## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

				·		
The C/OH Instruction 6	Suide explains how	to complete this form.	1 Filer ID (E	thics Commission Filers)	2 Total pages	filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS (MR)	Joseph		Ğuy		E USE ONLY
	NICKNAME	Baker		SUFFIX	Date Received	FILED PM
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX		ice TX	TE: ZIP CODE 78332	1	9 - 2024
Change of Address					JC Perez III, C	OCIL, Jip Weils 25., Texa
5 CANDIDATE/ OFFICEHOLDER PHONE	(956) 99	PHONE NUMBER 90-1449	EXT	TENSION		od or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS) MR	FIRST Kimberly	Ţ	Diane	Receipt #	Amount \$
	NICKNAME	Baker		SUFFIX	Date Imaged	
7 CAMPAIGN	STREET ADDRESS	(NO PO BOX PLEASE); APT / SI	UITE #:	CITY:	STATE:	ZIP CODE
TREASURER	1 1			Alice	_	78332
ADDRESS	1149 CR	747	4	11166	TX	70224
(Residence or Business)						
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER 247-7349	EXT	TENSION	·	(9
01	14561 0	7777				
9 REPORT TYPE	January 15	30th day before el	lection	Runoff		after campaign appointment fer Only)
	July 15	8th day before ele	ction	Exceeded Modified Reporting Limit	Final Repo	ort (Attach C/OH - FR)
10 PERIOD	Month	Day Year		Month	Day Yes	Br
COVERED	KS.	/2023	THROUGH	1 12/	/20/20	023
11 ELECTION	ELECTION DA			ELECTION TYPE		
	Month Day	Year Primary	Runoff	Other		
	03/05/	/∩∩↑ General	Special	Description		
	00/05/	2024	opocial			
12 OFFICE	OFFICE HELD (If any)		49 00	CIOC COLLOS ET . MA		
	OFFICE (II ally)		13 04	Shertf fo	or Jimwel	1s County
14 NOTICE FROM POLITICAL COMMITTEE(S)	I THE CANDIDATE / OFFIC	CE OF POLITICAL CONTRIBUTIONS A CEHOLDER. THESE EXPENDITURES BAND OFFICEHOLDERS ARE REQUIRED.	MAY HAVE BEEN M	IADE WITHOUT THE CAN	NUTER VO VEDERN	W DEBYS WHOMIN STORE OR
OOMMITTEE(O)	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS				
o,	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME			
**		COMMITTEE CAMPAIGN TRE	ASURER ADDRES	SS		
		00.50	DAGES			
GO TO PAGE 2						

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 2

15 C/OH NAME	Joseph Gruy Baker 16 Fix	er ID (Ethics Commission Filers)			
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ Ø			
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$6,086,94			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ &			
	4. TOTAL POLITICAL EXPENDITURES	\$ 15,243.57			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 241,95			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <b>O</b>			
	swear, or affirm, under penalty of perjury, that the accompanying report is true and c quired to be reported by me under Title 15, Election Code.	orrect and includes all information			
	Joseph Mun / Signature of Candidate				
	Please complete either option below:				
٠,					
JUSTINE M SALAZAR Notary ID #130500046 My Commission Expires January 15, 2028					
NOTARY STAMP/SEA					
Sworn to and subscribed		day of January.			
20 Z T Governity	which, witness my hand and seal of office.  Tustine M Soulcizour	Notary Public			
Signature of officer administer		Title of officer administering oath			
OR					
(2) Unsworn Declaration					
My name is	, and my date of birth is				
My address is					
(street) (city) (state) (zip code) (country)  Executed in Jim WIIS County, State of Texos, on the O9 day of Vanuary, 2024.  (month) (year)					
	Signature of Candidate/Offi	ceholder (Declarant)			

### **SUBTOTALS - C/OH**

### FORM C/OH COVER SHEET PG 3

19 FILERNAME Joseph Gruy Baker 20 Filer ID (Ethics of	commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 870,00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$5,216,94
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	ş
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	s
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 15,243.57
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	s

### **MONETARY POLITICAL CONTRIBUTIONS**

#### SCHEDULE A1

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1:
2 FILER NAME	seph Gruy Baker		3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#)  8/9/23 Linda Fullen 6 Contributor address; City: State; Zip Code 12/5 ROOSEVELT Alice, TX 78332			7 Amount of contribution (\$) 20 Cash
	pation / Job title (See Instructions)  9 En	nployer (See Instructi	ions)
Date 8/30/23	Full name of contributor out-of-state PAC (ID#	e; Zip Code	Amount of contribution (\$) 100 Andot
A 1		nployer (See Instruction Re	anch Services
Date 1/11/23	Full name of contributor out-of-state PAC (ID#_  Project Red TX  Contributor address; City; State  1108 Lavaca, St #110-1210 Austin, TX	⊋; Zip Code	Amount of contribution (\$)  SB 750
Principal occup	eation / Job title (See Instructions)	mployer (See Instructi	ions)
Date	Full name of contributor out-of-state PAC (ID#: Contributor address; City; Stat	e; Zip Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	mployer (See Instruct	ions)
	ATTACH ADDITIONAL COPIES OF THI  If contributor is out-of-state PAC, please see instruction		

#### SCHEDULE A2

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form	n. 1 Total pages Schedule A2:			
Joseph Gruy Baker	3 Filer ID (Ethics Commission Filers)			
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS \$			
6 Full name of contributor out-of-state PAC (IDS: WILLOW House of Texas (Cand 7 Contributor address; City; State; 3451 Faturias Hwy, Alice TX	Neta  September 2015  Septembe			
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)  DWNER OF VENUE	11 Employer (FOR NON-JUDICIAL) (Spe Instructions) Self employeed			
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instructions)			
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)			
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	× v			
Pate   State;   State	Amount of Contribution \$ In-kind contribution description  Zip Code \$ 800   Renta   S    Zip Code   South Renta   S    Zip Code   Check if travel outside of Texas, Complete Schedule T.			
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)  DWNER OF 36 Vending & Party Rentals	Employer (FOR NON-JUDICIAL) (See Instructions)			
Contributor's principal occupation (FOR JUD)CIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)			
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)			
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
ATTACHADDITIONAL COPIES OF THE	HIS SCHEDULE AS NEEDED			

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 11/15/2022

### SCHEDULE A2

If the requested information is not applicable, DO NOT include this page in the report.

