

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

|  |   |  |                      |                |                |                                  |                   |                                   |                                   |  |                                      |
|--|---|--|----------------------|----------------|----------------|----------------------------------|-------------------|-----------------------------------|-----------------------------------|--|--------------------------------------|
| The C/OH Instruction Guide explains how to complete this form.                           |   | 1 Filer ID (Ethics Commission Filers)  | 2 Total pages filed: |                |                |                                  |                   |                                   |                                   |  |                                      |
| 3 CANDIDATE / OFFICEHOLDER NAME  | MS / MRS / MR <input checked="" type="checkbox"/> FIRST <u>Joseph</u> MI <u>Guy</u><br>NICKNAME LAST SUFFIX<br><u>Baker</u>   | <b>OFFICE USE ONLY</b><br>Date Received <b>FILED</b><br><u>APR 11</u> O'CLOCK <u>P</u> M<br><b>JUL 12 2024</b><br>JC Perez III, Co. Clerk Jim Wells Co., Texas<br>By <u>[Signature]</u> , Deputy<br>Date Hand-delivered or Date Postmarked<br>Receipt # Amount \$<br>Date Processed<br>Date Imaged |                      |                |                |                                  |                   |                                   |                                   |  |                                      |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX APT / SUITE # CITY STATE ZIP CODE<br><u>149 CR 449 Alice TX 78332</u>  |  |                      |                |                |                                  |                   |                                   |                                   |  |                                      |
| 5 CANDIDATE / OFFICEHOLDER PHONE   | AREA CODE PHONE NUMBER EXTENSION<br><u>(956) 990-1449</u>   |  |                      |                |                |                                  |                   |                                   |                                   |  |                                      |
| 6 CAMPAIGN TREASURER NAME  | MS / MRS / MR FIRST MI<br><u>Kimberly Diane</u><br>NICKNAME LAST SUFFIX<br><u>Baker</u>   |  |                      |                |                |                                  |                   |                                   |                                   |  |                                      |
| 7 CAMPAIGN TREASURER ADDRESS<br>(Residence or Business)                                  | STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE # CITY STATE ZIP CODE<br><u>149 CR 449 Alice TX 78332</u>   |  |                      |                |                |                                  |                   |                                   |                                   |  |                                      |
| 8 CAMPAIGN TREASURER PHONE   | AREA CODE PHONE NUMBER EXTENSION<br><u>(956) 647-7349</u>   |  |                      |                |                |                                  |                   |                                   |                                   |  |                                      |
| 9 REPORT TYPE  | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)<br><input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)  |  |                      |                |                |                                  |                   |                                   |                                   |  |                                      |
| 10 PERIOD COVERED  | Month Day Year Month Day Year<br><u>01 / 01 / 2024</u> THROUGH <u>06 / 30 / 2024</u>  |  |                      |                |                |                                  |                   |                                   |                                   |  |                                      |
| 11 ELECTION  | ELECTION DATE ELECTION TYPE<br>Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description<br><u>11 / 05 / 2024</u> <input checked="" type="checkbox"/> General <input type="checkbox"/> Special   |  |                      |                |                |                                  |                   |                                   |                                   |  |                                      |
| 12 OFFICE  | OFFICE HELD (if any)  | 13 OFFICE SOUGHT (if known)<br><u>Sheriff for Jim Wells County, TX</u>   |                      |                |                |                                  |                   |                                   |                                   |  |                                      |
| 14 NOTICE FROM POLITICAL COMMITTEE(S)<br><br><input type="checkbox"/> Additional Pages   | THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.<br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; padding: 5px;">COMMITTEE TYPE</td> <td style="padding: 5px;">COMMITTEE NAME</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> GENERAL</td> <td style="padding: 5px;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> SPECIFIC</td> <td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table> |  |                      | COMMITTEE TYPE | COMMITTEE NAME | <input type="checkbox"/> GENERAL | COMMITTEE ADDRESS | <input type="checkbox"/> SPECIFIC | COMMITTEE CAMPAIGN TREASURER NAME |  | COMMITTEE CAMPAIGN TREASURER ADDRESS |
| COMMITTEE TYPE   | COMMITTEE NAME  |  |                      |                |                |                                  |                   |                                   |                                   |  |                                      |
| <input type="checkbox"/> GENERAL   | COMMITTEE ADDRESS   |  |                      |                |                |                                  |                   |                                   |                                   |  |                                      |
| <input type="checkbox"/> SPECIFIC  | COMMITTEE CAMPAIGN TREASURER 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<br><u>Joseph Guy Baker</u> |   | 16 Filer ID (Ethics Commission Filers) |
| 17 CONTRIBUTION TOTALS                  | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ <u>Ø</u>                            |
|   | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ <u>9,386.64</u>                     |
| EXPENDITURE TOTALS                      | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$ <u>Ø</u>                            |
|   | 4. TOTAL POLITICAL EXPENDITURES   | \$ <u>7,938.37</u>                     |
| CONTRIBUTION BALANCE                    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ <u>181.95</u>                       |
| OUTSTANDING LOAN TOTALS                 | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ <u>Ø</u>                            |

