CAMPAIG	FORM C/OH COVER SHEET PG 1				
The C/OH Instruction G	ilde explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/ FIRST JOSE NO	GILL	OFFICE USE ONLY		
NAME	NICKNAME BAKET	SUFFIX	Date Record O'CLOCK PM		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX, APT / SUITE #:  149 CR 449	city: state; zip code Hice TX 78332	JUL 1 2 2024		
Change of Address	99.55.78		, Deputy		
5 CANDIDATE/ OFFICEHOLDER PHONE	956) 990. 1449	EXTENSION	Date Hand-delivered or Date Postmarked		
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST	MI	Receipt # Amount \$		
NAME	NICKNAME LAST	Jy Diane suffix	Date Processed		
	Baker		Dale Imaged		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT	I SUITE #: CITY:	STATE: ZIP CODE  TX 78332		
(Residence or Business)					
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (954) 647, 7349	EXTENSION			
9 REPORT TYPE	January 15 30th day before	re election Runoff	15th day after campaign treasurer appointment (Officeholder Only)		
	July 15 8th day before	election Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)		
10 PERIOD	Month Day Year	Month	Day Year		
COVERED	01/01/2024	THROUGH 06	130 /2024		
11 ELECTION	ELECTION DATE	ELECTION TYPE			
	Month Day Year ☐ Films 11 / 05 / 2034 ☐ Gene	Description			
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (IT KNOWN Sheriff for Ti	mwells County, TX		
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTION THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITU CONSENT. CANDIDATES AND OFFICEHOLDERS ARE RE	INS ACCEPTED OR POLITICAL EXPENDITURES IN	ADE BY POLITICAL COMMITTEES TO SUPPORT		
COMMITTEE(S)	COMMITTEE TYPE   COMMITTEE NAME				
Additional Pages	GENERAL COMMITTEE ADDRESS				
	SPECIFIC COMMITTEE CAMPAIGN T	REASURER NAME			
	COMMITTEE CAMPAIGN	TREASURER ADDRESS			
GO TO PAGE 2					

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

15 C/OH NAME	Joseph Gru Praker 16	Filer 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)	\$ 9,386.64					
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	s Ø					
	4. TOTAL POLITICAL EXPENDITURES	\$ 7,938.37					
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D     OF REPORTING PERIOD	s 181.95					
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH LAST DAY OF THE REPORTING PERIOD	\$					
	wear, or affirm, under penalty of perjury, that the accompanying report is true an julred to be reported by me under Title 15, Election Code.	d correct and includes all information					
Signature of Candidate or Officeholder							
Please complete either option below:							
(1) Affidavit							
NOTARY STAMP/SEA	L						
Sworn to and subscribed	before me by this the	day of,					
20, to certify	which, witness my hand and seal of office.						
Signature of officer administe	ring oath Printed name of officer administering oath	Title of officer administering oath					
	OR						
(2) Unsworn Declaration	4 - 1, 0	_					
My name is 505e My address is 149	ph Guy Baker, and my date of birth is (	02/01/1975 18332 Jim Wells					
Executed in Jim We	(street) (city) (state						
	Signature of Candidate/	Officeholder (Declarant)					

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

### FORM C/OH COVER SHEET PG 3

19	9 FILER NAME 20 Filer ID (Ethics Com					
	Joseph Guy Baker					
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT			
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$7,484.50			
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 1,902.14			
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$			
4.	SCHEDULE E: LOANS		\$			
5,	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	s 7,544.50			
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$			
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$			
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$			
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUI	NDS	: 393.87			
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$			
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$			
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	TIONS RETURNED	\$			

#### **MONETARY POLITICAL CONTRIBUTIONS**

#### SCHEDULE A1

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

the requestion in the applicable, see that into age in the report,							
The	nstruction Guide explains how to complete this	1 Total pages Schedule A1:					
2 FILER NAME	oseph Guy Baker	3 Filer ID (Ethics Commission Filers)					
10/21/24	5 Full name of contributor Out-of-state PAC  #Project Red TX 6 Contributor address: City: 1108 Lavaca St#110-1010 Austin  pation / Job title (See Instructions)	7 Amount of contribution (\$) \$1,250					
Date 6/21/24	Full name of contributor   Devt-of-state PAC  # Project Red TX  Contributor address; City: 1108 Lavaca  St#110-610 Austin	State; Zip Code	Amount of contribution (\$) \$5,484.50				
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)				
Date 03/20/24	Full name of contributor out-of-state PAGE  Contributor address; City;  395 CR449 Alice	State; Zip Code TX 78332	Amount of contribution (\$)				
Principal occup	pation / Job title (See Instructions) Netired	Employer (See Instruc	ctions)				
Date	Full name of contributor out-of-state PA Contributor address; City;	C (ID#:) State; Zip Code	Amount of contribution (\$)				
Principal occuj	 pation / Job title (See Instructions)	Employer (See Instru	ctions)				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

## NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

#### SCHEDULE A2

2 FILER NAME  3 Files  4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS  5 Date 6 Full name of contributor   out-of-state PAC (ID#:	pages Schedule A2:  ID (Ethics Commission Filers)  Dunt of 9 In-kind contribution tribution \$   description  Face painting E   halloon animal
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS \$  5 Date	ount of   g In-kind contribution tribution \$   description
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS \$  5 Date 6 Full name of contributor out-of-state PAC (IDE:	tribution \$   description
Tontributor address: City: State: Zip Code 944 CR 44 Alice TX 78332 Che 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) 11 Employer (FOR Self Self Self Self Self Self Self Self	tribution \$   description
Date Full name of contributor out-of-state PAC (ID#: Am Cord PAC (ID#: State; Zip Code P.O.BOX 28 Sandia TX 78393 Check Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Employer (FOR Contributor's principal occupation (FOR JUDICIAL)  Contributor's employer/law firm (FOR JUDICIAL)  Contributor's employer/law firm (FOR JUDICIAL)  Law firm of contributor's label PAC (ID#: Am Cord PAC (I	k if travel outside of Texas. Complete Schedule T. NON-JUDICIAL)(See Instructions)  EMPLOYEE KB  Little (FOR JUDICIAL) (See Instructions)  ibutor's spouse (if any) (FOR JUDICIAL)
Contributor address: City: State: Zip Code P.O.BOX 28 Sandia TX 78383 Chee Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Employer (FOR Contributor's principal occupation (FOR JUDICIAL)  Contributor's employer/law firm (FOR JUDICIAL)  Law firm of contributor's	
Contributor's principal occupation (FOR JUDICIAL)  Contributor's principal occupation (FOR JUDICIAL)  Contributor's employer/law firm (FOR JUDICIAL)  Law firm of contributor's principal occupation (FOR JUDICIAL)	In-kind contribution description BASE BASE To skill travel outside of Texas. Complete Schedule T.
Contributor's employer/law firm (FOR JUDICIAL)  Law firm of contributor's employer/law firm of contributor's employer/law firm (FOR JUDICIAL)	ION-JUDICIAL)(See Instructions)
Law mint di Conti	itle (FOR JUDICIAL) (See Instructions)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	butor's spouse (if any) (FOR JUDICIAL)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

#### SCHEDULE A2

ii trie requested information is not applicable, DO NOT inclu	de this page in the report.
The Instruction Guide explains how to complete this fo	Tm. 1 Total pages Schedule A2.
2 FILER NAME Joseph Guy Baker	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTR	IBUTIONS \$
5 Date  6 Full name of contributor out-of-state PAC (ID#:	8 Amount of Straighton Contribution \$   9 In-kind contribution description   9 In-kind contribution   102   14   102   104   104   105   1
10 Principal occupation / Job title (FPR 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)	
Date  Full name of contributor   out-of-state PAC (10#:  H/27/24 JOSH HAWKINS (36) Vending &  Contributor address; City; State;  1119 Lucille Alice TX	Amount of Contribution \$ In-kind contribution description  Rentals   6 ,000   Party Rentals,  Zip Code   WORKERS & giveaux  78332   Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)  Wher of Gel Vending & Party Rentals	self employeed
Contributor's principal occupation (POR 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

