#### 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** 07/03/2025 COMMITTEE ADDRESS / PO BOX; APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 1375 Enclave Pkwy. Houston, TX 77077 Date Hand-delivered or Date Postmarked CAMPAIGN MS / MRS / MR **FIRST** MI **TREASURER** Receipt # Amount Mr. 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** 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 X 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** 05/26/2025 06/25/2025

# 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	
L4 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Jared Patters	on State Represent	tative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
5 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS N	POLITICAL CONTRIBUTIONS OR GUARANTEES OF LOANS, ADE ELECTRONICALLY) qualifies for the higher itemization thr	ÒR	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLEI	L CONTRIBUTIONS DGES, LOANS, OR GUARANTE	ES OF LOANS)	\$	290.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES		\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES		\$	41,000.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD			<b>\$</b>	54,372.85
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD			\$	0.00
6 AFFIDAVIT					
			nd includes all informa		accompanying report is d to be reported by me
			Mr. Laird M	I. Doran	
			Signature of Camp	aign Treasu	rer
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 ad	ministering oath	Printed name of officer administ	ering oath	Title of office	cer administering oath

### MONTHLY FILING GPAC REPORT: PURPOSE

# FORM MPAC ADDENDUM

						Page 3 of 9
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.)		John McQuee	eney 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				
	Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Cole Hefner	State Representat	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				
	Officeholders     Assisted  (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Joseph Mood	y State Represen	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.)					
	applicable, classify by party.)					

### MONTHLY FILING GPAC REPORT: PURPOSE

## FORM MPAC ADDENDUM

					Page 4 of 9
				13 Filer ID	(Ethics Commission Filers)
ate PAC				00042961	
Candidates (Identify by name or, if applicable, classify by party.)		Bryan Hughes	State Senator		
	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.)					
Candidates (Identify by name or, if applicable, classify by party.)		Justin Busby	Supreme Court Ju	ustice	
	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.)					
Candidates     (Identify by name or, if applicable, classify by party.)		Christi Craddio	ck Railroad Comr	nissioner	
	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.)					
_	(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.)  1. Candidates (Identify by name or, if applicable, classify by party.)  2. Measures (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.)  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 of election 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.)  4. Supported (Identify by name or, if applicable, classify by party.)  5. Candidates (Identify by name or, if applicable, classify by party.)  6. Supported (Identify by name or, if applicable, classify by party.)  7. Candidates (Identify by name or, if applicable, classify by party.)  8. Opposed (Identify by name or, if applicable, classify by party.)  8. Opposed (Identify by name or, if applicable, classify by party.)  8. Opposed (Identify by name or, if applicable, classify by party.)  8. Opposed (Identify by name or, if applicable, classify by party.)  8. Opposed (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.)  B. Opposed  2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  A. Supported Justin Busby (Identify by name or, if applicable, classify by party.)  B. Opposed  3. Officeholders (Identify by name or, if applicable, classify by party.)  B. Opposed  4. Supported Justin Busby (Identify by name or, if applicable, classify by party.)  B. Opposed  3. Officeholders (Identify by name or, if applicable, classify by party.)  B. Opposed  4. Supported Christi Craddic (Identify by name or, if applicable, classify by party.)  B. Opposed  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  B. Opposed  4. Supported Christi Craddic Identify by name or, if applicable, classify by party.)  B. Opposed	1. Candidates (Identify by name or, if applicable, classify by party.)  B. Opposed  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.)  B. Opposed  3. Opposed  3. Opposed  3. Opposed  3. Opposed  4. Supported Justin Busby Supreme Court Justin Busby S	ate PAC  1. Candidates (deshift by pramy).  A. Supported Bryan Hughes State Senator  B. Opposed  2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  3. Officeholders Assisted (deshift) by name or, if applicable, classift by pramy.  B. Opposed  3. Officeholders Assisted (deshift) by name or, if applicable, classift by pramy.  B. Opposed  4. Supported Justin Busby Supreme Court Justice (describe by date and location of election and nature of issue.)  B. Opposed  3. Officeholders Assisted (deshift) by name or, if applicable, classift by pramy.  B. Opposed  4. Supported Christi Craddick Railroad Commissioner (deshift) by name or, if applicable, classify by party.  B. Opposed  5. Opposed  6. Opposed  7. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  7. Measures (Describe by date and location of section and nature of issue.)  B. Opposed  7. Measures (Describe by date and location of section and nature of issue.)  B. Opposed  7. Measures (Describe by date and location of section and nature of issue.)  B. Opposed  8. Opposed  8. Opposed  9. Measures (Describe by date and location of section and nature of issue.)  B. Opposed  9. Opposed  10. Measures (Describe by date and location of section and nature of issue.)

