MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC COVER SHEET PG 1

		1				
The MPAC Instruction	Guide explains how to complete this fo	orm.	Filer ID (Ethics Commission File 00042961	rs)	2 Total pages filed: 15	
3 COMMITTEE NAME					OFFICE USE ONLY	
Gulf States Toyota	Inc. State PAC					
					Date Received	
					ELECTRONICALLY FILED	
					06/04/2024	
4 COMMITTEE	ADDRESS / PO BOX; APT / SUITE	#; CIT	Y; STATE;	ZIP		
ADDRESS	1375 Enclave Pkwy.					
Change of Address	Houston, TX 77077					
	MS / MRS / MR FIR	<u>ст</u>		MI	Date Hand-delivered or Date Postmarked	
5 CAMPAIGN TREASURER				MI	Dessing //	
NAME	Mr. Lair	d M.			Receipt # Amount	
	NICKNAME LAS	 т		SUFFIX	Date Processed	
				30111X		
	Dor	an			Date Imaged	
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLE	ASE);	APT / SUITE #;	CITY; STA	ATE; ZIP CODE	
STREET	1375 Enclave Pkwy.					
ADDRESS						
(Residence or Business)	Houston, TX 77077					
7 CAMPAIGN	STREET ADDRESS OR PO BOX;		APT / SUITE #;	CITY; ST/	ATE; ZIP CODE	
TREASURER			APT/ SUITE #,	CITT, 517	ATE, ZIP CODE	
MAILING	1375 Enclave Pkwy.					
ADDRESS						
Change of Address	Houston, TX 77077					
8 CAMPAIGN	AREA CODE PHONE NUME	BER	EXTE	NSION		
TREASURER	(
PHONE	(713) 580-3635					
9 REPORT TYPE						
	X Monthly		10th day after ca treasurer termin		Dissolution (Attach PAC-DR)	
10 MONTHLY REPORT FILING	January 5	April 5		July 5	October 5	
DEADLINE						
	February 5	May 5		August 5	November 5	
	March 5 X	June 5		September 5	December 5	
				September 5		
11 PERIOD	Month Day Year	TUP		Month	Day Year	
COVERED	04/26/2024	THR	OUGH	05/25/2	2024	
		GO TO	PAGE 2			
orms provided by Texas Ethics Commission www.ethics.state.tx.us Version V4.1.0.d378aba0						

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				00042961	L
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Dade Phelan Sta	ate 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	1. TOTAL UNITEMIZED PLEDGES, LOANS, CONTRIBUTIONS M ☐ check here if this report	OR GUARANTE	ES OF LOANS, OR NICALLY)		\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLEI			OF LOANS)	\$	290.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL E	PENDITURES		\$	0.00
	4. TOTAL POLITICA	L EXPENDITI	JRES		\$	30,000.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING		IS MAINTAINED AS	OF THE LAST	DAY \$	56,372.85
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL / LAST DAY OF THE F			OANS AS OF T	THE \$	0.00
16 AFFIDAVIT	L				I	
		tr		ncludes all inform		accompanying report is ad to be reported by me
				Mr. Laird	M. Doran	
		_	:	Signature of Car	mpaign Treas	urer
AFFIX NOTARY	STAMP / SEAL ABOVE					
Sworn to and subscribed	before me, by the said			, tł	nis the	day
of	, 20, to certify v	vhich, witness n	ny hand and seal of o	office.		
Signature of officer ad	ninistering oath	Printed name of	f officer administering	g oath	Title of off	icer administering oath
Forms provided by Texas E	thics Commission	www.e	thics.state.tx.us			Version V4.1.0.d378aba0

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12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Gulf States Toyota Inc. Sta	ate PAC			00042961	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Robert Nichols 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.)		Brian Birdwell 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	1. Candidates	A. Supported	Briscoe Cain State Representat	tive	
ACTIVITY	(Identify by name or, if applicable, classify by party.)				
(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.)				
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FORM MPAC

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12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Gulf States Toyota Inc. Sta	ate PAC			00042961	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Donna Campbell 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.)		David Cook State Representativ	'e	
(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.)		Pete Flores 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.)				

FORM MPAC

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				4.0	
12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Gulf States Toyota Inc. Sta	ate PAC			00042961	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Bob Hall 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.)	A. Supported	Carrie Isaac 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.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Phil King 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.)				
		-			

FORM MPAC

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12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Gulf States Toyota Inc. Sta	ate PAC				00042961	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Don McLaug	hlin State Represe	ntative	
(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.)		Dennis Paul	State Representati	ive	
(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.)		Charles Perry	/ 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.)					

FORM MPAC

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						3
12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Gulf States Toyota Inc. Si	tate PAC	-			00042961	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Shelby Slav	vson State Repres	sentative	
(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.)		Cody Vasut	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.)					
COMMITTEE	1. Candidates	A. Supported	Tan Parkor	State Senator		
ACTIVITY	(Identify by name or, if applicable, classify by party.)		Tan Parker	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.)					

