

# GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC  
COVER SHEET PG 1

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00017327	2 Total pages filed: 8	
3 COMMITTEE NAME Teamsters Local #745 Drive			OFFICE USE ONLY	
			Date Received ELECTRONICALLY FILED 10/07/2024	
			Date Hand-delivered or Date Postmarked	
			Receipt #	Amount
			Date Processed	
4 COMMITTEE ADDRESS  <input type="checkbox"/> Change of Address			ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1007 Jonelle St  Dallas, TX 75217	
5 CAMPAIGN TREASURER NAME			MS / MRS / MR FIRST MI Mr. Brent  NICKNAME LAST SUFFIX Taylor	
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)			STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1007 Jonelle St.  Dallas, TX 75217	
7 CAMPAIGN TREASURER MAILING ADDRESS  <input type="checkbox"/> Change of Address			STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1007 Jonelle Street  Dallas, TX 75217	
8 CAMPAIGN TREASURER PHONE			AREA CODE PHONE NUMBER EXTENSION (214) 398-0661	
9 REPORT TYPE			<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff	
10 PERIOD COVERED			Month Day Year 07/01/2024 THROUGH Month Day Year 09/26/2024	
11 ELECTION			ELECTION DATE Month Day Year 11/05/2024  ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	

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# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**  
COVER SHEET PG 2

<b>12 COMMITTEE NAME</b> Teamsters Local #745 Drive	<b>13 Filer ID</b> (Ethics Commission Filers) 00017327
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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 Chris Turner State Representative
		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	\$ 30.00
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8,271.99
<b>EXPENDITURE TOTALS</b>	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 4,000.00
<b>CONTRIBUTION BALANCE</b>	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 342,783.61
<b>OUTSTANDING LOAN TOTALS</b>	<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.

Mr. Brent Taylor

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 - GPAC****FORM GPAC**  
**COVER SHEET PG 3**  
3 of 8

<b>17 COMMITTEE NAME</b> Teamsters Local #745 Drive		<b>18 Filer ID</b> (Ethics Commission Filers) 00017327
<b>19 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 8,271.99
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	\$ 4,000.00
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 checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 1,588.85

# 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: 4/8
<b>2</b> FILER NAME Teamsters Local #745 Drive		<b>3</b> Filer ID (Ethics Commission Filers) 00017327
<b>4</b> Date 07/17/2024	<b>5</b> Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00032979 ) Democratic Republican Independent Voter Education <hr/> <b>6</b> Contributor address; City; State; Zip Code  N.W. Washington, DC 20001	<b>7</b> Amount of Contribution (\$)  \$8,241.99
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)

# 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.

1 Total pages Schedule F1: Sch: 1/2 Rpt: 5/8	2 FILER NAME Teamsters Local #745 Drive	3 Filer ID (Ethics Commission Filers) 00017327
4 Date 08/07/2024	5 Payee name Chris Turner Campaign	
6 Amount (\$) \$2,500.00  <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code P.O. Box 182093  Arlington, TX 76096	
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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Support for Texas State Rep. District 101
9 Complete ONLY if direct expenditure to benefit C/OH		
Date 07/01/2024	Candidate/Officeholder name Moore, Gregory	
Amount (\$) \$500.00  <input type="checkbox"/> Expenditure from corporate funds	Office sought 6928 Club Creek Dr  Fort Worth, TX 76137	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Stipend
Complete ONLY if direct expenditure to benefit C/OH		
Date 08/01/2024	Candidate/Officeholder name Moore, Gregory	
Amount (\$) \$500.00  <input type="checkbox"/> Expenditure from corporate funds	Office sought 6928 Club Creek Dr  Fort Worth, TX 76137	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Stipend
Complete ONLY if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
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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.

1 Total pages Schedule F1: Sch: 2/2 Rpt: 6/8	2 FILER NAME Teamsters Local #745 Drive	3 Filer ID (Ethics Commission Filers) 00017327
4 Date 09/10/2024	5 Payee name Moore, Gregory	
6 Amount (\$) \$500.00  <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 6928 Club Creek Dr  Fort Worth, TX 76137	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Stipend
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought  Office held

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

SCHEDULE K

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule K: Sch: 1/2 Rpt: 7/8
<b>2</b> FILER NAME Teamsters Local #745 Drive		<b>3</b> Filer ID (Ethics Commission Filers) 00017327
<b>4</b> Date 07/01/2024	<b>5</b> Name of person from whom amount is received Cetera	<b>8</b> Amount (\$) \$408.16
	<b>6</b> Address of person from whom amount is received; City; State; Zip Code  Los Angeles, CA 90010	
	<b>7</b> Purpose for which amount is received Interest <input type="checkbox"/> Check if political contribution returned to filer	
Date 07/16/2024	Name of person from whom amount is received Cetera	Amount (\$) \$0.06
	Address of person from whom amount is received; City; State; Zip Code  Los Angeles, CA 90010	
	Purpose for which amount is received Interest <input type="checkbox"/> Check if political contribution returned to filer	
Date 08/01/2024	Name of person from whom amount is received Cetera	Amount (\$) \$456.30
	Address of person from whom amount is received; City; State; Zip Code  Los Angeles, CA 90010	
	Purpose for which amount is received Interest <input type="checkbox"/> Check if political contribution returned to filer	
Date 08/15/2024	Name of person from whom amount is received Cetera	Amount (\$) \$0.07
	Address of person from whom amount is received; City; State; Zip Code  Los Angeles, CA 90010	
	Purpose for which amount is received Interest <input type="checkbox"/> Check if political contribution returned to filer	
Date 09/03/2024	Name of person from whom amount is received Cetera	Amount (\$) \$498.30
	Address of person from whom amount is received; City; State; Zip Code  Los Angeles, CA 90010	
	Purpose for which amount is received Interest <input type="checkbox"/> Check if political contribution returned to filer	

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

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:  
Sch: 2/2 Rpt: 8/8

2 FILER NAME

Teamsters Local #745 Drive

3 Filer ID (Ethics Commission Filers)  
00017327

4 Date  
09/16/2024

5 Name of person from whom amount is received

Cetera

8 Amount (\$)

\$0.07

6 Address of person from whom amount is received; City; State; Zip Code

Los Angeles, CA 90010

7 Purpose for which amount is received

Interest

☐ Check if political contribution returned to filer

Date  
07/31/2024

Name of person from whom amount is received

Equitable Advisors

Amount (\$)

\$225.20

Address of person from whom amount is received; City; State; Zip Code

Dallas, TX 75251

Purpose for which amount is received

Unrealized gain of investment

☐ Check if political contribution returned to filer

Date  
07/31/2024

Name of person from whom amount is received

Equitable Advisors

Amount (\$)

\$0.69

Address of person from whom amount is received; City; State; Zip Code

Dallas, TX 75251

Purpose for which amount is received

Interest

☐ Check if political contribution returned to filer