FORM MPAC MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 2 Total pages filed: The MPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00042961 3 COMMITTEE NAME **OFFICE USE ONLY** Gulf States Toyota Inc. State PAC Date Received **ELECTRONICALLY FILED** 12/04/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 1375 Enclave Pkwy. Change of Address Houston, TX 77077 Date Hand-delivered or Date Postmarked MS / MRS / MR **FIRST CAMPAIGN** MI **TREASURER** Receipt # Amount Laird M. NAME Date Processed **NICKNAME SUFFIX** LAST Date Imaged Doran CAMPAIGN APT / SUITE #; STREET ADDRESS (NO PO BOX PLEASE); CITY; STATE; ZIP CODE **TREASURER** 1375 Enclave Pkwy. STREET **ADDRESS** (Residence or Business) Houston, TX 77077 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 1375 Enclave Pkwy. MAILING **ADDRESS** Change of Address Houston, TX 77077 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (713) 580-3635 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 August 5 November 5 March 5 September 5 December 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 10/26/2024 11/25/2024

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

			Т		
2 COMMITTEE NAME	Ctata DAC			13 Filer ID	(Ethics Commission Filers)
Gulf States Toyota Inc.	State PAC			00042961	
4 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Greg Abbot	t Governor		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2 Magauraa	A. Supported			
	2. Measures (Describe by date and location of election and nature of issue.)	л. Зирропеи			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
5 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	POLITICAL CONTRIBUTION OR GUARANTEES OF LOAN ADE ELECTRONICALLY) qualifies for the higher itemization	S, OR	\$	0.00
	2. TOTAL POLITICA			\$	290.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES				0.00
	4. TOTAL POLITICA	L EXPENDITURES		\$	191,500.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTIN	CONTRIBUTIONS MAINTAINE G PERIOD	ED AS OF THE LAST	DAY \$	124,372.85
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTAND REPORTING PERIOD	DING LOANS AS OF T	HE \$	0.00
6 AFFIDAVIT	<u> </u>				
		l swear, or affirr true and correct under Title 15, E	t and includes all inforr	rjury, that the a	accompanying report is d to be reported by me
			Mr. Laird	M. Doran	
			Signature of Car	npaign Treasu	rer
AFFIX NOTARY	STAMP / SEAL ABOVE				
Sworn to and subscribed	before me, by the said		, th	is the	day
		which, witness my hand and se			
Signature of officer ad	ministering oath	Printed name of officer admini	istering oath	Title of office	cer administering oath

					Page 3 of 24
L2 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Gulf States Toyota Inc. St	ate PAC			00042961	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Caroline Harris State Represer	ntative	
(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			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	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			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Cesar Blanco State Senator		
(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			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)				

2 COMMITTEE NAME						13 Filer ID	(Ethics Commission Filers)
Sulf States Toyota Inc. St	ate PAC					00042961	
4 COMMITTEE ACTIVITY (Attach lists on plain	Candidates (Identify by name or, if applicable, classify by party.))	Supported	Benjamin Alde	rs State Represe	entative	
paper to complete this report if necessary.)			Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. S	Supported				
		В. С	Opposed				
	Officeholders Assisted (Identify by name or, if applicable, classify by party.))					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Supported	Salman Bhojar	i State Represei	ntative	
(Attach lists on plain paper to complete this report if necessary.)		В. С	Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. S	Supported				
		В. С	Opposed				
	Officeholders Assisted (Identify by name or, if applicable, classify by party.))					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Supported	Brian Birdwell	State Senator		
(Attach lists on plain paper to complete this report if necessary.)		В. С	Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. S	Supported				
		B. C	Opposed				
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)						

							Page 5	01 24
12 COMMITTEE NAME					13	3 Filer ID	(Ethics Commission	Filers)
Gulf States Toyota Inc. St	tate PAC					00042961		
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		ed Dawn Buck	kingham Land	d Commiss	ioner		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed	1					
	Measures (Describe by date and location of election and nature of issue.)	A. Supporte	ed .					
		B. Opposed	1					
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)							
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		ed Brad Buckl	ley State Rep	oresentative			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed	I					
	Measures (Describe by date and location of election and nature of issue.)	A. Supporte	:d					
		B. Opposed	I					
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)							
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		ed John Bucy	State Repres	sentative			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed	l					
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supporte						
		B. Opposed	I					
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)							