	•		
The instruction Guide explains how to complete this for	m. 1 Total pages Schedule A2:		
Joseph Guy Baker	3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS \$		
5 Date 6 Full name of contributor out-of-state PAC (IDN:	8 Amount of Contribution \$ 19 In-kind contribution description  \$329.71 Footballs & butting Flags  Check if travel outside of Texas. Complete Schedule T.		
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employer (FOR NON-JUDICIAL)(See Instructions)  N/A		
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instructions)		
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	EZ		
Date  Full name of contributor out-of-state PAC (IDIF:	Amount of Contribution \$ In-kind contribution description  Zip Code   Tootball \$		
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	TR332 Check if travel outside of Texas. Complete Schedule T.		
retired	Employer (FOR NON-JUDICIAL)(See instructions)		
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)		
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor is a child, law firm of parent(s) (If any) (FOR JUDICIAL)			
ATTACH ADDITIONAL COPIES OF 1	HIS SCHEDULE AS NEEDED		

ATTACHADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

### SCHEDULE A2

The Instruction Guide explains how to complete this for	n. 1 Total pages Schedule A2:					
2 FILER NAME JOSEPH Gruy Bak	3 Filer ID (Ethics Commission Filers)					
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS \$					
	8 Amount of 9 In-kind contribution description  Sip Code  78332 Check if travel outside of Texas. Complete Schedule T.					
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employer (FOR NON-JUDICIAL) (See Instructions)					
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instructions)					
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)					
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	* U					
Date  Full name of contributor   out-of-state PAC (IDM:	Amount of Contribution \$ In-kind contribution description  Zip Code  Check if travel outside of Texas, Complete Schedule T.					
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL)(See Instructions)					
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)					
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)					
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						
ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS NEEDED on guide for additional reporting requirements					

#### SCHEDULE A2

The Instruction Guide explains how to complete this for	m. 1 Total pages Schedule A2:				
2 FILER NAME JOSEPH Gruy Baker	3 Filer ID (Ethics Commission Filers)				
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS \$				
5 Date 6 Full name of contributor out-of-state PAC (IDH:  1931/23 Josh Hawkins (361 Verding & Party  7 Contributor address; City; State;  119 Lucille Alice TX	Rentals)  Rentals)  Zip Code  78332   Check if travel outside of Texas. Complete Schedule T.				
10 Principal occupation / Job title (FOR NON JUDICIAL) (See Instructions)  OWNER of 361 Vending & Party Rentals	11 Employer (FOR NON-JUDICIAL) (See Instructions) Self employed				
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instructions)				
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)				
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
9/30/23 Contributor address; City; State; 345/ Falfurrias Huy, Alice, X 7	Amount of Contribution \$ In-kind contribution description  Zip Code  8332 Check if travel outside of Texas. Complete Schedule T.				
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL) (See Instructions)				
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR-JUDICIAL) (See Instructions)				
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)				
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS NEEDED on guide for additional reporting requirements.				

#### SCHEDULE A2

The instruction Guide explains how to complete this form	n. 1 Total pages Schedule A2:
2 FILER NAME Joseph Guy Baker	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIE	
0 (	8 Amount of Contribution \$ In-kind contribution description  Zip Code  Check if travel outside of Texas. Complete Schedule T.
12 Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)
14.0-47-4-4-4	KN
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	
Date  9/30/23 Christina Avaiza  Contributor address; City; State;  944 CR40 Alice TX	Amount of Contribution \$\frac{100d}{400d} \supplies \frac{100d}{100d} \supplies
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL)(See Instructions)
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	
St.	
ATTACH ADDITIONAL COPIES OF T	

### SCHEDULE A2

The Instruction Guide explains how to complete this for	m. 1 Total pages Schedule A2:				
Joseph Gruy Bak	3 Filer 1D (Ethics Commission Filers)				
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS \$				
5 Date 6 Full name of contributor out-of-state PAC (IDS:	8 Amount of Contribution \$ In-kind contribution description Sips and the sip code   Sip				
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employer (FOR NON-JUDICIAL) (See Instructions)				
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instructions)				
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)				
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	js				
Date  Full name of contributor   out-of-state PAC (IDST:	Amount of Contribution \$ In-kind contribution description Sixes(2)  Zip Code Drinks Us nacks  78332 Check if travel outside of Texas, Complete Schedule T.				
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL)(See Instructions)				
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)				
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)				
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
	•				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.					

### POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Office Overhead/Rental Expense Polling Expense

Printing Expense
Salaries/Mages/Contract Labor

Solicitation/Fundralsing 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) 4 Date 5 Payee name 6 Amount (\$ Payee address: State: Zip Code 78332 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check If Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State: Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic Credit Card Payment		Event Expense Fees Food/Beverage I Gift/Awards/Men Legal Services	morials Expense	Office Ow Polling Ex Printing E Salaries A	Expense Alages/Contract Labor	Transports Travel in C Travel Out	District t Of District	g Expense ant & Related Expense not listed above)
¥3		The instruct	on Guide explair	ns how to	complete this form.			
1 Total pages Schedule G:	2 FILER NA	Josep	h Giu	ey la	3 aker	3 Filer I	D (Ethics (	Commission Filers)
4 Date 05/04/2023		nart	<u>,</u>	<u>ل</u>	<u></u>			
Reimbursement from political contributions intended	7 Payee add	emae	in St		Alice		State;	78332
8 PURPOSE OF EXPENDITURE	Offic	e Over	head	82	(b) Description (2) Pind	lers		
	(c) c	Zneck if travel outside	e of Texas, Complete Sci	hedule T.	Check if Aus	stin, TX, officeho		10.22
9 Complete ONLY if direct expenditure to benefit C/OH	Candid	ate / Officehol	der name		Office sought		11.	Office held
05/06/202	Payee nan	sta Pri	net					
Amount (\$)  100. U +  Reimbursement from political contributions intended	Payee add		vîstapriv	nt. Co	City;		State;	Zip Code
PURPOSE OF	Category Printi		sted at the top of this e	achedule)	Description Business	Carls	sica	-Magnets
EXPENDITURE		<del>, , , ,</del>	e of Texas, Complete Sc	had-7				
Complete ONLY If direct expenditure to benefit C/0	Candid	ate / Officehol		and the second second	Office sought	stin, TX, officeho		pense Office held
Date	Payee nan	_						
05/06/2023	Vis	taPrin						
Amount (\$)	Payee add		<del></del>		City;		State;	Zip Code
82,2V Reinibursement from political contributions intended	online		staprint	con	•	·		
Phys Charles Co.	Category	(See Categories II	sted at the top of this s	ichedule)	Description		,	· · · · · · · · · · · · · · · · · · ·
PURPOSE OF EXPENDITURE	Print	ing Ex	(pense	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Car Ma	gnets		
		Check if travel outsid	e of Texas. Complete Sc	chedule T.	Check If Aus	stin, TX, officeho	ider living ex	pense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officehol	ider name		Office sought		·	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED								

