

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

|   |   |   |  |  |
|---|---|---|--|--|
| <b>The C/OH Instruction Guide explains how to complete this form.</b>                               |   | <b>1</b> Filer ID<br>(Ethics Commission Filers)<br>00058820 | <b>2</b> Total pages filed:<br>12  |  |
| <b>3</b> CANDIDATE / OFFICEHOLDER NAME  | MS / MRS / MR<br>Mr.  | FIRST<br>W. Bret  | MI   | <b>OFFICE USE ONLY</b><br>Date Received<br><b>ELECTRONICALLY FILED</b><br>02/05/2024 |
|   | NICKNAME  | LAST<br>Baldwin   | SUFFIX   |  |
| <b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE<br>P.O. Box 7883<br><br>Victoria, TX 77903  |   |  | Date Hand-delivered or Date Postmarked   |
|   |   |   |  | Receipt #      Amount  |
|   |   |   |  | Date Processed   |
|   |   |   |  | Date Imaged  |
| <b>5</b> CAMPAIGN TREASURER NAME  | MS / MRS / MR<br>Mr.  | FIRST<br>Gary J.  | MI   |  |
|   | NICKNAME  | LAST<br>Turner  | SUFFIX   |  |
| <b>6</b> CAMPAIGN TREASURER ADDRESS<br><br>(Residence or Business)                                  | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br>167 John Wayne Trail<br><br>Victoria, TX 77905   |   |  |  |
|   |   |   |  |  |
| <b>7</b> CAMPAIGN TREASURER PHONE   | AREA CODE<br>(361)  | PHONE NUMBER<br>935-3556                                    | EXTENSION  |  |
| <b>8</b> REPORT TYPE  | <input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) |   |  |  |
|   | <input 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)                         |   |  |  |
| <b>9</b> PERIOD COVERED   | Month    Day    Year<br>01/01/2024  | THROUGH   | Month    Day    Year<br>01/25/2024   |  |
| <b>10</b> ELECTION  | ELECTION DATE<br>Month    Day    Year<br>03/05/2024   |   | ELECTION TYPE<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other<br><input type="checkbox"/> General <input type="checkbox"/> Special |  |
|   |   |   |  |  |
| <b>11</b> OFFICE  | OFFICE HELD (if any)  |   | <b>12</b> OFFICE SOUGHT (if known)<br>State Representative District 30   |  |

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

2 of 12

|  |   |
|--|---|
| <b>13 C / OH NAME</b> Baldwin, W. Bret (Mr.) | <b>14 Filer ID</b> (Ethics Commission Filers)<br>00058820 |
|--|---|

|   |  |   |
|---|--|---|
| <b>15 NOTICE FROM POLITICAL COMMITTEE(S)</b><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. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures. |   |
|   | <b>COMMITTEE TYPE</b><br><br><input type="checkbox"/> GENERAL<br><br><input type="checkbox"/> SPECIFIC   | <b>COMMITTEE NAME</b><br><br><hr/> <b>COMMITTEE ADDRESS</b><br><br><hr/> <b>COMMITTEE CAMPAIGN TREASURER NAME</b><br><br><hr/> <b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b><br><br><hr/> |

|                                |   |    |          |
|--------------------------------|---|----|----------|
| <b>16 CONTRIBUTION TOTALS</b>  | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ | 0.00     |
|                                | 2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)   | \$ | 5,045.76 |
| <b>EXPENDITURE TOTALS</b>      | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES  | \$ | 0.00     |
|                                | 4. <b>TOTAL POLITICAL EXPENDITURES</b>  | \$ | 1,374.48 |
| <b>CONTRIBUTION BALANCE</b>    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD  | \$ | 1,725.52 |
| <b>OUTSTANDING LOAN TOTALS</b> | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ | 1,200.00 |

**17 AFFIDAVIT**

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.