					Page 6 of 24
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.)		Dustin Burrows State Repres	entative	
(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.)		Donna Campbell State Senat	or	
(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	Candidates (Identify by name or, if applicable, classify by party.)		Giovanni Capriglione State R	epresentative	
(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.)	<u> </u>			

						Page 7 of 24
12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Gulf States Toyota Inc. S	tate PAC				00042961	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Paul Dyson	State Representativ	/e	
(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	I			
		B. Opposed				
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Erin Gamez	State Representativ	ve	
(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	I			
		B. Opposed				
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Stan Gerde	s State Representat	ive	
(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	I			
		B. Opposed				
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)					

Measures cribe by date and ion of election and re of issue.) Officeholders Assisted attify by name or, if		Cody Harris State Representat	13 Filer ID 00042961 ive	(Ethics Commission Filers)
Candidates titify by name or, if cable, classify by party.) Measures cribe by date and ion of election and re of issue.) Officeholders Assisted titify by name or, if	B. Opposed A. Supported	Cody Harris State Representat		
Measures cribe by date and ion of election and re of issue.) Officeholders Assisted attify by name or, if	B. Opposed A. Supported	Cody Harris State Representat	ive	
Measures cribe by date and ion of election and re of issue.) Officeholders Assisted attify by name or, if	A. Supported			
cribe by date and ion of election and re of issue.) Officeholders Assisted attify by name or, if				
Officeholders Assisted	B. Opposed			
Assisted ntify by name or, if				
cable, classify by party.)				
ntify by name or, if cable, classify by party.)		Hillary Hickland State Represe	ntative	
	B. Opposed			
cribe by date and ion of election and re of issue.)	A. Supported			
	B. Opposed			
Officeholders Assisted httify by name or, if cable, classify by party.)				
Candidates https://doi.org/10.1003/1003/		Phil King State Senator		
	B. Opposed			
cribe by date and ion of election and re of issue.)	A. Supported			
	B. Opposed			
Officeholders Assisted https://doi.org/10.0000/10.000000000000000000000000000				
	Measures ribe by date and on of election and e of issue.) Measures ribe by date and on of election and e of issue.) Candidates ify by name or, if able, classify by party.) Candidates ify by name or, if able, classify by party.) Candidates ify by name or, if able, classify by party.)	Measures ribe by date and on of election and e of issue.) B. Opposed A. Supported B. Opposed B. Opposed B. Opposed A. Supported B. Opposed A. Supported B. Opposed B. Opposed A. Supported B. Opposed Difficeholders A. Supported B. Opposed Difficeholders B. Opposed	Measures ribe by date and able, classify by party.) B. Opposed A. Supported A. Supported B. Opposed A. Supported B. Opposed B. Opposed B. Opposed B. Opposed A. Supported B. Opposed A. Supported B. Opposed A. Supported B. Opposed	In the property of the propert

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12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Gulf States Toyota Inc. S	tate PAC				00042961	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	John McQueen	ey State Repres	entative	
(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	i			
		B. Opposed				
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Jose Menendez	State Senator		
(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	I			
		B. Opposed				
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Candace Noble	State Represen	itative	
(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	j			
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					