EXPENDITURE CATEGORIES FOR BOX 8(a)									
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics Credit Card Payment		Event Expense Loan Repayment/Reimbursement Foos Office Overhead/Rental Expense Food/Boverage Expense Gitt/Awards/Memorials Expense Legal Services Sataries/Wages/Contract Labor  The Instruction Guide explains how to complete this form.		Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)					
1 Total pages_Schedule F1:	2 EU CO N	2 FILER NAME 3 Filer ID (Ethics Commission Filers)							
2 Total physics Schedule 11.	Z FILER N	TOSODA C	De Car	vakar	3 Frier in (ellil	CS Commission Filers)			
4 Date 3/22/24	5 Payeens	ome PV	(000)						
6 Amount (\$)	7 Payee a	ddress;		City	State;	Zip Code			
\$600	278	DN Hwy 28		Alice	TX	78332			
8	(a) Catego	ry (See Calegories listed at the top	of this schedule)	(b) Description					
PURPOSE OF EXPENDITURE	Adı	rertising Ex	pense	Radio	ads				
	(c)	Check if travel outside of Texas, Con	nplete Schedulo T.	Check if Austi	n, TX, officeholder livir	ng expense			
Complete ONLY if direct expenditure to benefit C/Or		date / Officeholder name		Office sought		Office held			
Date	Payee na	ame							
4/30/24	Well	s Fargo Ba	nk						
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code			
\$602	1128	E. Main S7	_	Alice	TX	78332			
	Categor	y (See Categories listed at the top	of this schodule)	Description		0 +			
PURPOSE OF EXPENDITURE	Fees			monthly	Service	fees Jan- June			
~	: -	Check if travel outside of Texas, Con	nplete Schedule T.	Check if Austi	n, TX, officeholder livi	ng expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/O		date / Officeholder name		Office sought		Office held			
Date	Payee n	ame							
5/25/24	Cho	ulie Gar	Za						
Amount (\$)	Payee a	ı		City;	State,	Zip Code			
\$150	109	.2 Webb St	F	Alice	TX	78332			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries Wages Contract Labor		Mow a weed eat around political Signs						
		Check if travel outside of Taxas, Con	npiele Schedule T	Check if Austi	\ n, TX, officeholder livir	ng expense			
Complete ONLY if direct expenditure to benefit C/OI		date / Officeholder name		Office sought		Office held			
	AT	TACH ADDITIONAL CO	DICC OF THE	POLICOLN C AC VICE	TOCO				

### POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)								
Advertising Expense Accounting/Banking Consulting Expenso Contributions/Donations Made B Cardidans/Officeholder/Politics Cred Card Payment				pense	Travel In District Travel Out Of Dis	uipment & Related Expens	•	
Crown Carrie ayrider		The Instruction	Gulde explain	s how to c	omplete this form.			
1 Total pages Schedule F1:	2 FILER N	oseph G	3my (	Bak	er	3 Filer ID (Eth	nics Commission Filers)	
4 Date (e/21/24	Payee na	ect Red	LTX					
6 Amount (\$)	7 Payee ac	dress,			City;	State;	Zip Code	
\$1,250	1108	Levaca 5+ 110-6	10		Austin	TX	78701	
8	(a) Categor	y (See Categories listed	at the top of this	schodulo)	(b) Description			
PURPOSE OF EXPENDITURE	Adv	ertisin	g Exp	ense	Printed	Vaterial	s-Graphic	25
	(c)	Check if travel outside of T	exas, Complete S	chedule T	Check if Aust	lin, TX, officeholder liv	ing expense	
9 Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholder n	ame		Office sought		Office held	
6/21/24 =	Payeons	ectRed T	TX					
Amount (\$)	Payee a	*			City;	State;	Zip Code	_
\$5,484.50	1108	Levaca -110-1010		>	Austin	TX	78701	
PURPOSE OF EXPENDITURE	Category	(See Categories Hated a	at the top of this s	chedule)	Description Printed A	Naterials	-Sians	
		Check il travel outside of T	exas. Complete Sc	chedule T.	Check if Aust	in, TX, officeholder fiv	ing expense	
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder n	ame		Office sought		Office held	
Date	Payee na	ome						
Amount (\$)	Payee ac	dress;			City;	State.	The Code	
					Oity,	State,	Zip Code	
PURPOSE OF EXPENDITURE	Category	(See Calegories listed a	t the top of this so	:hedule)	Description			
		Check if travel outside of Te	exas. Complete Sc	hedule T.	Check if Austi	n, TX, officeholder liv	ng expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder r	name		Office sought		Office held	
	АТ	ACH ADDITION	AL COPIES	OF THIS S	CHEDULE AS NE	EDED		

