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** 11/04/2025 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 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** 09/26/2025 10/25/2025

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MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME					13 Filer I	D	(Ethics Commission Filers)
Gulf States Toyota Inc. State	PAC				00042	2961	
ACTIVITY (Identify	andidates y by name or, if ble, classify by party.)	A. Supported	Jared Patterson	State Repres	sentative		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed					
(Descril	easures be by date and location ion and nature of issue.)	A. Supported					
		B. Opposed					
As (Identify	fficeholders ssisted y by name or, if ble, classify by party.)						
TOTALS PL	LEDGES, LOANS, O ONTRIBUTIONS MA	OR GUARANT IADE ELECTR	CONTRIBUTIONS (O FEES OF LOANS, OF CONICALLY) higher itemization thresh	?	\$	5	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)					8	290.00
EXPENDITURE 3. TO TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES				\$	5	0.00
4. TO	4. TOTAL POLITICAL EXPENDITURES				\$	5	97,500.00
• • • • • • • • • • • • • • • • • • •	OTAL POLITICAL C F THE REPORTING		ONS MAINTAINED AS	OF THE LAST	DAY	3	426,872.85
• • • • • • • • • • • • • • • • • • •	OTAL PRINCIPAL A AST DAY OF THE R		ALL OUTSTANDING PERIOD	LOANS AS OF	THE \$	S	0.00
6 AFFIDAVIT					<u> </u>		
			I swear, or affirm, und true and correct and i under Title 15, Election	includes all infor			
				Mr. Laird	d M. Dora	an	
				Signature of Ca	ampaign Ti	reasure	er
AFFIX NOTARY STAM	P / SEAL ABOVE						
Sworn to and subscribed before	me, by the said			, t	this the		day
of, 20	, to certify w	which, witness	my hand and seal of	office.			
Signature of officer administe	ering oath F	Printed name	of officer administerin	ng oath	Title o	of office	r administering oath

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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.)		d Ana Hernand	ez State Represe	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. Supporte	d			
		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.)		d Greg Bonnen	State Representa	ative	
(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. Supporte	d			
		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.)		d Phil King Sta	te 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. Supporte	d			
		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	Candidates (Identify by name or, if applicable, classify by party.))	Supported	John McQuee	ney State Repres	sentative	
(Attach lists on plain paper to complete this report if necessary.)			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.))					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. S	Supported	Josey Garcia	State Representa	tive	
(Attach lists on plain paper to complete this report if necessary.)		B. C	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.))					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Supported	Christian Man	uel State Represe	entative	
(Attach lists on plain paper to complete this report if necessary.)		B. C	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.)						

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12 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.)		Benjamin Bumgarner State Re	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			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Charles Schwertner State Ser	nator	
(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.)		Ramon Romero State Repres	sentative	
(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.)	1			

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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.)		Angie Button State Representat	tive	
(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.)	A. Supported	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			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Christopher Turner State Repre	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.)				
		1			

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12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Gulf States Toyota Inc. Sta	ate PAC				00042961	
14 COMMITTEE ACTIVITY (Attach lists on plain	Candidates (Identify by name or, if applicable, classify by party.)		Ana - Maria Rai	mos State Repre	esentative	
paper to complete this report if necessary.)						
	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.)		Linda Garcia S	tate 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				
	3. 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 S	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.)					
		•				

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12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Gulf States Toyota Inc. Sta	ate PAC			00042961	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Claudia Ordaz State Represent	tative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Brent Hagenbuch State Senato	r	
(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.)		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			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	applicable, classify by party.)				

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2 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
ulf States Toyota Inc. St	ate PAC				00042961	
4 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Adan Hinojosa	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.))				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Bryan Hughes	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.)	A. Supported	Angela Paxton	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				
		В. Орросса				
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)					