\_\_\_\_\_  
 Mr. W. Bret Baldwin  
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering      Printed name of officer administering      Title of officer administering oath

**SUBTOTALS - C/OH**

|  |   |                                |                            |
|--|---|--------------------------------|----------------------------|
| <b>18 FILER NAME</b><br>Baldwin, W. Bret (Mr.)   |   | <b>19 Filer ID</b><br>00058820 | (Ethics Commission Filers) |
| <b>20 SCHEDULE SUBTOTALS</b><br>NAME OF SCHEDULE |   |                                | SUBTOTAL AMOUNT            |
| 1.   | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                           | \$                             | 2,750.00                   |
| 2.   | <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS             | \$                             | 2,295.76                   |
| 3.   | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$                             |                            |
| 4.   | <input checked="" type="checkbox"/> SCHEDULE E: LOANS   | \$                             | 200.00                     |
| 5.   | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS        | \$                             | 1,374.48                   |
| 6.   | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$                             |                            |
| 7.   | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS                  | \$                             |                            |
| 8.   | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      | \$                             |                            |
| 9.   | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS                             | \$                             |                            |
| 10.  | <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH             | \$                             |                            |
| 11.  | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                | \$                             |                            |
| 12.  | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$                             |                            |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |   |  |
|--|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>                         |   | <b>1</b> Total pages Schedule A1:<br>Sch: 1/2 Rpt: 4/12  |
| <b>2</b> FILER NAME<br>Baldwin, W. Bret (Mr.)  |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00058820 |
| <b>4</b> Date<br>01/14/2024  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Buesing, Royce (Mr.)<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Wimberley, TX 78676 | <b>7</b> Amount of Contribution (\$)<br><br>\$200.00     |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Retired School Counselor |   | <b>9</b> Employer (See Instructions)                     |
| Date<br>01/15/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>DiSanto, Michael (Mr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>Victoria, TX 77904                  | Amount of Contribution (\$)<br><br>\$250.00              |
| Principal occupation / Job title (See Instructions)<br>Engineer                          |   | Employer (See Instructions)                              |
| Date<br>01/19/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Harris, Dwight (Mr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>Victoria, TX 77904                    | Amount of Contribution (\$)<br><br>\$250.00              |
| Principal occupation / Job title (See Instructions)<br>Retired Teacher                   |   | Employer (See Instructions)                              |
| Date<br>01/19/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Jackson, William (Mr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>Victoria, TX 77901                  | Amount of Contribution (\$)<br><br>\$250.00              |
| Principal occupation / Job title (See Instructions)<br>Retired Teacher                   |   | Employer (See Instructions)                              |
| Date<br>01/01/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Jones, Richard (Mr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>Victoria, TX 77904                    | Amount of Contribution (\$)<br><br>\$250.00              |
| Principal occupation / Job title (See Instructions)<br>Retired Engineer                  |   | Employer (See Instructions)                              |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

|  |   |  |
|--|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>               |   | <b>1</b> Total pages Schedule A1:<br>Sch: 2/2 Rpt: 5/12  |
| <b>2</b> FILER NAME<br>Baldwin, W. Bret (Mr.)                                  |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00058820 |
| <b>4</b> Date<br>01/02/2024  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Nalls, Joye (Mrs.) | <b>7</b> Amount of Contribution (\$)                     |
|  | <b>6</b> Contributor address; City; State; Zip Code<br><br>Victoria, TX 77905                                   |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Business Woman |   | <b>9</b> Employer (See Instructions)<br>Self-employed    |
| Date<br>01/19/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Obsta, Doris (Mrs.)         | Amount of Contribution (\$)                              |
|  | Contributor address; City; State; Zip Code<br><br>Victoria, TX 77904  |  |
| Principal occupation / Job title (See Instructions)<br>Retired Caterer         |   | Employer (See Instructions)                              |
| Date<br>01/24/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Simpson, Jim (Mr.)          | Amount of Contribution (\$)                              |
|  | Contributor address; City; State; Zip Code<br><br>Victoria, TX 77904  |  |
| Principal occupation / Job title (See Instructions)<br>Salesman                |   | Employer (See Instructions)                              |
| Date<br>01/19/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Sprague, Mark (Mr.)         | Amount of Contribution (\$)                              |
|  | Contributor address; City; State; Zip Code<br><br>Goliad, TX 77963  |  |
| Principal occupation / Job title (See Instructions)<br>Business Manager        |   | Employer (See Instructions)                              |
| Date<br>01/11/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Wilder, James (Mr.)         | Amount of Contribution (\$)                              |
|  | Contributor address; City; State; Zip Code<br><br>Cuero, TX 77954   |  |
| Principal occupation / Job title (See Instructions)<br>Retired Peace Officer   |   | Employer (See Instructions)                              |