### **SUBTOTALS - MPAC**

# FORM MPAC COVER SHEET PG 3

			5 of 9
17 COMMITTEE NAME Gulf States Toyota Inc.	. State PAC	<b>18</b> Filer ID 00042961	(Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT		
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 ORGANIZAT	C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO	)R	\$
	C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAGANIZATION	ATION OR	\$
6. SCHEDULE	C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$
7. X SCHEDULE ORGANIZAT	C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR		\$ 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:	S	\$ 41,000.00
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 TO FILER	K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS	RETURNED	\$
Ī			

	NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION			SCHEDULE	C4
	The Instruction Guide explains how to complete this form.	1	Total pages Sch: 1/1 R	Schedule C4: pt: 6/9	
	FILER NAME Gulf States Toyota Inc. State PAC		Filer ID 00042961	(Ethics Commission Filers	)
4	Date 5 Corporation / Labor Organization name Gulf States Toyota Inc.	6	Amount (\$)		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/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: 1/3 Rpt: 7/9	Gulf States Toyota Inc. State PAC 00042961						
4 Date	5 Payee name						
06/12/2025	Bryan Hughes for Senate Campaign						
6 Amount (\$)	7 Payee address; City; State; Zip Code						
\$7,500.00	PO Box 450						
Expenditure from corporate funds	Mineola, TX 75773						
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 ONLY if direct	Candidate/Officeholder name Office sought Office held						
expenditure to benefit C/OI	-						
Date	Payee name						
06/17/2025	Christi Craddick Campaign						
Amount (\$)	Payee address; City; State; Zip Code						
\$15,000.00	3112 Windsor Ste A-505						
Evpanditura from							
Expenditure from corporate funds	Austin, TX 78703						
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						
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held						
Date	Payee name						
06/12/2025	Cole Hefner Campaign						
Amount (\$)	Payee address; City; State; Zip Code						
\$5,000.00	PO Box 167						
Expenditure from corporate funds	Mount Pleasant, TX 75456						
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.						
EXPENDITURE	Candidate/Officeholder/Political Committee						
	Contribution						
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
expenditure to benefit C/OI							

### POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense 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

Candidate/Officeholder/Politica Credit Card Payment						
Credit Card r dyment	The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
Sch: 2/3 Rpt: 8/9	Gulf States Toyota Inc. State PAC 00042961					
4 Date	5 Payee name					
06/12/2025	Jared Patterson Campaign					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
\$5,000.00	4412 Sapphire Dr.					
Expenditure from corporate funds	Frisco, TX 75034					
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 ONLY if direct	Candidate/Officeholder name Office sought Office held					
expenditure to benefit C/OI	H					
Date	Payee name					
06/12/2025	John McQueeney Campaign					
Amount (\$)	Payee address; City; State; Zip Code	_				
\$1,000.00	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					
	Contribution					
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
expenditure to benefit C/OI	п					
Date	Payee name					
06/12/2025	Joseph Moody Campaign					
Amount (\$)	Payee address; City; State; Zip Code					
\$2,500.00	PO Box 920827					
Expenditure from corporate funds	El Paso, TX 79902					
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	H					

## 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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wanes/Contract Labor

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Com	Gift/Awards/Memorials Expense Printing Expense Travel Out of District Printing Expense Travel Out of District Cift/Awards/Memorials Expense Printing Expense 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:	2	FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 3/3 Rpt: 9/9		Gulf States Toyota Inc. State PAC 00042961	
4	Date		Payee name	
	06/12/2025		Justin B. Busby for Supreme Court Justice	
6	Amount (\$)	7	Payee address; City; State; Zip Code	
	\$5,000.00		PO Box 417	
	Expenditure from corporate funds		Austin, TX 78767	
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule) (b) Description	
l	OF EXPENDITURE		Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.	
			Candidate/Officeholder/Political Committee Contribution	
			Contribution	
9	Compulate ONII V if direct	<u> </u>	Condidate/Office helder mares Office across to	_
9	Complete ONLY if direct expenditure to benefit C/OH	н	Candidate/Officeholder name Office sought Office held	
_				$\dashv$