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				13 Filer ID	(Ethics Commission Filers)
tate PAC				00042961	
Candidates (Identify by name or, if applicable, classify by party.)		Royce West	State Senator		
	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					
(Identify by name or, if		Todd Hunter	State Representa	ative	
	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	A. Supported	Mary Ann Pe	rez State Repres	entative	
	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					
	1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.)	1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) B. Opposed 3. Officeholders Assisted (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 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed A. Supported A. Supported B. Opposed B. Opposed	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 (Describe by date and location of election and nature of issue.) B. Opposed 7. A. Supported 7. A. Supported 8. Opposed 7. A. Supported 8. Opposed 7. Measures (Describe by date and location of election and nature of issue.) 8. Opposed 7. Measures (Describe by date and location of election and nature of issue.) 8. Opposed 8. Opposed 7. Candidates (Identify by name or, if applicable, classify by party.) 8. Opposed 7. Candidates (Identify by name or, if applicable, classify by party.) 8. Opposed 7. Candidates (Identify by name or, if applicable, classify by party.) 8. Opposed 7. Candidates (Identify by name or, if applicable, classify by party.) 8. Opposed 8. Opposed 7. Measures (Describe by date and location of election and nature of issue.) 8. Opposed 8. Opposed	1. Candidates (Identify by name or, if applicable, classify by parry.) 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 parry.) 1. Candidates (Identify by name or, if applicable, classify by parry.) B. Opposed A. Supported Todd Hunter State Representationally name or, if applicable, classify by parry.) 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 parry.) B. Opposed 4. Supported Mary Ann Perez State Representationally opposed (Identify by name or, if applicable, classify by parry.) B. Opposed 5. Opposed A. Supported Mary Ann Perez State Representational ocation of election and nature of issue.) B. Opposed A. Supported Mary Ann Perez State Representational nature of issue.) B. Opposed A. Supported Mary Ann Perez State Representational nature of issue.) B. Opposed	ate PAC 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 4. Supported Describe by date and location of election and nature of issue.) A. Supported Todd Hunter State Representative Clearly by name or, if applicable, classify by party.) B. Opposed A. Supported Describe by date and location of issue.) B. Opposed A. Supported Describe by date and location of clearly by party.) B. Opposed A. Supported Describe by date and location of clearly by party.) B. Opposed A. Supported Describe by date and location of clearly by party.) B. Opposed A. Supported Describe by date and location of clearly by party.) B. Opposed A. Supported Describe by date and location of clearly by party.) B. Opposed A. Supported Describe by date and location of clearly by party.) B. Opposed A. Supported Describe by date and location of clearly by party.) B. Opposed

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12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Gulf States Toyota Inc. Sta	ate PAC			00042961	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Penny Shaw 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	Candidates (Identify by name or, if applicable, classify by party.)		Christina Morales State Repre	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	Candidates (Identify by name or, if applicable, classify by party.)		Keith Bell State Representative	Э	
(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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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	Jay Dean St	ate Representative		
(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.)		Stan Gerdes	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.)		Cole Hefner	State Representati	ve	
(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.)					

L2 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Gulf States Toyota Inc. Sta	ate PAC				00042961	
L4 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Jeffrey Leach	State Representa	tive	
(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	d			
		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	Janie Lopez S	State Representati	ve	
(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	d			
		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.)		d Morgan Meye	r State Represent	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	d			
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					

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2 COMMITTEE NAME							13 Filer ID	(Ethics Commission Filers)
Gulf States Toyota Inc. Sta	te PAC						00042961	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		ported	Candace No	ble State	Represen	itative	
(Attach lists on plain paper to complete this report if necessary.)		В. Орр	iosed					
	2. Measures	A. Sup	ported					
	(Describe by date and location of election and nature of issue.)							
		В. Орр	iosed					
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)							
COMMITTEE	Candidates	1	norted	Mott Chahou	State D		-4:, 10	
ACTIVITY	(Identify by name or, if applicable, classify by party.)		porteu	Matt Shahee	II Slale N	ергеѕень	llive	
(Attach lists on plain paper to complete this report if necessary.)		В. Орр	osed					
	2. Measures (Describe by date and location of election and nature of issue.)	A. Sup	ported			_		
		В. Орр	osed					
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)							
COMMITTEE	1. Candidates	A. Sup	ported	Tan Parker	State Sena	ator		
ACTIVITY	(Identify by name or, if applicable, classify by party.)							
(Attach lists on plain paper to complete this report if necessary.)		В. Орр	iosed					
	2. Measures (Describe by date and location of election and nature of issue.)	A. Sup	ported					
		В. Орр	osed					
	Officeholders Assisted (Identify by name or, if							
	applicable, classify by party.))						