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		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)	
1 Total pages Schedule G:	2 FILER NAME JOSEPH GIL	m Baker	Filer ID (Ethics Commission Filers)	
5/8/23	National Printing	LLC		
Amount (\$)  \$773,99  Reimbursement from political contributions intended	7 Payee address; 1300 Trenton, Ste	115 McAllen	State; Zip Code  TX 78504	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this so  Advertising Expense  (c) Check if travel outside of Texas, Complete Sch	Colomplas+Sic	10 /2	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	C, officeholder living expense Office held	
5/18/23	Payee name Alice Echo News			
Amount (\$)  50,00  Reimbursement from political contributions intended	Payee address; 405 E. Main	Alice	State; Zip Code TX 78332	
PURPOSE OF EXPENDITURE	Category (See Categories Hated at the top of this so  Adventising Expense  Check If travel outside of Texas. Complete Sch	Ad for Appre	eciation Dance	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held	
Date 5/26/23	National Printing	LC		
Amount (\$) \$348.03 Retribursement from political contributions intended	Payee address; 1300 Trenton Printin	ng LLC McAllen	State; Zip Code  TX 78504	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this act  Advertising Expense  Check if travel outside of Texas. Complete Sch	Colonplast	Signs 48"x96"(10)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi		Event Expense Fees Food/Beverage Expense Gitt/Awards/Ademortats Expen Legal Services	Loan Rej Office Or Polling E Printing i	ptyment/Reimbursement verhead/Rental Expense Expense	Solicitation/Fundralet Transportation Equip Travel in District Travel Out Of District Other (enter a catego	ment & Related Expense
Credit Card Payment		The Instruction Guide e		•	The Cartes Ecologo	y Inc. iisted above)
1 Total pages Schedule G:		Josep	hGu	y Baker	3 Filer ID (Ethics	Commission Filers)
4/1/23		rcens		<u> </u>		
S Amount (\$) SHO, OH Reimbursement from political contributions intended		E.Main St.		Alice	State;	zip code 78332
8 PURPOSE OF EXPENDITURE		(See Categories listed at the top of Hising Exper		(b) Description	Poster B	oard
9		heck if travel outside of Texas, Comp	lete Schedule T.		TX, officeholder living ex	xpense
Complete ONLY if direct expenditure to benefit C/OH	Candid	ate / Officeholder name		Office sought		Office held
6/2/23	Payee nan Nati	onal Printing	, LLC			
Amount (\$) \$ 307,34 Reimbursement from political contributions intended	Payee add	renton, Ste	115	chy; McAller	State;	zip Code 78504
PURPOSE OF EXPENDITURE	I _ A _ N	tising Expens		Door Hand	gers /	
		heck if travel outside of Texas. Compl	lete Schedule T.		TX, officeholder living ex	pense
Complete ONLY if direct expenditure to benefit C/C		ite / Officeholder name		Office sought		Office held
6/8/23	Payee nan Natio	nal Printing	LLC			
Amount (\$) \$Q,514.65 Retribursement from political contributions intended	,	Trenton, St		McAllen	State;	Zip Code 78504
PURPOSE OF EXPENDITURE	Adver		nse	Colorplast S	J	x96"(101)
		heck if travel outside of Texas. Compi http://officeholder.name	ete Schedule T.		TX, officeholder living ex	
Complete ONLY if direct expenditure to benefit C/OH		- William Halid		Office sought	(	Office held
	ATTA	CH ADDITIONAL COPIE	8 OF THIS 80	CHEDULE AS NEEDE	D	

SCHEDULE G

Advertising Expense Accounting/Barnking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Pott	Pess Coffice Food/Beverage Expense Politing By Gift/Awards/Memorials Expense Printin	tepsyment/Reimbursement Overheed/Rental Expense J Expense g Expense	Bolicitation/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		
1 Total pages Schedule G:	2 FILER NAME JOSEPH Gu	y Baker	Filer ID (Ethics Commission Filers)
6/1/23	Juan Manriquez		5
6 Amount (\$) \$ 350 Reinfoursement from political contributions intended	7 Payee address;	City;	State; Zip Code
8 PURPOSE	(a) Category (See Categories listed at the top of this achedule)	(b) Description	1 (taxitus
OF EXPENDITURE	Advertising Expense	Knowledge of low	cations & to put up
	(C) Check if Iravel outside of Texas, Complete Schedule T.	Check If Austin, TX	C, officiaholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 4/22/23	National Printing		
Amount (\$)	Payee address;	City;	State; Zip Code
Reimburgement from political contributions intended	1300 Trenton, Stell5	McAllen	
PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description 5	m Stand (2) 10x0f50
EXPENDITURE	Advertising Expense	Colorplast Sig	MS 18 XX4 (101)
	Check If traval outside of Texas. Complete Schedule T.		, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
6/26/23	Dasis Restaurant		
Amount (\$)  5 48,55  Reimbursement from political contributions intended	Payee address; 303 S. Broadway St.	Premont	State; Zip Code TX 78375
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  FOOD/BUETAGE Schedule T.  Check if its avel outside of Texas. Complete Schedule T.	Description Sweets to give	away during Menty Gre
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	BCHEDULE AS NEEDED	