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

|   |  |  |  |
|---|--|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>                          |  | 1 Total pages Schedule A2:<br>Sch: 1/2 Rpt: 6/12             |  |
| 2 FILER NAME<br>Baldwin, W. Bret (Mr.)  |  | 3 Filer ID (Ethics Commission Filers)<br>00058820            |  |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS                                     |  | \$   |  |
| 5 Date<br>01/13/2024  | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Baldwin, Bret (Mr.)           | 8 Amount of contribution (\$)<br>\$1,575.00                  | 9 In-kind contribution description<br>Signage              |
|   | 7 Contributor address; City; State; Zip Code<br><br>Victoria, TX 77903   |  |  |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)<br>Businessman  |  | 11 Employer (FOR NON-JUDICIAL) (See instructions)<br>Self    |  |
| 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<br>01/25/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Martin, Mary Jean Herder (Mrs.) | Amount of contribution (\$)<br>\$300.00                      | In-kind contribution description<br>Meet and Greet Support |
|   | Contributor address; City; State; Zip Code<br><br>Victoria, TX 77904   |  |  |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)<br>Retired Teacher |  | 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)                  |  |  |  |
| Date<br>01/11/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Pozzi, William (Mr.)            | Amount of contribution (\$)<br>\$400.00                      | In-kind contribution description<br>Radio Guest            |
|   | Contributor address; City; State; Zip Code<br><br>Victoria, TX 77901   |  |  |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)<br>Teacher         |  | 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)                  |  |  |  |

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

|   |  |   |  |
|---|--|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>                            |  | 1 Total pages Schedule A2:<br>Sch: 2/2 Rpt: 7/12                                |  |
| 2 FILER NAME<br>Baldwin, W. Bret (Mr.)  |  | 3 Filer ID (Ethics Commission Filers)<br>00058820                               |  |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS                                       |  | \$  |  |
| 5 Date<br>01/09/2024  | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>West, Christian (Mr.) | 8 Amount of contribution (\$)<br>\$20.76  | 9 In-kind contribution description<br>Meal |
|   | 7 Contributor address; City; State; Zip Code<br><br>Victoria, TX 77901                                     | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |  |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)<br>Business Owner |  | 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)                 |  |   |  |