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12 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.)		Keresa Richar	rdson State Repr	esentative	
(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.)	A. Supported	Leigh Wambs	ganss State Sena	ator	
(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.)	A. Supported	Brad Buckley	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				
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)					

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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.)		Charlie Geren	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.)		Alan Schoolcraf	t 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	Candidates (Identify by name or, if applicable, classify by party.)		Tom Oliverson	State Represent	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.)					

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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.)		Trenton Ashb	y 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.)		James Frank	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	Candidates (Identify by name or, if applicable, classify by party.)		Paul Dyson S	State Representati	ve	
(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.)					

						Page 18 of 46
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	Mike Schofield	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.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Caroline Harris	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.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Hillary Hickland	State Represer	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.)					
		•				

L2 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Gulf States Toyota Inc. Sta	ate PAC				00042961	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		A.J Louderback	State Represer	ntative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures	A. Supported				
	(Describe by date and location of election and nature of issue.)					
		B. Opposed				
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE	1	<u> </u>	Lancia Livilli Char	- Dames and the		
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Lacey Hull Stat	e Representative	9	
(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	1. Candidates	A. Supported	Katrina Pierson	State Represen	tative	
ACTIVITY	(Identify by name or, if applicable, classify by party.)			τ,		
(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					

						Page 20 of 46
L2 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Gulf States Toyota Inc. St	tate PAC				00042961	
L4 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Denise Villalobos	State Represe	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				
		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.)		Wes Virdell Stat	e Representativ	re	
(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	Shelby Slawson	State Represer	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.)					

						Page 21 of 46
12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Gulf States Toyota Inc. Sta	ate PAC				00042961	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Joanne Shofne	er 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				
	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	David Spiller S	State Representa	tive	
(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.)		Trey Wharton	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				
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
	•	'				

						Page 22 of 46
12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Gulf States Toyota Inc. Sta	ate PAC				00042961	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Terry Wilson State	Representativ	ve	
(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.)		Ellen Troxclair State	e Representa	tive	
(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.)		Brooks Landgraf St	tate Represer	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				
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
	•	•				

					Page 23 of 46
				13 Filer ID	(Ethics Commission Filers)
tate PAC				00042961	
Candidates (Identify by name or, if applicable, classify by party.)		Don McLaugh	llin State Represe	entative	
	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.)		Philip Cortez	State Representa	tive	
	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 name)					
	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 (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 3. Officeholders Assisted A. Supported B. Opposed 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.) 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed A. Supported Philip Cortez B. Opposed A. Supported Philip Cortez A. Supported Philip Cortez B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	1. Candidates (Identify by name or, if applicable, classify by party.) 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.) 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed A. Supported Philip Cortez State Represental Philip Cortez State Represental And Supported Philip Cortez State Represental And Supported Don McLaughlin State Represental State Represental Supported Supported Philip Cortez State Represental State Representation Sta	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.) 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 A. Supported B. Opposed A. Supported Phillip Cortez State Representative Phillip Cortez State Representative B. Opposed 3. Officeholders Assisted (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 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

					24 of 46
		EE NAME s Toyota Inc. State PAC	18 Filer ID 00042961	(Ethi	cs Commission Filers)
		E SUBTOTALS 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 C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	PR	\$	
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL LABOR ORGANIZATION	ATION OR	\$	
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGA	ANIZATION	\$	
7.	Х	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$	290.00
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR C	ORGANIZATION	\$	
9.		SCHEDULE E: LOANS		\$	
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$	97,500.00
11.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
13.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	
ĺ					

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: 25/46 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 (\$) 10/25/2025 Gulf States Toyota Inc. 290.00