SCHEDULE G

		<b>EXPENDITURE CAT</b>	EGORIES I	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidata/Officeholder/Politi Credit Card Payment		Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services The Instruction Guide expli	Office Ove Polling Exp Printing Ex Salarise/A	фение /leges/Contract Labor	Solicitation/Fundralein Trensportation Equipm Travel in District Travel Out Of District Other (enter a categor	nent & Related Expense
1 Total pages Schedule G:	2 FILER NA		nuu	Br. KOT	3 Filer ID (Ethics	Commission Filers)
4 Date 04/29/23	5 Payee nan	onal Printin	y LL	C		1
6 Amount (\$) 501-7-7 Reimbursement from political contributions intended		Trenton, Ste		mcAlle	State;	78504
8 PURPOSE OF EXPENDITURE	Adver	(See Categories listed at the top of this HISING Expens	e	Business (		
9		Peck (firavel outlide of Texas, Complete to the Conficeholder name)			TX, officeholder living ex	
Complete ONLY If direct expenditure to benefit C/OH	Carrie	ate / Onicenoider name		Office sought	16 Daniel 10	Office held
07/01/2023	Talku		'as	(Robert R	Regino)	
Amount (\$)  Reimbursement from political contributions intended	S50	Commerce St,		City;	State;	<b>Zip Code</b> 7-8332
PURPOSE OF EXPENDITURE	adve	(See Categories listed at the top of this  15 ung Evoense Theck If travel outside of Taxon, Complete 8	2	Description  Audio/Vio	leo Medi	a
Complete ONLY if direct expenditure to benefit C/C		nte / Officeholder name		Office sought		Office held
07/14/2023		en's Wearhouse,	, Inc.			
Amount (\$) 443.39 Feinbursement from political contributions intended	Payee add 5425.	S Padre Island	Dr Ste	e 150 Corpus Cl	state;	<b>Zip Code</b> 78411
PURPOSE OF EXPENDITURE	Even	See Categories listed at the top of this  EXPENSE		Suit -		
	Name of Street	heck if travel outside of Texas. Complete 8			TX, officeholder living exp	ense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Cenalda	ite / Officeholder name		Office sought		Office held
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SCHEDULE G

i	EXPENDITURE CATE	GORIES FOR BOX 8(a)	
Advertising Expense Accounting/Saniding Consulting Expense Contributions/Donations Made Candidate/Officeholder/Pos Credit Card Payment	Event Expense Fees Food/Boverage Expense By Gitt/Awards/Memorish Expense Legal Services	Loan Repayment/Rehmbursement Office Overhead/Rental Expense Politing Expense Printing Expense Salaries/Wages/Contract Labor as 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)
1 Total pages Schedule G:		a	3 Filer ID (Ethics Commission Filers)
08/07/2023	The Men's Wearhouse	, Inc.	
Arnount (\$)  ST 172.74  Reintbursement from political contributions intended	5425 Shadre Island Dr. (a) Common and Dr. (b) Common and Dr. (c) Commo		State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this so Even Expense  (c) Check if travel categories for Days Converted State	Ties, Hanke	
9		indule T. Check If Austin, 1	7X, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
07/21/2023		C dba L7 Design	\S
Amount (\$)  Delta (\$)  Reinfoursement from political contributions intended	Payee address; 1725 EMainst Suite B	Alice	State: Zip Code TX 78332
PURPOSE	Catagory (See Catagories fisted at the top of this act	nedule) Description	
OF	Adjusticing Change	2 0/100	
EXPENDITURE	Advertising Expense	7-8NIV 73	
	Check If travel outside of Texas. Complete Sche	check if Austin, T.	K, officeholder Bring expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
07/21/2023	Mens Wearhouse, Inc	V	
Amount (\$) \$ 100,54 Retiribusement from political contributions intended	5425 S Padre Island D Ste 150	or Corpus Chri	State: Zip Code Sh TX 78411
F1177777	Category (See Categories listed at the top of this achie	edute) Description	
PURPOSE OF EXPENDITURE	Event Expense	tailer su	+
	Check if travel outside of Texas. Complete School	RIST. Chuck If Assetts To	, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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SCHEDULE G

		EXPENDITURE CAT	TEGORIES	FOR BOX 8(a)			
Advertising Expense Accounting/Bantidng Consulting Expense Contributions/Donations Made Candidate/Officeholder/Pos Credit Card Payment	Food/Beverage Expense Folling Gill/Awards/Memorials Expense Printin		Loan Re Office O Polling E Printing I Salaries	payment/Reitriburaement werhaad/Rental Expense Expense Expense Wages/Contract Lebor	Transportation Equip Travel in District Travel Out Of Distric		
1 Total pages Schedule G:		Joseph	Gili	Bakor	3 Filer ID (Ethica	s Commission Filers)	
07/19/2023	The second secon	ing Lace	,	)			
Refiniturement from political contributions intended	7 Payee add 324	E Nain St		City: Alice	State;	<b>Zip Code</b> 78332	
8 PURPOSE OF EXPENDITURE	(a) Catagory (	Expense	is echedule)	(b) Description			
-		eck if travel outside of Texas. Complete	Schedule T,	Check If Austin,	TX, officeholder living a	XDense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candida	te / Officeholder name		Office sought	- V	Office held	
Data 07/21/2023	Payee name						
Amount (\$)  \$ 138,56  Reimbursement from potitical contributions intended		s Padre Island R		Corpus Chri	State;	Zip Code 7841	
PURPOSE OF EXPENDITURE	Event	ee Categories listed at the top of this Expense		Purse dute	-h		
		ock If travel outside of Texas. Complete S	Schedule T,	Check if Austin, 1	TX, officeholder living ex	pense	
Complete ONLY if direct expenditure to benefit C/O		/ Officeholder name		Office sought	S - 2422 - 2425 - 24	Office held	
07/25/2023	Payee name Tractor	Supply Co					
Amount (\$)  \$\frac{1}{4},85\$  Retribusement from political contributions intended	Payee addre	E HW HH		Alice,	State;	<b>Zip Code</b> 48332	
PURPOSE OF EXPENDITURE	Adver	re Catagories listed at the top of this	ie	Description Posts			
Complete ONLY if direct expenditure to benefit C/OH		ck Fizzvel outside of Tazas, Complete S • / Officeholder name		Check if Austin, T.	X, officeholder living exp	Office held	
	ATTAC	ADDITIONAL COPIES O	OF THIS SC	HEDULE AS NEEDEI	<u> </u>		