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

\_\_\_\_\_  
Signature of Candidate or Officeholder

Please complete either option below:

## (1) Affidavit

NOTARY STAMP/SEAL

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 administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

## (2) Unsworn Declaration

My name is Joseph "Guy" Baker, and my date of birth is 02/01/1975.  
My address is 149 CR 449, Alice, TX, 78532, Jim Wells.  
(street) (city) (state) (zip code) (country)  
Executed in Jim Wells County, State of Texas, on the 12 day of July, 2024.  
(month) (year)

\_\_\_\_\_  
Signature of Candidate/Officeholder (Declarant)

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3**

|   |   |   |
|---|---|---|
| <b>19 FILER NAME</b><br><i>Joseph Guy Baker</i>   |   | <b>20 Filer ID (Ethics Commission Filers)</b> |
| <b>21 SCHEDULE SUBTOTALS<br/>NAME OF SCHEDULE</b> |   | <b>SUBTOTAL<br/>AMOUNT</b>                    |
| 1.  | <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                      | \$ 7,484.50                                   |
| 2.  | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$ 1,902.14                                   |
| 3.  | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$  |
| 4.  | <input type="checkbox"/> SCHEDULE E: LOANS  | \$  |
| 5.  | <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS              | \$ 7,544.50                                   |
| 6.  | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$  |
| 7.  | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS             | \$  |
| 8.  | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      | \$  |
| 9.  | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                        | \$ 393.87                                     |
| 10.   | <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH        | \$  |
| 11.   | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS           | \$  |
| 12.   | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$  |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 1

2 FILER NAME

Joseph Guy Baker

3 Filer ID (Ethics Commission Filers)

4 Date

6/21/24

5 Full name of contributor

#Project Red TX

☐ out-of-state PAC (ID#)

7 Amount of contribution (\$)

\$1,250

6 Contributor address;

1108 Lavaca  
St #110-610

City;

Austin TX 78701

State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

6/21/24

Full name of contributor

#Project Red TX

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

\$5,484.50

Contributor address;

1108 Lavaca  
St #110-610

City;

Austin TX 78701

State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/20/24

Full name of contributor

Vanessa Baker

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

\$750.00

Contributor address;

395 CR449

City;

Alice TX 78332

State; Zip Code

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

Contributor address;

City;

State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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  
Credit Card Payment

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)

The Instruction Guide explains how to complete this form.