Gulf States Toyota Inc. State PAC 00042961						Page 10 of 24
1. Candidates (Identify by name or, if applicable, classify by party.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 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.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Identify by name or, if applicable, classify by party.) B. Opposed David Spiller State Representative Committee ACTIVITY (Attach lists on plain paper to complete this report if necessary.) B. Opposed David Spiller State Representative 2. Measures (Describe by date and location of election and nature of issue.) A. Supported David Spiller State Representative 2. Measures (Describe by date and location of election and nature of issue.) A. Supported	12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 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.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 1. Candidates (Identify by name or, if applicable, classify by party.) (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed David Spiller State Representative (Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.)	Gulf States Toyota Inc. Sta	ate PAC			00042961	
paper to complete this report if necessary.) 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.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) A. Supported David Spiller State Representative (Identify by name or, if applicable, classify by party.) B. Opposed B. Opposed A. Supported David Spiller State Representative (Identify by name or, if applicable, classify by party.) A. Supported David Spiller State Representative (Identify by name or, if applicable, classify by party.) A. Supported David Spiller State Representative (Identify by name or, if applicable, classify by party.) A. Supported David Spiller State Representative (Identify by name or, if applicable, classify by party.) A. Supported David Spiller State Representative (Identify by name or, if applicable, classify by party.) B. Opposed		(Identify by name or, if		Tom Oliverson State Re	epresentative	
(Attach lists on plain paper to complete this report if necessary.) Community of issue.)	paper to complete this		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.) (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) A. Supported David Spiller State Representative A. Supported David Spiller State Representative A. Supported A. Supported		(Describe by date and location of election and	A. Supported			
Assisted (Identify by name or, if applicable, classify by party.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) A. Supported David Spiller State Representative B. Opposed A. Supported David Spiller State Representative A. Supported A. Supported			B. Opposed			
ACTIVITY (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.)		Assisted (Identify by name or, if				
paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) A. Supported		(Identify by name or, if		David Spiller State Repr	resentative	
(Describe by date and location of election and nature of issue.)	paper to complete this		B. Opposed			
B. Opposed		(Describe by date and location of election and	A. Supported			
			B. Opposed			
3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Assisted (Identify by name or, if				
COMMITTEE ACTIVITY 1. Candidates (Identify by name or, if applicable, classify by party.) A. Supported Senfronia Thompson State Representative		(Identify by name or, if		Senfronia Thompson St	ate Representative	
(Attach lists on plain paper to complete this report if necessary.) B. Opposed	paper to complete this		B. Opposed			
Measures (Describe by date and location of election and nature of issue.) A. Supported		(Describe by date and location of election and				
B. Opposed			B. Opposed			
3. Officeholders Assisted (Identify by name or, if		Assisted (Identify by name or, if				
applicable, classify by party.)		applicable, classify by party.)	<u> </u>			

										Page 11 of 24
2 COMMITTEE NAME							13	3 Filer ID	(Ethics Co	ommission Filers)
Gulf States Toyota Inc. Sta	ite PAC							00042961		
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		rted	Ellen Troxclair	State	Repres	entativ	'e		
(Attach lists on plain paper to complete this report if necessary.)		B. Oppos	ed							
	2. Measures	A. Suppor	rted							
	(Describe by date and location of election and nature of issue.)									
		B. Oppos	ed				_			
	3. Officeholders Assisted									
	(Identify by name or, if applicable, classify by party.)									
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		rted	Teresa Wilson	State	e Repres	sentativ	re		
(Attach lists on plain paper to complete this report if necessary.)		B. Oppos	ed							
	2. Measures (Describe by date and location of election and nature of issue.)	A. Suppor	rted							
		B. Oppos	ed							
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)									
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		rted	Brent Hagenbu	uch S	tate Sen	ator			
(Attach lists on plain paper to complete this report if necessary.)		B. Oppos	ed							
	2. Measures (Describe by date and location of election and nature of issue.)	A. Suppor	rted							
		B. Oppos	ed							
	Officeholders Assisted (Identify by name or, if									
	applicable, classify by party.)									

FORM MPAC MONTHLY FILING GPAC REPORT: PURPOSE **ADDENDUM** Page 12 of 24 12 COMMITTEE NAME 13 Filer ID (Ethics Commission Filers) Gulf States Toyota Inc. State PAC 00042961 14 COMMITTEE 1. Candidates A. Supported Jeffrey Barry State Representative **ACTIVITY** (Identify by name or, if applicable, classify by party.) (Attach lists on plain B. Opposed paper to complete this report if necessary.) A. Supported 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

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17 COMMI	TEE NAME	18 Filer ID	(Ethics Commission Filers)
Gulf Sta	ites Toyota Inc. State PAC	00042961	,
	-	000.2002	T
	JLE SUBTOTALS		SUBTOTAL AMOUNT
NAME (F 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 LABO ORGANIZATION	OR	\$
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL LABOR ORGANIZATION	ATION OR	\$
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	SANIZATION	\$
7. X	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	?	\$ 290.00
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR	ORGANIZATION	\$
9.	SCHEDULE E: LOANS	\$	
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	IS	\$ 191,500.00
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTI	IONS	\$
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTI	ONS	\$
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$