FORM MPAC COVER SHEET PG 3

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17 COMMITT		18 Filer ID	(Ethics Commission Filers)
Gulf State	s Toyota Inc. State PAC	00042961	
	E SUBTOTALS		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	R	\$
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL	TION 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.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (\$	
9.	9. SCHEDULE E: LOANS		
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	6	\$ 30,000.00
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.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$

SUBTOTALS - MPAC

NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C4

	The Instruction Guide explains how to complete this form.			1 Total pages Schedule C4: Sch: 1/1 Rpt: 9/15			
2	2 FILER NAME				Filer ID	(Ethics Commission Filers)	
	Gulf States Toyota Inc. State PAC				00042961		
4	Date	5	Corporation / Labor Organization name	6	Amount (\$)		
	05/25/2024		Gulf States Toyota Inc.				290.00

	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/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District Glft/Awards/Memorials Expense Printing Expense Travel Out of District					
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
Sch: 1/6 Rpt: 10/15	Gulf States Toyota Inc. State PAC 00042961					
4 Date	5 Payee name					
05/21/2024	Brian Birdwell Campaign					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
\$2,500.00	PO Box 1111					
Expenditure from corporate funds	Granbury, TX 76048					
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought Office held					
Date	Payee name					
05/21/2024	Briscoe Cain Campaign					
Amount (\$)	Payee address; City; State; Zip Code					
\$500.00	PO Box 7					
Expenditure from corporate funds	Deer Park, TX 77536					
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 ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held					
Date	Payee name					
05/21/2024	Carrie Isaac Campaign					
Amount (\$)	Payee address; City; State; Zip Code					
\$500.00	100 Commons Rd. #7-125					
Expenditure from corporate funds	Dripping Springs, TX 78620					
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee					
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held					

	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/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District - Gift/Awards/Memorials Expense Printing Expense Travel Out of District
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 2/6 Rpt: 11/15	Gulf States Toyota Inc. State PAC00042961
4 Date	5 Payee name
05/21/2024	Charles Perry for State Senate
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,500.00	PO Box 94806
Expenditure from corporate funds	Lubbock, TX 79493
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
05/21/2024	Cody Vasut Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 2724
φ1,000.00	
Expenditure from corporate funds	Angleton, TX 77516
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
05/21/2024	David Cook Republican for Texas House
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	309 E. Broad Street
Expenditure from corporate funds	Mansfield, TX 76063
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

EXPENDITURE CATEGORIES FOR BOX 8(a)						
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: 3/6 Rpt: 12/15	Gulf States Toyota Inc. State PAC 00042961					
4 Date	5 Payee name					
05/21/2024	Dennis Paul Committee					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
\$1,000.00	626 1/2 Barringer Ln., Ste.E					
Expenditure from corporate funds	Webster, TX 77598					
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF EXPENDITURE	Contributions/Donations Made By					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
Date	Payee name					
05/21/2024	Don McLaughlin for Texas					
Amount (\$)	Payee address; City; State; Zip Code					
\$3,000.00	PO Box 1707					
Expenditure from corporate funds	Uvalde, TX 78802					
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/OF	Candidate/Officeholder name Office sought Office held					
Date	Payee name					
05/21/2024	Friends of Donna Campbell					
Amount (\$)	Payee address; City; State; Zip Code					
\$1,000.00	1308 Common Street Ste 205					
	Box 719					
Expenditure from corporate funds	New Braunfels, TX 78130					
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/OF	Candidate/Officeholder name Office sought Office held					

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/Reimburs Fees Office Overhead/Rental Ex Food/Beverage Expense Polling Expense - Gift/Awards/Memorials Expense Printing Expense	pense Transportation Equipment & Related Expense Travel in District Travel Out of District abor OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 4/6 Rpt: 13/15	Gulf States Toyota Inc. State PAC	00042961
4 Date	5 Payee name	
05/21/2024	King Phil Campaign	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$2,500.00	PO Box 1913	
Expenditure from corporate funds	Weatherford, TX 76086	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	tion
OF EXPENDITURE	Contributions/Donations Made By	k if travel outside of Texas. Complete Schedule T. k if Austin, TX, officeholder living expense Dution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
Date	Payee name	
05/21/2024	Pete Flores for Senate	
Amount (\$)	Payee address; City; State; Zip Code	
\$1,500.00	1E Greenway Plaza St 225	
Expenditure from corporate funds	Houston, TX 77046	
PURPOSE OF EXPENDITURE		k if travel outside of Texas. Complete Schedule T. k if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
Date	Payee name	
05/06/2024	Robert Nichols Campaign	
Amount (\$)	Payee address; City; State; Zip Code	
\$5,000.00	PO Box 2347	
Expenditure from corporate funds	Jacksonville, TX 75766	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	tion
OF EXPENDITURE		k if travel outside of Texas. Complete Schedule T. k if Austin, TX, officeholder living expense Dution
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held

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/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District Gift/Awards/Memorials Expense Printing Expense Travel Out of District	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 5/6 Rpt: 14/15	Gulf States Toyota Inc. State PAC 00042961	
4 Date	5 Payee name	
05/21/2024	Shelby Slawson For Texas	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$1,000.00	PO Box 286	
Expenditure from corporate funds	Stephenville, TX 76401	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
05/21/2024	Tan Parker For Texas Senate	
Amount (\$)	Payee address; City; State; Zip Code	
\$1,500.00	PO Box 271741	
Expenditure from corporate funds	Flower Mound, TX 75027	
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/OF	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
05/21/2024	Texans For Bob Hall	
Amount (\$)	Payee address; City; State; Zip Code	
\$1,000.00	728 Private Road 7005	
Expenditure from corporate funds	Edgewood, TX 75117	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held	

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By 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: Sch: 6/6 Rpt: 15/15	2 FILER NAME 3 Filer ID (Ethics Commission Filers) Gulf States Toyota Inc. State PAC 00042961
4 Date 05/06/2024	5 Payee name Texans for Dade
6 Amount (\$) \$5,000.00	7 Payee address; City; State; Zip Code P.O. Box 5990
Expenditure from corporate funds	Austin, TX 78763
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