SCHEDULE G

	EXPENDITURE CATE	GORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Constitutions/Donations Mad Candidate/Officeholdsr/Poli Credit Card Payment	Event Expense Fees Food/Beverage Expense GBY SIGNAMARIAMemotists Expense Legal Services The Instruction Guide explain	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Mages/Contract Labor is how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not fisted above)
1 Total pages Schedule G 4 Date	5 Payee name	y Baker	3 Filer ID (Ethics Commission Filers)
08/07/23 6 Amount (\$)	HEB		A
S 68, 60 Reintbursement from political contributions intended	7 Payee address; 1115 & Main St	Alice	State; Zip Code  TX 78332
PURPOSE OF	(a) Category (See Categories listed at the top of this ect		
EXPENDITURE	(c) Check if travel outside of Texas. Complete Scho		ouston—TC training
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	TX, officeholder living expense Office held
Date D8/03/2023	Payee name HEB		
Amount (\$)  ### ### ### ### ####################	Payoe address; 1115 E Main St	Alice	State; Zip Code TX 78332
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this ach  Travel Ex-Out of Distri  Check If travel cutside of Texas. Complete Schee	ct Gas - Ho	ouston—TLC training opense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Date 08/06/2023	Holiday Inn Express		
Amount (\$) \$   27,53  Retinhursement from political contributions intended	Payor address; 2351 W Loof South	Houston	State; Zip Code TX 77027
PURPOSE	Category (See Categories listed at the top of this sche		
OF EXPENDITURE	Travel Out of Distric Check if travel outside of Roses. Complete School	t Koom - F	touston-TLC training
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	X, officeholder living expense Office held
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	EXPEN	DITURE CATEGORIES	FOR BOX 8(a)	1	
Advertising Expense Accounting/Bartiding Consulting Expense Constitutions/Donations Med Candidate/Officeholder/Pol Credit Card Payment	lical Committee Legal Services	Expense Polling E mortats Expense Printing	Expense Wages/Contract <u>Labor</u>	Solicitation/Pundrais Transportation Equip Travel in District Travel Out Of Distric Other (enter a catago	ment & Related Expense
1 Total pages Schedule G	Jos	seph Gru	Baker	3 Filer ID (Ethics	Commission Filers)
08/04/2023		nting LLC	)		
Amount (\$)  \$ 5/9, 60  Reinbursement from political contributions intended	7 Payee address; 1300 Trenton		McAllen	State;	<b>Zip Code</b> 78504
PURPOSE OF EXPENDITURE	(a) Category (See Categories Hat  Advertising  (c) Check Stravel custom	EXPENSE of Texas, Complete Schedule T.	4X4 Coler	1-001	ns (30)
9	Candidate / Officehold		Office sought	TX, officeholder living ex	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					Office held
Dets 08/06/203	Payee name Sutherlands	humber Co	0 1907		
Amount (\$)  B 19.37  Reinflutement from political contributions intended	Payee address; 1250 Housto	on	Alice	State;	<b>Zip Code</b> 7-8332
PURPOSE OF EXPENDITURE	Adversit Adv	ed at the top of this acheduse)  ECTISING EXPENS  Fraction. Complete Scheduse T.	Description  E Ziptie		
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholde		Office sought	X, officeholder thring ex	Office held
8/15/23	Peysoname Murphy USA	7826			
Amount (\$)  55.29  Reimbursement from political contributions triended	2911 E. Main	St A	lice city.	State;	78332
PURPOSE OF EXPENDITURE	Category (See Categories Rates Transportation Eq	d at the top of this achedule)  When E Related  Texas. Complete Schedule T.	Description  Check If Austin, 77	Gas K, attracholder living exp	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholde	r name (	Office sought		office held
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SCHEDULE G

		EXPENDITURE	ATEGORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting/Banking Consulting/Expense Contributions/Donations Mar Cendidate/Officeholder/Po Credi Card Payment	de By Blical Committee	Event Expense Fees Foct/Beverage Expense Git/Awards/Memorials Exper Legal Services	Office O Polling & Printing Salaries	Digense Wages/Contract Labor	Solicitation/Fundrals Transportation Equip Travel in Distric Travel Out Of Distric Other (enter a catago	ment & Related Expense
		The Instruction Guide	explains how to	complete this form.		
1 Total pages Schedule 6	2 FILER N	Joseph (	Suy F	Baker	3 Filer ID (Ethlos	Commission Filers)
8/14/23 6 Amount (5)	S Payee na	cAllen Sam	s Club			
S Amount (\$) \$ 42.02 Reimbursement from political contributions intended	7 Payee ad 7401	dress; N 10th St		on; McAllen	State;	<b>Zip Code</b> <b>48504</b>
8 PURPOSE	(a) Category	(See Categories listed at the top o	f this echedule)	(b) Description		
OF EXPENDITURE	Travella	cuipment à Related	Expense	Gas		
		Check If travel outside of Texas, Comp	late Schedula T.	Check if Austin	. TX, officeholder living ex	coense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ats / Officeholder name		Office sought		Office held
8/18/23	Payee nan Alice (	00223) H	1-E-B			
Amount (\$)  \$\frac{\mathcal{H}}{\mathcal{H}}000  Reinformation political contributions intended		lress; E. Main St		City; Alice	State:	<b>Zip Code</b> 78333
PURPOSE OF EXPENDITURE	Travel Eq	(See Categories listed at the top of <u>upmental Related</u> ( hock if travel outside of Texas, Comple	Expense	Description Gas		
Ormelate danse in a		te / Officeholder name			TX, officeholder Eving ex	pense
Complete ONLY if direct expanditure to benefit C/				Office sought		Office held
8/21/23	Payes nam Suther	tand Lumber	Co. 190	07		
Amount (\$)  \$ 77.40  Retinbursement from political contributions intended	Payee add:			City: Alice	State;	<b>Zip Code</b> 7-8332
PURPOSE	Category (	See Categories listed at the top of t	his schedule)	Description		
OF EXPENDITURE	Adverti			Zipties	\$* 	
		eck if irawii outside of Rivas. Complet	a Schedule T.	Check if Austin, 1	X, officeholder living exp	ense
Complete ONLY if direct expenditure to benefit C/OH	Candida	be / Officeholder name	C	Office sought		office held
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SCHEDULE G