NON-MONETARY SUPPORT FROM CORPORATION SCHEDULE C4 **OR LABOR ORGANIZATION** 1 Total pages Schedule C4: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 14/24 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 (\$) 11/25/2024 Gulf States Toyota Inc. 290.00

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 co	mplete this form.						
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)						
Sch: 1/10 Rpt: 15/24	Gulf States Toyota Inc. State PAC 00042961							
4 Date	5 Payee name							
11/25/2024	Brad Buckley Campaign							
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode						
\$1,000.00	1321 Pershing Drive							
Expenditure from corporate funds	Killeen, TX 76549							
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description						
OF EXPENDITURE	Contributions/Donations Made By	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
	Candidate/Officeholder/Political Committee	Contribution						
Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sou	ght Office held						
Date	Payee name							
11/25/2024	Brent Hagenbuch Campaign							
Amount (\$)	Payee address; City; State; Zip Co	ode						
\$4,000.00	2800 Shoreline Drive							
Expenditure from corporate funds	Denton, TX 76210							
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description						
EXPENDITURE	Contributions/Donations Made By	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
	Candidate/Officeholder/Political Committee	For Debt Retirement						
		. 6. 2 63. (16.116.116.11						
Complete ONLY if direct	Candidate/Officeholder name Office sou	l ght Office held						
expenditure to benefit C/OI		9						
Data	Davis manual							
Date 11/25/2024	Payee name Brian Birdwell Campaign							
Amount (\$)	Payee address; City; State; Zip Co	de						
\$2,500.00	PO Box 1111							
Expenditure from corporate funds	Granbury, TX 76048							
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description						
OF EXPENDITURE	Contributions/Donations Made By	Check if travel outside of Texas. Complete Schedule T.						
EXI ENDITORE	Candidate/Officeholder/Political Committee	Check if Austin, TX, officeholder living expense						
		Contribution						
Commission ONE VIII die	Condidate/Officeholder as	Office held						
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght Office held						

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l 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: 2/10 Rpt: 16/24	Gulf States Toyota Inc. State PAC 00042961
4 Date	5 Payee name
11/25/2024	Candy Noble Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	1105 E. Main Street #223
Expenditure from corporate funds	Allen, TX 75002
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
10/28/2024	Caroline Harris Davila Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 700
Expenditure from corporate funds	Round Rock, TX 78680
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXPENDITORE	Candidate/Officeholder/Political Committee
	Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experientare to benefit 6/61	
Date	Payee name
11/06/2024	Cesar Blanco for Senate
Amount (\$)	Payee address; City; State; Zip Code
\$5,000.00	PO Box 929
Expenditure from corporate funds	El Paso, TX 79946
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	<u> </u>