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment								
	,							
1 Total pages Schedule F1:								
Sch: 1/21 Rpt: 26/46	Gulf States Toyota Inc. State PAC 00042961							
4 Date	5 Payee name							
10/16/2025	Alan Schoolcraft Campaign							
6 Amount (\$)	7 Payee address; City; State; Zip Code							
\$500.00	8647 FM 725							
Expenditure from corporate funds	MQueeney, TX 78123							
8 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							
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
expenditure to benefit C/OI	⊣							
Date	Payee name							
09/29/2025	Ana Hernandez Campaign							
Amount (\$)	Payee address; City; State; Zip Code							
\$1,000.00	PO Box 15538							
φ1,000.00	FO BOX 13330							
Expenditure from								
corporate funds	Houston, TX 77220							
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 <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held							
expenditure to benefit C/OI	o							
Date	Payee name							
10/16/2025	Andrew Louderback Campaign							
Amount (\$)	Payee address; City; State; Zip Code							
\$500.00	PO Box 1792							
- Forest divine Cons								
Expenditure from corporate funds	Victoria, TX 77902							
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	1							

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

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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 2/21 Rpt: 27/46	Gulf States Toyota Inc. State PAC 00042961
4 Date	5 Payee name
10/03/2025	Angela Paxton Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,500.00	5613 S. Woodcreek Circle
Expenditure from corporate funds	McKinney, TX 75071
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
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
10/03/2025	Angie Button Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	6914 Clear Springs Cir.
Expenditure from corporate funds	Garland, TX 75044
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
Date	Payee name
10/03/2025	Benjamin Bumgarner Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	5150 Kensington CT
Expenditure from corporate funds	Flower Mound, TX 75022
PURPOSE	
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	Continuodions/Donations Made By 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	1

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

/Reimbursement Solicitation/Fundraising Expense
Rental 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	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: 3/21 Rpt: 28/46	Gulf States Toyota Inc. State PAC 00042961
4 Date	5 Payee name
10/16/2025	Brad Buckley Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	7321 FM #2843
Expenditure from corporate funds	Salado, TX 76571
8 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
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
10/03/2025	Brent Hagenbuch Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	3202 Unicorn Lake Blvd, #317
Expenditure from corporate funds	Denton, TX 76210
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	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	1
Date	Payee name
10/16/2025	Brooks Landgraf Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$2,000.00	2331 Ladue Lane
·	
Expenditure from corporate funds	Odessa, TX 79762
PURPOSE	
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 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 Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 4/21 Rpt: 29/46	Gulf States Toyota Inc. State PAC 00042961
4 Date	5 Payee name
10/03/2025	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	Contributions/Donations Made By
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
10/03/2025	Candy Noble Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	1105 E. Main Street #223
Expenditure from corporate funds	Allen, TX 75002
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	
Date	Payee name
10/16/2025	Caroline Harris Davila Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	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	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	1

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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing 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: 5/21 Rpt: 30/46	Gulf States Toyota Inc. State PAC 00042961
4 Date	5 Payee name
10/03/2025	Cesar Blanco for Senate
6 Amount (\$)	7 Payee address; City; State; Zip Code PO Box 929
\$2,000.00	PO B0X 929
Expenditure from corporate funds	El Paso, TX 79946
8 PURPOSE	
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 Check if Austin, TX, officeholder living expense
	Contribution
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/16/2025	Charlie Geren Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	PO Box 1440
Expenditure from	
corporate funds	Fort Worth, TX 76101
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 ONLY if direct	Condidate/Officeholder name Office county
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/03/2025	Chris Turner Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 182093
Expenditure from corporate funds	Arlington, TX 76096
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 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