		EVERTINE -				
		EXPENDITURE C	ATEGORIES	FOR BOX 8(a)		Mid-C-W- T
Advertising Expense Accounting/Banking Accounting/Banking Constitutions/Donations Man Candidata/Officeholder/Po Cradit Card Payment	de By Mical Committee	Event Expense Fees Food/Beverage Expense Giff/Awards/Memorials Expen Legal Services The Instruction Code	Office On Polling E Printing E Selarien/	Dipense Winges/Contract Labor		ment & Related Expense
	1	The Instruction Guide e	xplains how to	complete this form.		
1 Total pages Schedule G		Joseph (	Guy 1	Baker	3 Filer ID (Ethics	Commission Filers)
8/2/23	5 Payee nar	3 Athletic B	ooster C	lub		
6 Amount (\$)  SIOO  Reimburgement from political contributions intended		Badger Lane	- 1-1000 - 100	City: Alice	State;	<b>Zip Code</b> 구833고
8 PURPOSE OF EXPENDITURE	Advert	(See Catagories listed at the top of 15ing Expense	(this schedule)	(b) Description Ad in Fa	Ill Program	
	(c)	heck if travel outside of Taxas, Compt	eta Schedule T.	Check If Aus	tin, TX, officeholder living ex	TOTAL .
Complete ONLY if direct expenditure to benefit C/OH		ste / Officeholder name		Office sought		Office held
8/24/23		my USA 7	824			
Amount (\$)  \$ 71,15  Reinfoursement from political contributions intended	2911	E Main St		Alice	State;	Zip Code 78332
PURPOSE OF EXPENDITURE	Transpo	See Categories listed at the top of Hotion Eulome hock if travel outside of Toose, Comple	nt ERela		in, TX, officeholder living eq	Fuel
Complete ONIY if direct expenditure to benefit C/		te / Officeholder name		Office sought		Office held
8/30/23	Payee nam		824			
Amount (\$) \$93.04 Reimbursemention political contributions intended	2911	e Main St		Alice	State;	Zip Code 78332
PURPOSE OF EXPENDITURE	Transpor	Bee Categories listed at the top of the top	Related Ex	Description  Check if Australia	Fuel  TX officeholder living sop	
Complete ONLY if direct expenditure to benefit C/OH		e / Officeholder name		Office sought		ffice held
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SCHEDULE G

		EXPENDITURE CA	TEGORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Max Candidata/Officeholder/Po Credit Card Payment	<b>le By</b> Olical Committee	Event Expense Fees Food/Severage Expense Gitt/Awards/Atemoriats Expense Legal Services The Instruction Guide exp	Loan Re Office O Polling E Printing Selaries	psyment/Reinbussement verhead/Rental Expense Expense Expense Mages/Contract Lebor	Solicitation/Fundral Transportation Equi Travel in District Travel Out Of Distri Other (enter a categ	pment & Related Expense
1 Total pages Schedule G			hiering (total fo	complete this form.		
19		Joseph Gu	y Ba	ker	3 Filer ID (Ethic	s Commission Filers)
8/30/23 8 Amount (\$)	5 Payee nan	tor Supply C	0	<u> </u>		-
\$ 24,50 Reimbursement from political contributions intended	7 Payee add 3736	East Hwy 44		Alice	State;	Zip Code 78332
8 PURPOSE	(a) Category	(See Categories listed at the top of the	his schedule)	(b) Description		
OF EXPENDITURE	A 1	tising Expense	e	TPOSTS		
		hack if travel outside of Texas, Complete	e Schartsta T			
9		ite / Officeholder name		Office sought	TX, officeholder thring of	
Complete ONLY if direct expenditure to benefit C/OH				Olios sought		Office held
8/30/23	Payee nam	herlands l	Lunk	per-Co. 1	907	/
Amount (\$)  \$ 61.65  Reinbursement from political contributions intended	Payee add	Houston		Alice	State;	Ztp Code 78332
PURPOSE	Category (	See Categories listed at the top of th	is schedule)	Description		
OF EXPENDITURE		tising Expens	se	Zipties		
		eck if travel outside of Texas. Complete	Schadule T.	Check If Austin,	TX, officeholder living e	срепае
Complete ONLY if direct expanditure to benefit Co		te / Officeholder name	59	Office sought		Office held
9/12/23	Payee name McCo	y's #lele				
Amount (\$) \$35.16 Retinbursement from political contributions intended	Hwy 4			Alice	State;	Zip Code 78332
PURPOSE OF EXPENDITURE	Adver	tee Categories listed at the top of this FISING EXPENDICK If Income Complete in	nse	Wood for	political IX, official ex	Float
Complete ONLY if direct expenditure to benefit C/OH		e / Officeholder name		Office sought		Office held
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SCHEDULE G

