUBTOTAL AMOUNT						
	NAME OF SCHEDULE						
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 0.00				
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$				
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$				
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABC ORGANIZATION	IR	\$				
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL	ATION OR	\$				
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$				
7. X	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$ 290.00				
8.	8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION						
9.	9. SCHEDULE E: LOANS		\$				
10. X	10. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS		\$ 30,500.00				
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.	15. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER						

SUBTOTALS - MPAC

NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C4

	The Instruction Guide explains how to complete this form.			1	Total pages S Sch: 1/1 Rp		
2	FILER NAME			3	Filer ID	(Ethics Commission Filers)	
	Gulf States Toyota Inc. State PAC				00042961		
4	Date	5	Corporation / Labor Organization name	6	Amount (\$)		
	04/25/2024		Gulf States Toyota Inc.				290.00

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/Politica Credit Card Payment	Event Expense Loan Repayment/Reint Fees Office Overhead/Renta Food/Beverage Expense Polling Expense y - Gift/Awards/Memorials Expense Printing Expense	Al Labor OTHER (enter a category not listed above)			
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
Sch: 1/2 Rpt: 7/8	Gulf States Toyota Inc. State PAC	00042961			
4 Date	5 Payee name				
04/05/2024	Brent Hagenbuch Campaign				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$25,000.00	2800 Shoreline Drive				
Expenditure from corporate funds	Denton, TX 76210				
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Desc	pription			
OF EXPENDITURE	Candidate/Officeholder/Political Committee	theck if travel outside of Texas. Complete Schedule T. theck if Austin, TX, officeholder living expense tribution			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	Office held			
Date	Payee name				
04/25/2024	Charlene Ward Johnson Campaign				
Amount (\$)Payee address;City;State;Zip Code\$500.00PO Box 925775					
Expenditure from corporate funds	Houston, TX 77292				
PURPOSE OF EXPENDITURE	Candidate/Officeholder/Political Committee	cription Iheck if travel outside of Texas. Complete Schedule T. Iheck if Austin, TX, officeholder living expense Itribution			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	Office held			
Date	Payee name				
04/02/2024	Jarvis Johnson Campaign				
Amount (\$) \$1,500.00	Payee address; City; State; Zip Code 1051 Cottage Oak				
Expenditure from corporate funds	Houston, TX 77091				
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Desc	cription			
OF EXPENDITURE	Candidate/Officeholder/Political Committee	check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Itribution			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	Office held			

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
Sch: 2/2 Rpt: 8/8	Gulf States Toyota Inc. State PAC 00042961		
4 Date	5 Payee name		
04/02/2024	Jolanda Jones Campaign		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$1,000.00	10709 Marsha Lane		
Expenditure from corporate funds	Houston, TX 77024		
8 PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Contribution 		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
04/02/2024	Lynn Stucky Campaign		
Amount (\$)Payee address;City;State;Zip Code\$1,000.00PO Box 464			
Expenditure from corporate funds	Denton, TX 76202		
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Contribution 		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
04/02/2024	Royce West Campaign		
Amount (\$)	Payee address; City; State; Zip Code		
\$1,500.00	320 S R.L Thornton Fwy		
	Suite 220		
Expenditure from corporate funds	Dallas, TX 75203		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		