Candidate/Officeholder/Politica Credit Card Payment		egal Services			se s/Contract Labor		OTHER (enter a	category not listed above)	
Credit Card Payment		he Instruction Guide	explains how to co	mple	ete this form.				
1 Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission F	ilers)
Sch: 6/21 Rpt: 31/46	Gulf States T	oyota Inc. State P.	AC				00042961		
4 Date	5 Payee name								
10/03/2025	Christian Ma	nuel Campaign							
6 Amount (\$)	7 Payee address	; City;	State; Zip Co	ode					
\$1,000.00	3801 Turtlec	eek Dr							
Expenditure from									
corporate funds	Port Arthur, 7	X 77642							
8 PURPOSE	(a) Category (See	Categories listed at the top	of this schedule)	(b)	Description				
OF EXPENDITURE		/Donations Made			=			plete Schedule T.	
	Candidate/O	fficeholder/Politica	I Committee		Contribution	, TX,	officeholder living	g expense	
					Contribution				
9 Complete ONLY if direct	Candidate/Offic	eholder name	Office sou	ıaht			Office h	eld.	
expenditure to benefit C/OI		Shouder Harrie	000 000	·9···			Omoo n		
Date	Payee name								
10/03/2025	,	rales Campaign							
	Payee address	- ' '	State: 7in Co	nd o					
Amount (\$) \$500.00	2901 Canal S	•	State; Zip Co	Jue					
φ500.00	2901 Canai 3	Sireet							
Expenditure from	Houston TV	77002							
corporate funds	Houston, TX			I					
PURPOSE OF		Categories listed at the top		(b)	Description	outei	do of Toyas Com	iplete Schedule T.	
EXPENDITURE		:/Donations Made fficeholder/Politica	,		_		officeholder living		
					Contribution				
Complete ONLY if direct	Candidate/Offic	eholder name	Office sou	ight			Office h	eld	
expenditure to benefit C/OI	H								
Date	Payee name								
10/03/2025	Claudia Orda	z Perez Campaigr	า						
Amount (\$)	Payee address	s; City;	State; Zip Co	ode					
\$1,000.00	PO Box 7173	88							
Expenditure from corporate funds	El Paso, TX	79917							
PURPOSE	(a) Category (See	Categories listed at the top	of this schedule)	(b)	Description				
OF EXPENDITURE	Contributions	/Donations Made	Ву			outsi	de of Texas. Com	plete Schedule T.	
LAFENDITORE	Candidate/O	fficeholder/Politica	I Committee		_	, TX,	officeholder living	g expense	
					Contribution				
Complete ONLY if direct	Candidate/Offic	pholdor name	Office	lab+			Office h	ald	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Office	гношен папте	Office sou	ıyııl			Onice n	ziu -	

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 (order a category and listed above)

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 7/21 Rpt: 32/46	Gulf States Toyota Inc. State PAC 00042961
4 Date	5 Payee name
10/03/2025	Cole Hefner Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$5,000.00	PO Box 167
φ5,000.00	FO BOX 107
Expenditure from	
corporate funds	Mount Pleasant, TX 75456
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By
EXPENDITURE	Candidate/Officeholder/Political Committee
	Contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	⊣
Date	Douge name
	Payee name David Spiller Compaign
10/16/2025	David Spiller Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 447
Expenditure from corporate funds	Jacksboro, TX 76458
•	
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
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Ÿ .
Date	Payee name
10/16/2025	Denise Villalobos Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	10330 Kingsbury Dr
	gara, y
Expenditure from	Correct Christi TV 70410
corporate funds	Corpus Christi, TX 78410
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
LA LABITORE	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)

Event Expense Loan Repayment/Reimbu

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing 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: 8/21 Rpt: 33/46	Gulf States Toyota Inc. State PAC 00042961
4 Date	5 Payee name
10/20/2025	Don McLaughlin for Texas
6 Amount (\$) \$2,500.00	7 Payee address; City; State; Zip Code PO Box 1707
Ψ2,000.00	1 0 201 1101
Expenditure from corporate funds	Uvalde, TX 78802
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
10/03/2025	Elect Adam Hinojosa Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 18301
+2,000.00	. 6 26% 2662
Expenditure from corporate funds	Corpus Christi, TX 78480
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	Payee name
10/16/2025	Ellen Troxclair Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	701 HWY 281
Ψ000.00	
Expenditure from	Suite H #196
corporate funds	Marble Falls, TX 78654
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 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 Committee

