

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 FIRST MI
Joseph Guy
NICKNAME LAST SUFFIX
Baker

OFFICE USE ONLY

Date Received

1:10 FILED
AT 10 O'CLOCK M
OCT 28 2024

JC Perez W. Co. Clerk Jim Wells Co., Texas
By [Signature] Deputy

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE ZIP CODE
149 CR 449 Alice TX 78332

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(956) 990-1449

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR FIRST MI
Kimberly Diane
NICKNAME LAST SUFFIX
Baker

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
149 CR 449 Alice TX 78332

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(956) 647-7349

9 REPORT TYPE

☐ January 15 ☐ 30th day before 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
COVERED

Month Day Year Month Day Year
10 / 02 / 2024 THROUGH 10 / 26 / 2024

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year ☐ Primary ☐ Runoff ☐ Other
Description
11 / 05 / 2024 ☒ General ☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Sheriff for Jim Wells County

14 NOTICE FROM
POLITICAL
COMMITTEE(S)

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.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

GO TO PAGE 2

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Joseph Guy Baker

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$46,204.81
2.	<input checked="" type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$1,070.00
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$46,204.81
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 checked="" type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$1,248.68
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: 2
2 FILER NAME Joseph Guy Baker		3 Filer ID (Ethics Commission Filers)
4 Date 10.9.24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: # Project Red TX	7 Amount of contribution (\$) 8,242.65
6 Contributor address; City; State; Zip Code 1108 Lavaca, St #110-610 Austin TX 78701		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10.9.24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: # Project Red TX	Amount of contribution (\$) 8,642.29
Contributor address; City; State; Zip Code 1108 Lavaca, St #110-610 Austin, TX 78701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10.9.24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: # Project EX Red TX	Amount of contribution (\$) 15,000
Contributor address; City; State; Zip Code 1108 Lavaca, St #110-610 Austin, TX 78701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10.16.24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: # Project Red TX	Amount of contribution (\$) 2,677.55
Contributor address; City; State; Zip Code 1108 Lavaca St #110-610 Austin TX 78701		
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.		

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: 2
2 FILER NAME Joseph Guy Baker		3 Filer ID (Ethics Commission Filers)
4 Date 10.22.24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Protect and Serve Texas PAC 6 Contributor address; City; State; Zip Code P.O. BOX 622 Austin TX 78767	7 Amount of contribution (\$) 8,642.32 KB 8,642.32
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10.24.24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: #D Project Red TX Contributor address; City; State; Zip Code 1108 Lavaca, St #110-610 Austin, TX 78701	Amount of contribution (\$) 3,000
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

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.				1 Total pages Schedule A2: <div style="text-align: center;">1</div>	
2 FILER NAME <div style="font-size: 1.2em; font-family: cursive;">Joseph Guy Baker</div>				3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS				\$	
5 Date <div style="font-size: 1.2em; font-family: cursive;">10.12.24</div>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <div style="font-size: 1.2em; font-family: cursive;">Josh Hawkins (36) Vending & Party Rentals</div>		8 Amount of Contribution \$ <div style="font-size: 1.2em; font-family: cursive;">\$1,000</div>	9 In-kind contribution description <div style="font-size: 1.2em; font-family: cursive;">Party Rentals & workers</div>	
7 Contributor address; City: State: Zip Code <div style="font-size: 1.2em; font-family: cursive;">1119 Lucille Alice TX 78332</div>			<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <div style="font-size: 1.2em; font-family: cursive;">owner</div>			11 Employer (FOR NON-JUDICIAL) (See Instructions) <div style="font-size: 1.2em; font-family: cursive;">Self employed</div>		
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 <div style="font-size: 1.2em; font-family: cursive;">10.16.24</div>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <div style="font-size: 1.2em; font-family: cursive;">Christina Araiza</div>		Amount of Contribution \$ <div style="font-size: 1.2em; font-family: cursive;">\$70</div>	In-kind contribution description <div style="font-size: 1.2em; font-family: cursive;">balloon animals & face painting</div>	
Contributor address; City: State: Zip Code <div style="font-size: 1.2em; font-family: cursive;">944 CR 461 Alice TX 78332</div>			<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <div style="font-size: 1.2em; font-family: cursive;">artist</div>			Employer (FOR NON-JUDICIAL) (See Instructions) <div style="font-size: 1.2em; font-family: cursive;">Self employed</div>		
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)					

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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.

1 Total pages Schedule F1: 2		2 FILER NAME Joseph Guy Baker		3 Filer ID (Ethics Commission Filers)	
4 Date 10.9.24		5 Payee name #ProjectRedTX			
6 Amount (\$) 8,242.65		7 Payee address: City: State: Zip Code 1108 Lavaca, St #110-610 Austin, TX 78701			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description In Kind Campaign Expenditure Printed Materials-Graphics		
	(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 <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 10.9.24		Payee name #ProjectRedTX			
Amount (\$) 8,642.29		Payee address: City: State: Zip Code 1108 Lavaca, St #110-610 Austin TX 78701			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description In Kind Campaign Expenditure Printed Materials-Graphics		
	<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					
Date 10.9.24		Payee name #ProjectRedTX			
Amount (\$) 15,000		Payee address: City: State: Zip Code 1108 Lavaca, St #110-610 Austin TX 78701			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description In Kind Campaign Expenditure Radio Ad		
	<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					

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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: 2		2 FILER NAME Joseph Guy Baker		3 Filer ID (Ethics Commission Filers)	
4 Date 10.16.24		5 Payee name Project Red TX			
6 Amount (\$) 2,677.55		7 Payee address: City: State: Zip Code 1108 Lavaca St #110-610 Austin TX 78701			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description In Kind Campaign Expenditure Texting		
	(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 <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 10.22.24		Payee name Protect and Serve Texas PAC			
Amount (\$) 8,642.32		Payee address: City: State: Zip Code PO BOX 622 Austin TX 78767			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description In Kind Campaign Expenditure Campaign mail Ad		
	<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					
Date 10.24.24 KB		Payee name #Project Red TX			
Amount (\$) 3,000		Payee address: City: State: Zip Code 1108 Lavaca St #110-610 Austin TX 78701			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description In Kind Campaign Expenditure Radio Ad		
	<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					
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: 1	2 FILER NAME Joseph Guy Baker		3 Filer ID (Ethics Commission Filers)	
4 Date 10.12.24	5 Payee name 361 Vending & Party Rentals			
6 Amount (\$) \$1,000 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address: 1119 Lucille		City: Alice	State: TX
		Zip Code 78332		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description Food & giveaways	
	(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				
Candidate / Officeholder name				
Office sought				
Office held				
Date 10.15.24	Payee name Walmart #00791			
Amount (\$) \$248.68 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address: 2701 E. Main St.		City: Alice	State: TX
		Zip Code 78332		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		Description Candy	
	(c) <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				
Candidate / Officeholder name				
Office sought				
Office held				
Date	Payee name			
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address:		City:	State: Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description	
	(c) <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				
Candidate / Officeholder name				
Office sought				
Office held				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME <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>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>47,274.81</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>47,453.49</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>155.65</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</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] J.B. Joseph Guy Baker JR.
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 02/01/75
My address is 149 CR 449 Alice TX 78332 Jim Wells
(street) (city) (state) (zip code) (country)

Executed in Jim Wells County, State of Texas, on the 28 day of October, 2024
(month) (year)

[Signature]
Signature of Candidate/Officeholder (Declarant)