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)									
Advertising Expense Accounting/Benking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Polit Credit Card Payment	By Glft/Awards/Mem cal Committee Legal Services	Fees Office Overhead/Rental Expense Food/Beverage Expense Office Overhead/Rental Expense Polling Expense Printing Expense			Solicitation/Fundralsing 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	Joseph	2 FILER NAME  3 Filer ID (Ethics  TOSEAN Gruy Raker							
03/09/24	Taquería Gruadalajara								
6 Amount (\$)  \$ 74.26  Reimbursement from political contributions internded	7 Payee address; 725 S. Broad	1	city. Premort	State,	Zip Code 78375				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories lists  EVENT EXPEN		Meet & Greet						
	(C) Check if travel outside of	of Texas. Complete Schedule T	Check if Austin,	TX, officeholder living i	expense				
9 Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officehold	er name	Office sought		Office held				
04/26/24	Corpus Chri	sti Sanis C	lub No.	8267					
Amount (\$) 35,5  Reimbursement from political contributions intended	Payee address; 4833 SPI	D	Corpus Chri	State;	Zip Code 7841				
PURPOSE OF EXPENDITURE	Category (See Categories list)  EVENT EXPEN	ise	Description Meet &	Greet					
		of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living	expense				
Complete ONLY if direct expenditure to benefit C/	Candidate / Officehold	er name	Office sought		Office held				
04/26/24	Payooname Christina A	raiza							
Amount (\$)  ### ### ### #### ###################	Payee address:  944 CR461		City: Alice	State;	zip Code 78332				
PURPOSE OF EXPENDITURE	Catogory (See Categories liste  EVEN+ Expo  Chock if travel outside of	ed at the top of this schedule)  \( \sum_{S} \cappa \)  If Texas: Complete Schedule T.	[	paint  TX. officeholder living	expense				
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officehold	or name	Office sought		Office held				
	ATTACH ADDITION	AL COPIES OF THIS S	CHEDULE AS NEEDE	D					

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### 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		Food/Beverage Expense Polling Gilt/Awards/Memorials Expense Printing		Office On Polling E Printing I Salaries	Expense Wages/Contract Labor	Trans Trave Trave	Solicitation/Fundralsing Expense Transportation Equipment & Related Expension In District Travel Out Of District Other (enter a category not listed above)		
		The Instruction	Guide explain	s how to	complete this form.				
1 Total pages Schedule G: 2 FILER NAME 3 Filer ID							er ID (Ethic	s Commission Filers)	
2	<u> </u>	soseph	Juy	150	Ker			,	
4 Date	oda lolan I								
130134	28/24 Home Depot								
6 Amount (\$)  ### 10  Reimbursement from political contributions intended  7 Payee address:  50+1 S. Padre   Sland Dr. Corpus Christi TX							Zip Code 7841		
8 PURPOSE	(a) Category	(See Categories listed	at the top of this act	hodule)	(b) Description				
OF EXPENDITURE	Event	twent-txpense				Flags & straps			
9		Check if travel outside of Te		ectule T.	Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH		late / Officeholder	name		Office sought			Office held	
expenditure to benefit C/O/I					TA.				
3/26/24 Amount (\$)	Payee nan	e Echine	¿ Echo	n Ne	ws				
\$ 100					City;		State;	Zip Code	
Reimburgement from political contributions intended	405	E. Main	1		Alice		TX	78332	
PURPOSE	Category	(See Categories listed a	it the top of this sch	nedula)	Description				
OF EXPENDITURE	Adver	tising &	XBense	0_	Ad	14			
		Check if travel outside of Te	xas. Complete Sche	octule T.	Check if Aug	stin. TX, offic	eholder living e		
Complete ONLY if direct		ate / Officeholder	name		Office sought			Office held	
expenditure to benefit C/0	ЭН							THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN T	
Date	Payee nam	10							
Amount (\$)	Payee addr	ress;				·····			
Dalmin upganant lange					City;		State;	Zip Code	
Reimbursement from political contributions intended									
PURPOSE	Category (	See Categories listed at	the top of this ache	rdule)	Description				
OF EXPENDITURE									
		reck if travel outside of Text		lule T	Check if Austi	in, TX, afficel	holder tiving exp	Ohoka	
Complete ONLY if direct expenditure to benefit C/OH	Candidat	te / Officeholder n	ame	(	Office sought			Office held	
	ATTAC	HADDITIONAL	COPIES OF T	THIS SC	HEDULE AS NEE	nen.	· · · · · · · · · · · · · · · · · · ·		
,					HEDOTE VO MEE	DED			