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

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: 9/21 Rpt: 34/46	Gulf States Toyota Inc. State PAC 00042961
4 Date	5 Payee name
10/03/2025	Friends of Donna Campbell
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	1308 Common Street Ste 205
	Box 719
Expenditure from corporate funds	New Braunfels, TX 78130
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.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialiture to benefit C/O	'
Date	Payee name
10/16/2025	Friends of Tom Oliverson
Amount (\$)	Payee address; City; State; Zip Code
\$1,500.00	1 E Greenway Plaza, STE 225
Funanditura from	
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
	Candidate/Officeholder/Political Committee
	Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	o
Data	Davies same
Date 09/29/2025	Payee name Greg Bonnen Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	405 David
Expenditure from	
corporate funds	Friendswood, TX 77546
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.
	Candidate/Officeholder/Political Committee
	Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 10/21 Rpt: 35/46	Gulf States Toyota Inc. State PAC 00042961
4 Date	5 Payee name
10/16/2025	Hillary Hickland Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	6318 Brayson Oaks Ct.
Expenditure from corporate funds	Belton, TX 76513
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
	Contribution
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/16/2025	James Frank Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	1206 Hatton Rd
4000.00	
Expenditure from corporate funds	Wichita Falls, TX 76302
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
	Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
10/03/2025	Janie Lopez Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 2073
Expenditure from	
corporate funds	San Benito, TX 78586
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 CNI V if direct	Candidate/Officeholder name Office cought Office hold
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
4. Tatal manua C. L. L. T.	
1 Total pages Schedule F1:	
Sch: 11/21 Rpt: 36/46	Gulf States Toyota Inc. State PAC 00042961
4 Date	5 Payee name
09/29/2025	Jared Patterson Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$5,000.00	4412 Sapphire Dr.
, , , , , , , , , , , , , , , , , , , ,	
Expenditure from	Frican TV 75034
corporate funds	Frisco, TX 75034
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
O Complete ONLY if allow	Condidate/Officeholder name Office accepts
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/03/2025	Jay Dean Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	3822 Holly Ridge
Expenditure from corporate funds	Longview, TX 75605
·	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	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
	33.18.13.83.01.
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	Ÿ .
Date	Payee name
10/03/2025	Jeff Leach Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$5,000.00	800 Glen Rose Drive
Expenditure from corporate funds	Allen, TX 75013
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 Austin, TX, officeholder living expense
	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

Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wage The Instruction Guide explains how to comp	os/Contract Labor OTHER (enter a category not listed above) lete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 12/21 Rpt: 37/46	Gulf States Toyota Inc. State PAC	00042961
4 Date	5 Payee name	
10/16/2025	Joanne Shofner Campaign	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$500.00	638 N. University Drive #177	
Expenditure from corporate funds	Nacogdoches, TX 75961	
8 PURPOSE OF	,	Description
EXPENDITURE	Contributions/Donations Made By	Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee	Check if Austin, TX, officeholder living expense Contribution
		Contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sough	Office held
expenditure to benefit C/Ol		Office field
Date	Payee name	
10/03/2025	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 EXPENDITURE	Contributions/Donations Made By	Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee	Check if Austin, TX, officeholder living expense Contribution
		Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sough	Office held
expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·	Cinice field
Date	Payee name	
10/03/2025	Josey Garcia Campaign	
Amount (\$)	Payee address; City; State; Zip Code	
\$500.00	718 Amber Knoll	
Expenditure from		
corporate funds	San Antonio, TX 78251	
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
Oneste Other	Outstilled Official L	000
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	t Office held

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense
Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Folling Expense
Salaries/Wanes/Contract Labor

	Contributing 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: 13/21 Rpt: 38/46	Gulf States Toyota Inc. State PAC 00042961
4	Date	5 Payee name
	10/16/2025	Katrina Pierson Campaign
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	609 Goliad St #672
	Expenditure from corporate funds	Rockwall, TX 75087
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/O	
	Date	Payee name
	10/03/2025	Keith Bell Campaign
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	PO Box 1178
	Expenditure from corporate funds	Forney, TX 75126
	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
		Contribution
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	10/03/2025	Keresa Richardson Campaign
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	PO Box 1179
	- Formanditure from	
	Expenditure from corporate funds	McKinney, TX 75070
	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
		Contribution
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

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 complete this form.						
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)						
Sch: 14/21 Rpt: 39/46	Gulf States Toyota Inc. State PAC 00042961						
4 Date	5 Payee name						
10/16/2025	Lacey Hull Campaign						
6 Amount (\$)	7 Payee address; City; State; Zip Code						
\$1,000.00	PO Box 19231						
, ,							
Expenditure from corporate funds	Houston, TX 77224						
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.						
-	Candidate/Officeholder/Political Committee						
	Contribution						
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
expenditure to benefit C/O							
Date	Payee name						
10/16/2025	Leigh Wambsganss for Texas Senate						
Amount (\$)	Payee address; City; State; Zip Code						
\$5,000.00	PO Box 94017						
— Foresaditus from							
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						
EXI ENDITORE	Candidate/Officeholder/Political Committee						
	Contribution						
2 1 2 2 1 1 2 1 1							
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held						
'							
Date	Payee name						
10/03/2025	Linda Garcia Campaign						
Amount (\$)	Payee address; City; State; Zip Code						
\$500.00	1908 Haddock Drive						
Expenditure from corporate funds	Mesquite, TX 75149						
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 <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held						
experialities to benefit G/OH							