		EXPENDITUR	E CATEGORIES	FOR BOX 8(a)	Astr C.	
Advertising Expense Accounting/Banting Consulting Expense Contributions/Donations Made Cendidate/Officeholder/Polit Credit Card Payment		Event Expense Fees Food/Beverage Expense GRI/Awards/Memorials Ex Legal Services The Instruction Guid	Office Of Polling E pense Printing Salaries	Expense Wages/Contract Labor	Travel in District Travel Out Of Dist	ipment & Related Expense
A Tatalana Cal al C				complete this form.		
1 Total pages Schedule G:	2 FILER NA	To sept	h Guy	Baker	3 Filer ID (Ethi	cs Commission Filers)
4 Date 9/12/23	5 Payee nan	Food-Dr	rugs 40	)		
S 98,24 Remoursement from political contributions intended	7 Payee add 409	E Kleber	9	Kingsville	e TX	
8 PURPOSE OF EXPENDITURE	Even	t Expense	2	(b) Description Canay		
		heck if travel outside of Texas. C		Check If Austin,	TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candida	ite / Officeholder nam		Office sought		Office held
9/13/23	Sud	herlands	humber	r Co. 1907	1_	
Amount (\$) \$9,73 Reimburaement from potitical contributions intended	1250	Houston		Alice	State;	Zip Code 78332
PURPOSE OF EXPENDITURE	Adver	(See Categories Stated at the I	pense	Description	5	
Complete ONLY if direct expenditure to benefit C/	Candida	te / Officeholder nam		Office sought	TX, officeholder living	Office held
9/21/23	Payee nam	s Process	ing Cent	er		
Amount (\$) \$ 307, \(\sigma\) Retmbursement from political contributions intended	Payee add	3. Stadium	Rd	Africe	State;	Zip Code 78332
PURPOSE OF EXPENDITURE	Ever	CFFO	se		ge link	
		heck if travel outside of Texas. C			TX, officeholder living	
Complete ONLY if direct expenditure to benefit C/OH	Canada	te / Officeholder nam		Office sought		Office held
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SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment		Event Expense Fees Food/Severage Expense Glft/Awards/Memorials Exp Legal Services The Instruction Guid	Office C Polling ( Printing Salaries	payment/Reimbursement vortheat/Rental Expense Expense Expense /// Regea/Contract Labor complete this form.	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a catag	ment & Related Expense
1 Total pages Schedule G:	2 FILER NA	Joseph	Guy	Baker	3 Filer ID (Ethic	3 Commission Filers)
9/21/23	5 Payee nam					
Amount (\$)  \$57.07  Reimbursement from political contributions intended	7 Payee add	tress; EMain St	-	Alice	State;	Zip Code 78332
8 PURPOSE	(a) Category	(See Categories listed at the to	op of this schedule)	(b) Description		
OF EXPENDITURE	Eve	nt Expens	ie	Tortil	las	
	(c) (	Check if travel outside of Texas, Co	omplete Schedule T.	Check If Austli	n, TX, officeholder living of	expense
9 Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name	9	Office sought		Office held
Date 7/21/23	Payee nan	1 Hawkins	(361 Ven	ding & Party	Rentals)	
Amount (\$)  Reimbursement from potitical contributions intended	l ayou do	ucille		Alice	State;	zip Code 78332
PURPOSE OF EXPENDITURE	Ever	(See Categories listed at the to A Expense Check if travel qualities of Texas. Co.		Description	ystitood	
		ate / Officeholder name			n, TX, officeholder living a	
Complete ONLY if direct expenditure to benefit C/		ate / Officeroods Flaire		Office sought		Office held
9/14/23	Payee nam	my USA 7	824			
Amount (\$)  \$ 95.30  Retrobursement from political contributions intended	2911 E.1	MainSt.		Alice	State;	zip Code 78332
PURPOSE OF EXPENDITURE	Transpor	(See Categories listed at the to tathon Equipm of the Cupins of the control of th	ent L	Description  Fuel  Check if Austin	ı, TX, officeholder ilving e	xpense
Complete ONLY if direct expenditure to benefit C/OH	Candida	ate / Officeholder name		Office sought		Office held
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### SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Benking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Of Polling E Printing I Salaries	Expense Wages/Contract Labor	Solicitation/Fundraisi Transportation Equip Travel in District Travel Out of District Other (enter a catego	ment & Related Expense
	•				<u> </u>	
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9/22/23	5 Payee nar	nart Surerce	u nter	- TA		
S Amount (\$)  Reimbursement from political contributions intended	7 Payee add	tress; 1 E. Main St.	•	Alice	State;	zip code 78332
8 PURPOSE OF EXPENDITURE	(a) Category	(See Catagories listed at the top of this so 14 Expense	chedule)	(b) Description	92	
	(c)	Check if travel outside of Texas, Complete Sci	hedule T.	Check if Austin.	TX, officeholder living of	moense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
Date 9/23/23	Payee nar	ne er Star				
Amount (\$) \$\$.45.00	Payee add			City;	State;	Zip Code
Reimbursement from political contributions intended	909	S. Cameron		Hice	TX	78332
	Category	(See Categories listed at the top of this s	chedule)	Description		
PURPOSE	Transpo	rtation Equipmen	4	01		
OF EXPENDITURE	1 R R	lated Expense		fuel		
EXI ENDITORE		Check If travel outside of Texas. Complete Sc	hadula T	Check if Azestin	Alice TX 78  escription  uel  Check if Austin, TX, officeholder living expense	avnenee.
<u> </u>				<del></del>	, in, onicalated analy (	
Complete <u>ONLY</u> if direct expenditure to benefit C/G		ate / Officeholder name		Office sought		Office held
Date	Payee nan	ne A				
9/30/23		the Chr	istir	ia Araizo	L	ŧ
Amount (\$)	Payee add	iress;		City;	State;	Zip Code
Reimbursement from political contributions intended	944	CR 461		Alice	TX	7-83:32
	Category	(See Categories listed at the top of this se	chedule)	Description		
PURPOSE OF EXPENDITURE	Event Expense Food & Pa			aper items		
		Check If travel outside of Texas. Complete Sci	hedule T.	Check If Austin,	TX, officeholder living e	expense
Complete ONLY If direct	Candid	ate / Officeholder name		Office sought		Office held
Complete ONLY if direct expenditure to benefit C/OH						
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

### SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consutting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment	Fees Food/Beverage Expense By Gift/Awards/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor 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)				
1 Total pages Schedule G:	2 FILER NAME Joseph Gyw	4 Baker	3 Filer ID (Ethics Commission Filers)				
4 Date \0/08/23	5 Payee name GONZalo Rodria	uez, Jr.					
Relimbursement from political contributions intended	7 Payee address; 412 CoRd 467	city; Alice	State; Zip Code  TX 78332				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories fisted at the top of this sche Event Expense	edule) (b) Description	a trailride				
	(C) Check if travel outside of Texas. Complete Sched	dule T. Check if Austin,	, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held				
Date 10/9/23	Payee name H-E-B FOOLEDI	rugs 223					
Amount (\$)  For Hoursement from political contributions intended	Payee address; 1115 E. Main St.	Alice	State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sche EVENT EXPENSE	Description  Candy	ži bags				
	Check if travel outside of Texas, Complete Sched		, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name  OH	Office sought	Office held				
Date 10/11/23	Rolando Garci	ia					
Amount (\$)	Payee address; 585 Salazar S	St. Alice	State; Zip Code  TX 78332				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sche  EVEN + Expens e  Check if travel outside of Texas. Complete Sched	Popco	TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

### SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Comm Credit Card Payment		Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gitt/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.		Solicitation/Fundralsing Expense Transportation Equipment & Retated Expense Travel in District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule G:	2 FILER NA	Joseph	Grun	Baker	3 Filer ID (Ethics C	Commission Filers)
4 Date 10/10/23	5 Payee na	ve's Home	e Center	3, LLC		
6 Amount (\$)  5 7. U5  Reimbursement from political contributions intended	7 Payee ad	dress; O General	Carazo	os Blud King	state;	zip code 78363 78332
8 PURPOSE OF EXPENDITURE	Eve	(See Categories listed at the to NEXPENSE Check if travel outside of Texas. Co	2	tastene	TX, officeholder living exp	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candio	date / Officeholder name		Office sought	C	Office held
Date 10/11/23	Payee nai	me 2 (00223	) H-8	E-B		
Amount (\$)  \$58.00  Reimbursement from political contributions intended	Payee ad	E. Main S	+,	alice	State;	zip code 78332
PURPOSE OF EXPENDITURE	Transf	(See Categories listed at the to SOV tation Equip ated expenses Check if travel outside of Texass. Co	ment	Description Fuel Check if Austin	. TX, officeholder living exp	ense
Complete ONLY if direct expenditure to benefit C/O		late / Officeholder name		Office sought		Office held
Date 10/13/23	Payee nai	me mart				
Amount (\$)  \$   7, 75  Reimbursement from political contributions intended	Payee ad	,	al Cava	city; izos Blvd	state; , Kingsvill	zip code e,TX 78343
PURPOSE OF EXPENDITURE	Category PMn	(See Categories listed at the to HING EXPEN Check If travel outside of Texas. Co	ise	Description    N   Court    Check if Austin,	H dges	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candio	fate / Officeholder name		Office sought	C	office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

### SCHEDULE G

The state of the s							
	EXPENDITURE CATEGO	ORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	Fees Food/Beverage Expense  By Glft/Awards/Memortals Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Potling Expense Printing Expense Salaries/Mages/Contract Labor 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)				
1 Total pages Schedule G:	2 FILER NAME JOSEPH GILL	y Baker	3 Filer ID (Ethics Commission Filers)				
4 Date 10/17/23	5 Payee name Walmart						
6 Amount (\$) 5 249.72 Reimbursement from political contributions intended	7 Payee address; 2701 & Moun St	Alice	State; Zip Code TX 78332				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sche EVENY EXPENS &  (c) Check if travel outside of Texas. Complete Sched	candy	s, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held				
Date 10/22/23	Payee name Chris	stina Araiz	ea				
Amount (\$)  500  Reimbursement from political contributions intended	Payee address;  944 CR 461	Alice	state; zip Code				
PURPOSE OF EXPENDITURE	Category (see Categories listed at the top of this sche  EVENY EXPENSE  Check if travel outside of Texas. Complete Scheo	food &	Supplies				
Complete ONLY if direct expenditure to benefit C/G	Candidate / Officeholder name	Office sought	Office held				
Date 10/29/23	Dasis Restaurar	vt					
Amount (\$) \$352.9\ Dillipsical political contributions intended	Payee address; 303 S Broadway (	St Premor	State; Zip Code  14 TX 78375				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sche  EVENT EX DENSE  Check if travel outside of Texas. Complete Sched	Sponsor	- Hable & Consumak , TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held				
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEED	ED				

### SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Event Expense Loan F Fees Office Food/Beverage Expense Politing Gift/Awards/Memorials Expense Printin		beyment/Reimbursement verhead/Rental Expense expense Expense Wages/Contract Labor complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule G:	2 FILER I	Joseph (	Juy 1	3aker	3 Filer ID (Ethics	Commission Filers)	
4 Date 10/24/23	5 Payeer	sh Hawkins	, (361 V	lending & Pa	uty Rent	als)	
6 Amount (\$) \$ 1,200,00	7 Payee a	address;		City;	State;	Zip Code	
Reimbursement from political contributions intended	1119	1 Lucille		Alice	TX	7-8332	
8	(a) Catego	(See Categories tisted at the top of ti	nis schedule)	(b) Description		( )	
PURPOSE OF EXPENDITURE	Event Expense			giveaways & consumables			
	(c)	Check if travel outside of Texas. Complet	a Schedule T.	Check if Austin	, TX, officeholder living e	expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Cano	didate / Officeholder name	_	Office sought		Office held	
Date 12/20/23	Payee n		ce (0	0223)			
Amount (\$)	Payee a	address;	1	City;	State;	Zip Code	
Reimbursement from political contributions intended	1115	E Main St		Alice	TX	78332	
PURPOSE OF EXPENDITURE	Trans	ory (see Categories listed at the top of the portation Equipment atted Expense		Description Fuel			
		Check if travel outside of Texas. Complet	a Schedule T	Check if Austin	ustin, TX, officeholder living expense Office held	expense	
Complete ONLY if direct expenditure to benefit C/G		didate / Officeholder name		Office sought		Office held	
Date	Payee n	ame					
Amount (\$)	Payee a	address;		City;	State;	Zip Code	
Reimbursement from political contributions intended		**			20	•	
PURPOSE OF EXPENDITURE	Catego	ry (See Categories listed at the top of the	vis schedule)	Description			
		Check if travel outside of Texas. Complete	a Schedule T.	Check If Austin,	TX, officeholder living e	xpense	
Complete ONLY if direct expenditure to benefit C/OH	Cano	lidate / Officeholder name		Office sought		Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							