|   |   |  |  |  |                            |
|---|---|--|--|--|----------------------------|
| <b>1</b> Total pages Schedule F1: <u>2</u>                          |   | <b>2</b> FILER NAME<br><u>Joseph Guy Baker</u>   |  | <b>3</b> Filer ID (Ethics Commission Filers) |                            |
| <b>4</b> Date<br><u>3/22/24</u>                                     |   | <b>5</b> Payee name<br><u>KOPY</u>               |  |  |                            |
| <b>6</b> Amount (\$)<br><u>\$600</u>                                |   | <b>7</b> Payee address:<br><u>2722 N Hwy 281</u> |  | <b>City:</b><br><u>Alice</u>                 | <b>State:</b><br><u>TX</u> |
|   |   |  |  | <b>Zip Code</b><br><u>78332</u>              |                            |
| <b>8</b><br><br><b>PURPOSE<br/>OF<br/>EXPENDITURE</b>               | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br><u>Advertising Expense</u>           |  | <b>(b)</b> Description<br><u>Radio ads</u>                                 |  |                            |
|   | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.                      |  | <input type="checkbox"/> Check if Austin, TX, officeholder living expense  |  |                            |
|   |   |  |  |  |                            |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH |   |  |  |  |                            |
| <b>Date</b><br><u>6/30/24</u>                                       |   | <b>Payee name</b><br><u>Wells Fargo Bank</u>     |  |  |                            |
| <b>Amount (\$)</b><br><u>\$600<sup>00</sup></u>                     |   | <b>Payee address:</b><br><u>1128 E. Main St</u>  |  | <b>City:</b><br><u>Alice</u>                 | <b>State:</b><br><u>TX</u> |
|   |   |  |  | <b>Zip Code</b><br><u>78332</u>              |                            |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                               | <b>Category</b> (See Categories listed at the top of this schedule)<br><u>Fees</u>                              |  | <b>Description</b><br><u>monthly service fees Jan-June</u>                 |  |                            |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.                                 |  | <input type="checkbox"/> Check if Austin, TX, officeholder living expense  |  |                            |
|   |   |  |  |  |                            |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |   |  |  |  |                            |
| <b>Date</b><br><u>5/25/24</u>                                       |   | <b>Payee name</b><br><u>Charlie Garza</u>        |  |  |                            |
| <b>Amount (\$)</b><br><u>\$150</u>                                  |   | <b>Payee address:</b><br><u>1022 Webb St</u>     |  | <b>City:</b><br><u>Alice</u>                 | <b>State:</b><br><u>TX</u> |
|   |   |  |  | <b>Zip Code</b><br><u>78332</u>              |                            |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                               | <b>Category</b> (See Categories listed at the top of this schedule)<br><u>Salaries wages<br/>Contract Labor</u> |  | <b>Description</b><br><u>Mow &amp; weed eat<br/>around political signs</u> |  |                            |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.                                 |  | <input type="checkbox"/> Check if Austin, TX, officeholder living expense  |  |                            |
|   |   |  |  |  |                            |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |   |  |  |  |                            |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>          |   |  |  |  |                            |

# 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  
Credit Card Payment

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)

The Instruction Guide explains how to complete this form.

|  |  |   |   |                                       |  |
|--|--|---|---|---------------------------------------|--|
| 1 Total pages Schedule F1: <b>2</b>                          |  | 2 FILER NAME<br><b>Joseph Guy Baker</b>   |   | 3 Filer ID (Ethics Commission Filers) |  |
| 4 Date<br><b>6/21/24</b>                                     |  | 5 Payee name<br><b>#Project Red TX</b>  |   |                                       |  |
| 6 Amount (\$)<br><b>\$1,250</b>                              |  | 7 Payee address: City: State: Zip Code<br><b>1108 Levaca St 110-610 Austin TX 78701</b> |   |                                       |  |
| 8<br><b>PURPOSE OF EXPENDITURE</b>                           | (a) Category (See Categories listed at the top of this schedule)<br><b>Advertising Expense</b> |   | (b) Description<br><b>Printed Materials-Graphics</b>                      |                                       |  |
|  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.                |   | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |  |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH |  | Candidate / Officeholder name   |   | Office sought Office held             |  |
| Date<br><b>6/21/24</b>                                       |  | Payee name<br><b>#Project Red TX</b>  |   |                                       |  |
| Amount (\$)<br><b>\$5,484.50</b>                             |  | Payee address: City: State: Zip Code<br><b>1108 Levaca St 110-610 Austin TX 78701</b>   |   |                                       |  |
| <b>PURPOSE OF EXPENDITURE</b>                                | Category (See Categories listed at the top of this schedule)<br><b>Advertising Expense</b>     |   | Description<br><b>Printed Materials-Signs</b>                             |                                       |  |
|  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.                |   | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   |  | Candidate / Officeholder name   |   | Office sought Office held             |  |
| Date   |  | Payee name  |   |                                       |  |
| Amount (\$)  |  | Payee address: City: State: Zip Code  |   |                                       |  |
| <b>PURPOSE OF EXPENDITURE</b>                                | Category (See Categories listed at the top of this schedule)                                   |   | Description   |                                       |  |
|  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.                |   | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |  |
| 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



# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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  
Credit Card Payment

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)

The instruction Guide explains how to complete this form.

|   |  |   |   |                                       |  |
|---|--|---|---|---------------------------------------|--|
| 1 Total pages Schedule G:<br><b>2</b>   |  | 2 FILER NAME<br><b>Joseph Guy Baker</b>   |   | 3 Filer ID (Ethics Commission Filers) |  |
| 4 Date<br><b>03/09/24</b>   |  | 5 Payee name<br><b>Taqueria Guadalajara</b>   |   |                                       |  |
| 6 Amount (\$)<br><b>\$74.26</b><br><input type="checkbox"/> Reimbursement from political contributions intended                       |  | 7 Payee address:<br><b>725 S. Broadway St.</b> City: <b>Premont</b> State: <b>TX</b> Zip Code: <b>78375</b> |   |                                       |  |
| 8 PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br><b>Event Expense</b> |   | (b) Description<br><b>Meet &amp; Greet</b>                                |                                       |  |
|   | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.      |   | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |  |
| 9 Complete ONLY if direct expenditure to benefit C/OH<br>Candidate / Officeholder name: _____ Office sought: _____ Office held: _____ |  |   |   |                                       |  |
| Date<br><b>04/26/24</b>   |  | Payee name<br><b>Corpus Christi Sam's Club No. 8267</b>   |   |                                       |  |
| Amount (\$)<br><b>135.51</b><br><input type="checkbox"/> Reimbursement from political contributions intended                          |  | Payee address:<br><b>4833 SPID</b> City: <b>Corpus Christi</b> State: <b>TX</b> Zip Code: <b>78411</b>      |   |                                       |  |
| PURPOSE OF EXPENDITURE  | Category (See Categories listed at the top of this schedule)<br><b>Event Expense</b>     |   | Description<br><b>Meet &amp; Greet</b>                                    |                                       |  |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.          |   | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |  |
| Complete ONLY if direct expenditure to benefit C/OH<br>Candidate / Officeholder name: _____ Office sought: _____ Office held: _____   |  |   |   |                                       |  |
| Date<br><b>04/26/24</b>   |  | Payee name<br><b>Christina Araiza</b>   |   |                                       |  |
| Amount (\$)<br><b>\$40.00</b><br><input type="checkbox"/> Reimbursement from political contributions intended                         |  | Payee address:<br><b>944 CR 461</b> City: <b>Alice</b> State: <b>TX</b> Zip Code: <b>78332</b>              |   |                                       |  |
| PURPOSE OF EXPENDITURE  | Category (See Categories listed at the top of this schedule)<br><b>Event Expense</b>     |   | Description<br><b>Balloons &amp; paint</b>                                |                                       |  |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.          |   | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |  |
| Complete ONLY if direct expenditure to benefit C/OH<br>Candidate / Officeholder name: _____ Office sought: _____ Office held: _____   |  |   |   |                                       |  |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED   |  |   |   |                                       |  |

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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  
Credit Card Payment

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 2 2 FILER NAME: Joseph Guy Baker 3 Filer ID (Ethics Commission Filers):

4 Date: 6/28/24 5 Payee name: Home Depot

6 Amount (\$): \$44.10 7 Payee address: 5041 S. Padre Island Dr. City: Corpus Christi State: TX Zip Code: 78411  
☐ Reimbursement from political contributions intended

8 PURPOSE OF EXPENDITURE: (a) Category (See Categories listed at the top of this schedule): Event Expense (b) Description: Flags & straps  
(c) ☐ Check if travel outside of Texas. Complete Schedule 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: 3/26/24 Payee name: Alice <sup>KBS</sup> Echo News  
Amount (\$): \$100 Payee address: 405 E. Main City: Alice State: TX Zip Code: 78332  
☐ Reimbursement from political contributions intended

PURPOSE OF EXPENDITURE: Category (See Categories listed at the top of this schedule): Advertising Expense Description: Ad  
☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name: Office sought: Office held:

Date: Payee name:  
Amount (\$): Payee address: City: State: Zip Code:  
☐ Reimbursement from political contributions intended

PURPOSE OF EXPENDITURE: Category (See Categories listed at the top of this schedule): Description:  
☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, 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