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 Travel in District

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: 3/10 Rpt: 17/24	Gulf States Toyota Inc. State PAC 00042961
4 Date	5 Payee name
11/20/2024	Cesar Blanco for Senate
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,000.00	PO Box 929
Expenditure from	
corporate funds	El Paso, TX 79946
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXPENDITORE	Candidate/Officeholder/Political Committee
	Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
11/25/2024	Cody Harris Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	1007 N. Mallard St.
Expenditure from corporate funds	Palestine, TX 75801
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Contribution
Commission ONII V if dispose	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
Date	Payee name
11/25/2024	Daniel Alders Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 8907
Expenditure from corporate funds	Tyler, TX 75711
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Contribution
Complete CNII V if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
,	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Candidate/Officeholder/Political (Credit Card Payment			Committee Legal Services Salaries/Wages/Contract Labor					OTHER (enter a category not listed above)					
				The Instruction Guid	e explains how to co	omple	ete this form.	_					
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commiss	sion Filers)		
	Sch: 4/10 Rpt: 18/24		Gulf States Toyota Inc. State PAC						00042961				
4	Date	5	Payee name										
	11/25/2024		David Spille	r Campaign									
6	Amount (\$)	7	Payee addres	ss; City;	State; Zip Co	ode							
	\$500.00		PO Box 447										
	Expenditure from corporate funds		Jacksboro,	TX 76458									
8	PURPOSE	(a)	Category (so	o Catogorios listod at the t	top of this schodulo)	(b)	Description	_					
	OF	ľ	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule						mplete Schedule T.				
	EXPENDITURE			Officeholder/Politic			_	TX,	officeholder livir	ng expense			
							Contribution						
9	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offic	ceholder name	Office sou	ught			Office h	neld			
	experiantific to belieff 6/01												
	Date		Payee name										
	11/25/2024		Dawn Bucki	ngham Campaign	1								
	Amount (\$)		Payee addres	ss; City;	State; Zip Co	ode							
	\$2,500.00		P.O.Box 342	2524									
_	T Expenditure from												
L	corporate funds		Austin, TX 7	8734									
	PURPOSE	(a)	Category (Se	e Categories listed at the t	top of this schedule)	(b)	Description						
OF EXPENDITURE			Contributions/Donations Made By										
									Check if Austin, TX, officeholder living expense				
							Contribution						
	Complete ONLY if direct	<u> </u>	Candidata/Offic	ceholder name	Office sou	ıabt		_	Office h	vold			
	expenditure to benefit C/O		zanuluale/Omi	centituer marine	Office Soc	agni			Office i	ieiu			
								_					
	Date		Payee name	Camanaian									
	11/25/2024			ows Campaign									
	Amount (\$)		Payee addres	•	State; Zip C	ode							
	\$2,000.00		PO Box 256	9									
_	Expenditure from												
	corporate funds		Lubbock, T	(79408									
	PURPOSE	(a)		e Categories listed at the t		(b)	Description						
OF EXPENDITURE			Contributions/Donations Made By Candidate/Officeholder/Political Committee					Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
			Carididate/C		Contribution								
	Complete ONLY if direct		Candidate/Offic	ceholder name	Office sou	l ught			Office h	neld			
	expenditure to benefit C/O				222 00.	J							

SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

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
OTHER (enter a category not listed above)

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: 5/10 Rpt: 19/24	Gulf States Toyota Inc. State PAC 00042961
4 Date	5 Payee name
11/25/2024	Ellen Troxclair Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	701 HWY 281
- "	Suite H #196
Expenditure from corporate funds	Marble Falls, TX 78654
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
11/25/2024	Erin Gamez Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	777 E. Harrison
	Suite C
Expenditure from corporate funds	Brownsville, TX 78520
PURPOSE	1
OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
11/25/2024	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 OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Contributions/Donations Made By
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense 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

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: 6/10 Rpt: 20/24	2 FILER NAME Gulf States Toyota Inc. State PAC 3 Filer ID (Ethics Commission Filers) 00042961
4 Date	5 Payee name
11/25/2024	Friends of Tom Oliverson
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,500.00	1 E Greenway Plaza, STE 225
Expenditure from corporate funds	Houston, TX 77046
	·
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Contributions/Donations Made By
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee 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/Ol	Candidate/Officeholder name Office sought Office held
D-1-	
Date	Payee name
11/25/2024	Giovanni Capriglione Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	1352 Ten Bar Trail
Expenditure from corporate funds	Southlake, TX 76092
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payros namo
	Payee name
11/25/2024	Hillary Hickland Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	6318 Brayson Oaks Ct.
Funon diture from	
Expenditure from corporate funds	Belton, TX 76513
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committ Event Expense
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
OTHER (enter a category not listed above)

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l 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: 7/10 Rpt: 21/24	Gulf States Toyota Inc. State PAC 00042961
4 Date	5 Payee name
11/25/2024	Jeff Barry Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	PO Box 21
Expenditure from corporate funds	Pearland, TX 77588
8 PURPOSE	
OF OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder living expense
	Contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
11/25/2024	John Bucy Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 536
Expenditure from corporate funds	Austin, TX 78767
PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Contributions/Donations Made By
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder (Political Committee) Check if Austin, TX, officeholder living expense
	Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	o
Dete	
Date	Payee name
11/25/2024	John McQueeney Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 100458
- "	
Expenditure from corporate funds	Fort Worth, TX 76185
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By Contributions/Donations Made By Contributions/Donations Made By
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	⊣