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 complete this form.						
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)						
Sch: 15/21 Rpt: 40/46	Gulf States Toyota Inc. State PAC 00042961						
4 Date	5 Payee name						
10/03/2025	Mary Ann Perez Campaign						
6 Amount (\$)	7 Payee address; City; State; Zip Code						
\$1,000.00	5223 Sleepy Creek Dr.						
Expenditure from corporate funds	Houston, TX 77017						
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.						
	Candidate/Officeholder/Political Committee Contribution						
	Contabution						
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·						
Date	Payee name						
10/03/2025	Matt Shaheen Campaign						
Amount (\$)	Payee address; City; State; Zip Code						
\$1,000.00	PO Box 160						
. ,							
Expenditure from corporate funds	Prosper, TX 75078						
PURPOSE	· · · · · · · · · · · · · · · · · · ·						
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 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						
Date	Payee name						
10/16/2025	Mike Schofield Campaign						
Amount (\$)	Payee address; City; State; Zip Code						
\$500.00	934 Hidden Canyon Rd.						
Expenditure from corporate funds	Katy, TX 77450						
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
OF EXPENDITURE	Contributions/Donations Made By						
	Candidate/Officeholder/Political Committee						
	Continuation						
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·						

SCHEDULE F1

Advertising Expense Accounting/Banking

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

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: 16/21 Rpt: 41/46	Gulf States Toyota Inc. State PAC 00042961						
4 Date	5 Payee name						
10/03/2025	Morgan Meyer Campaign						
6 Amount (\$)	7 Payee address; City; State; Zip Code						
\$1,000.00	3838 Oak Lawn Avenue						
·	Suite 400						
Expenditure from corporate funds	Dallas, TX 75219						
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						
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held						
Date	Payee name						
10/16/2025	Paul Dyson for Texas						
Amount (\$)	Payee address; City; State; Zip Code						
\$500.00	4040 State Highway 6 S						
Expenditure from	Suite 200						
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						
	Candidate/Officeholder/Political Committee Contribution						
Complete ONII V if direct	Candidate/Officeholder name Office sought Office held						
Complete ONLY if direct expenditure to benefit C/OH	· · · · · · · · · · · · · · · · · · ·						
Date	Payee name						
10/03/2025	Penny Shaw Campaign Committee						
Amount (\$)	Payee address; City; State; Zip Code						
\$500.00	P.O. Box 925991						
Expenditure from corporate funds	Houston, TX 77292						
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Contribution						
Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held						

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

ment Solicitation/Fundraising Expense
nse 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: 17/21 Rpt: 42/46	Gulf States Toyota Inc. State PAC 00042961							
4 Date	5 Payee name							
10/03/2025	Phil King 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							
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							
10/23/2025	Phillip Cortez Campaign							
Amount (\$)	Payee address; City; State; Zip Code							
\$1,000.00	7919 Liberty Island							
Expenditure from corporate funds	San Antonio, TX 78227							
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							
experiditure to benefit C/Oi								
Date	Payee name							
10/03/2025	Ramon Romero Campaign							
Amount (\$)	Payee address; City; State; Zip Code							
\$1,000.00	PO Box 181							
Expenditure from corporate funds	Fort Worth, TX 76101							
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
OF EVENINE UPF	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/OH								

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 18/21 Rpt: 43/46 Gulf States Toyota Inc. State PAC 00042961 4 Date Payee name 10/03/2025 Ramos for Texas Campaign 6 Amount (\$) Payee address; City; State; Zip Code \$500.00 PO Box 852227 Expenditure from Richardson, TX 75085 corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Contribution Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/03/2025 Royce West Campaign Amount (\$) Payee address; City; State; Zip Code \$1,500.00 320 S R.L Thornton Fwy Suite 220 Expenditure from Dallas, TX 75203 corporate funds **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Contribution Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/16/2025 Shelby Slawson For Texas Amount (\$) Payee address: City: State; Zip Code \$1,000.00 PO Box 286 Expenditure from Stephenville, TX 76401 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Contribution Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH

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

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: 19/21 Rpt: 44/46	Gulf States Toyota Inc. State PAC 00042961						
4 Date	5 Payee name						
10/03/2025	Stan Gerdes Campaign						
6 Amount (\$)	7 Payee address; City; State; Zip Code						
\$1,000.00	PO Box 1060						
Expenditure from							
corporate funds	Smithville, TX 78957						
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						
10/03/2025	Tan Parker For Texas Senate						
Amount (\$)	Payee address; City; State; Zip Code						
\$3,000.00	PO Box 271741						
, , , , , , , ,							
Expenditure from corporate funds	Flower Mound, TX 75027						
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						
Commission ONII V if dispose	Condidate/Officeholder name Office sought Office hold						
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held						
Date	Payee name						
10/16/2025	Terry Wilson Campaign						
Amount (\$)	Payee address; City; State; Zip Code						
\$500.00	660 Parkline Drive						
Expenditure from corporate funds	Georgetown, TX 78626						
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
OF EXPENDITURE	Contributions/Donations Made By						
	Candidate/Officeholder/Political Committee						
	Continuuton						
0 1. 6							
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held						
2-1 ₁ -2-1-2-1-2-1-2-1-2-1-2-1-2-1-2-1-2-1-2							

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 comp	lete this form.					
1	Total pages Schedule F1: Sch: 20/21 Rpt: 45/46	FILER NAME Gulf States Toyota Inc. State PAC	3 Filer ID (Ethics Commission Filers) 00042961					
4	Date 10/03/2025	5 Payee name Texans For Bob Hall						
6	Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code 728 Private Road 7005						
	Expenditure from corporate funds	Edgewood, TX 75117						
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Contribution					
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sough	t Office held					
	Date 10/03/2025	Payee name Texans for Charles Schwertner						
	Amount (\$) \$5,000.00	Payee address; City; State; Zip Code PO Box 2448						
	Expenditure from corporate funds	Georgetown, TX 78627						
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	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/OI	Candidate/Officeholder name Office sough	t Office held					
	Date 10/16/2025	Payee name Texans for Trent Ashby						
	Amount (\$) \$3,000.00	Payee address; City; State; Zip Code PO Box 412						
	Expenditure from corporate funds	Lufkin, TX 75902						
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	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/OI	Candidate/Officeholder name Office sough	t Office held					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Office Spense Cift/Awards/Memorials Expense Legal Services Palains how to complete this form.				Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
						(Ethics Commission Filers)		
Sch: 21/21 Rpt: 46/46		Toyota Inc. State	PAC			3	Filer ID 00042961	(Luics Commission Filers)
4 Date	5 Payee name							
10/03/2025		Todd Hunter Campaign						
\$5,000.00	7 Payee addre		State; Zip	Code				
Expenditure from corporate funds	Corpus Ch	risti, TX 78412						
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							
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		iceholder name	Office	sought			Office he	eld
Date	Payee name							
10/16/2025		on Campaign						
Amount (\$)	Payee addre		State; Zip	Code				
\$500.00	PO Box 12	42						
Expenditure from corporate funds	Huntsville,	TX 77342						
PURPOSE OF EXPENDITURE	Contributio	ee Categories listed at the t ns/Donations Made Officeholder/Politic	е Ву		=		ide of Texas. Com, , officeholder living	
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		iceholder name	Office	sought			Office he	eld
Date 10/16/2025	Payee name Wesley Vire	dell Campaign						
Amount (\$) \$500.00	Payee addre		State; Zip	Code				
Expenditure from corporate funds	Brady, TX	76825						
PURPOSE	(a) Category (S	ee Categories listed at the t	op of this schedule)	(b)	Description			
OF EXPENDITURE		ns/Donations Made Officeholder/Politic					ide of Texas. Com	·
Complete ONLY if direct expenditure to benefit C/OF		iceholder name	Office	sought			Office he	eld