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 8/10 Rpt: 22/24	Gulf States Toyota Inc. State PAC 00042961
4 Date	5 Payee name
11/25/2024	Jose Menendez for Senate
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,000.00	PO Box 100833
Expenditure from corporate funds	San Antonio, TX 78201
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
	Contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
11/25/2024	Paul Dyson for Texas
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	4040 Hwy 6, STE 200
Expenditure from	
corporate funds	College Station, TX 77845
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
11/13/2024	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	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

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
OTHER (other a cottographed listed above)

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
4 Tatal manage Calculula Edu	,
1 Total pages Schedule F1:	
Sch: 9/10 Rpt: 23/24	Gulf States Toyota Inc. State PAC 00042961
4 Date	5 Payee name
11/25/2024	Phil King Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,500.00	PO Box 1913
Expenditure from	Weatherford TV 76096
corporate funds	Weatherford, TX 76086
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Contribution
• • • • • • • • • • • • • • • • • • • •	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
11/25/2024	Salman Bhojani Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 392
·	
Expenditure from	Fulace TV 76020
corporate funds	Euless, TX 76039
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee
	Contribution
Compulate ONLY if divest	Condidate/Office helder name Office accepts
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
11/25/2024	Senfronia Thompson Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$5,000.00	4828 Loop Central Dr. #600
Expenditure from corporate funds	Houston, TX 77081
•	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Contributions/Donations Made By
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Contributions/Donations Made By Candidate/Officeholder/Political Committee Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Candidate/Officeholder/Politica Credit Card Payment		Gill/Awards/Memorials Exp Legal Services			se s/Contract Labor		OTHER (enter a	a category not listed above)	
Credit Card Payment		The Instruction Guide	e explains how to co	mple	ete this form.				
1 Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission F	ilers)
Sch: 10/10 Rpt: 24/24	Gulf States	Toyota Inc. State I	PAC				00042961		
4 Date	5 Payee name								
11/25/2024	Stan Gerde	s Campaign							
6 Amount (\$)	7 Payee addres	ss; City;	State; Zip Co	ode					
\$500.00	PO Box 106	0							
Expenditure from									
corporate funds	Smithville, T	X 78957							
8 PURPOSE	(a) Category (Se	e Categories listed at the to	op of this schedule)	(b)	Description				
OF EXPENDITURE		s/Donations Made			=			nplete Schedule T.	
	Candidate/C	Officeholder/Politic	al Committee		Contribution	, IX,	officeholder living	g expense	
					Contribution				
9 Complete ONLY if direct	Candidate/Offic	ceholder name	Office sou	ıaht			Office h	eld	
expenditure to benefit C/OI		senoluei name	Office 30c	agrit			Office fi	Ciu	
Date	Davies name								
11/25/2024	Payee name Terri Wilson	Campaign							
			Otata Zia Oa						
Amount (\$)	Payee addres		State; Zip Co	oae					
\$500.00	29 Pirates E	cn w.							
Expenditure from									
corporate funds	Galveston,								
PURPOSE OF		e Categories listed at the to		(b)	Description		df.T O	onless Collegelyle T	
EXPENDITURE		s/Donations Made Officeholder/Politic	,				officeholder living	nplete Schedule T. g expense	
	Carididate/C	onicendidel/Fonice	ai Committee		Contribution	,,		g	
Complete ONLY if direct	Candidate/Offic	ceholder name	Office sou	ıght			Office h	eld	
expenditure to benefit C/OI	4								
Date	Payee name								
10/28/2024	Texans for (Greg Abbott							
Amount (\$)	Payee addres		State; Zip Co	ode					
\$150,000.00	PO Box 308	•							
+===,=====									
Expenditure from corporate funds	Austin, TX 7	8767							
PURPOSE				(h)	Description				
OF		e Categories listed at the to S/Donations Made		(0)	Description Check if travel of	outsi	de of Texas. Con	nplete Schedule T.	
EXPENDITURE		Officeholder/Politic			Check if Austin,	, TX,	officeholder living	g expense	
					Contribution				
Complete ONLY if direct	Candidate/Offic	ceholder name	Office sou	ıght			Office h	eld	
expenditure to benefit C/OI	7								