# LOANS

# SCHEDULE E

|   |  |   |
|---|--|---|
| <b>The Instruction Guide explains how to complete this form.</b>                      |  | <b>1</b> Total pages Schedule E:<br>Sch: 1/1 Rpt: 8/12  |
| <b>2</b> FILER NAME<br>Baldwin, W. Bret (Mr.)   |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00058820  |
| <b>4</b> TOTAL OF UNITEMIZED LOANS  |  | <b>\$</b>   |
| <b>5</b> Date of loan<br>01/23/2024   | <b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Baldwin, William (Mr.) | <b>9</b> Loan Amount (\$)<br>\$150.00   |
| <b>6</b> Is lender a financial institution?<br>No                                     | <b>8</b> Lender address; City; State; Zip Code<br><br>Victoria, TX 77904                                 | <b>10</b> Interest Rate   |
|   |  | <b>11</b> Maturity Date<br>03/05/2024   |
| <b>12</b> Principal occupation / Job title (See Instructions)                         |  | <b>13</b> Employer (See Instructions)   |
| <b>14</b> Description of Collateral<br><input checked="" type="checkbox"/> None       |  | <b>15</b> Check if personal funds were deposited into political account (See Instructions)<br><input checked="" type="checkbox"/> |
| <b>16</b> GUARANTOR INFORMATION<br><input checked="" type="checkbox"/> not applicable | <b>17</b> Name of guarantor  | <b>19</b> Amount Guaranteed (\$)  |
|   | <b>18</b> Guarantor address; City; State; Zip Code   |   |
| <b>20</b> Principal occupation  |  | <b>21</b> Employer (See Instructions)   |
| Date of loan<br>01/09/2024  | Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Baldwin, William (Mr.)          | Loan Amount (\$)<br>\$50.00   |
| Is lender a financial institution?<br>No  | Lender address; City; State; Zip Code<br><br>Victoria, TX 77904  | Interest Rate   |
|   |  | Maturity Date<br>03/05/2024   |
| Principal occupation / Job title (See Instructions)                                   |  | Employer (See Instructions)   |
| Description of Collateral<br><input checked="" type="checkbox"/> None                 |  | Check if personal funds were deposited into political account (See Instructions)<br><input checked="" type="checkbox"/>           |
| GUARANTOR INFORMATION<br><input checked="" type="checkbox"/> not applicable           | Name of guarantor  | Amount Guaranteed (\$)  |
|   | Guarantor address; City; State; Zip Code   |   |
| Principal occupation  |  | Employer (See Instructions)   |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**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:<br>Sch: 1/4 Rpt: 9/12      | <b>2</b> FILER NAME<br>Baldwin, W. Bret (Mr.)  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00058820   |
| <b>4</b> Date<br>01/23/2024                                  | <b>5</b> Payee name<br>Bay and Beyond Broadcasting, LLC  |  |
| <b>6</b> Amount (\$)<br>\$150.00                             | <b>7</b> Payee address; City; State; Zip Code<br>3000 Wyatt Avenue<br><br>Bay City, TX 77414   |  |
| <b>8</b> PURPOSE OF EXPENDITURE                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Radio Spots        |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name  | Office sought Office held  |
| Date<br>01/02/2024   | Payee name<br>Nicholson, Chris (Mr.)   |  |
| Amount (\$)<br>\$250.00                                      | Payee address; City; State; Zip Code<br>P.O. Box 1057<br><br>Galveston, TX 77553               |  |
| PURPOSE OF EXPENDITURE                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Consulting Expense  | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Consulting Expense |
| Complete ONLY if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held  |
| Date<br>01/15/2024   | Payee name<br>Nicholson, Chris (Mr.)   |  |
| Amount (\$)<br>\$250.00                                      | Payee address; City; State; Zip Code<br>P. O. Box 1057<br><br>Galveston, TX 77553              |  |
| PURPOSE OF EXPENDITURE                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Consulting Expense  | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Retainer           |
| Complete ONLY if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**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:<br>Sch: 2/4 Rpt: 10/12            | <b>2</b> FILER NAME<br>Baldwin, W. Bret (Mr.)  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00058820  |
| <b>4</b> Date<br>01/02/2024   | <b>5</b> Payee name<br>Office Depot  |   |
| <b>6</b> Amount (\$)<br>\$0.18                                      | <b>7</b> Payee address; City; State; Zip Code<br>5106 N. Navarro St.<br><br>Victoria, TX 77904 |   |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Printing Expense    | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Copies  |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>01/03/2024  | Payee name<br>Sign Works   |   |
| Amount (\$)<br>\$417.36   | Payee address; City; State; Zip Code<br>105 E. Brazos St.<br><br>Victoria, TX 77901            |   |
| <b>PURPOSE OF EXPENDITURE</b>                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Signage |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>01/09/2024  | Payee name<br>Sign Works   |   |
| Amount (\$)<br>\$50.00  | Payee address; City; State; Zip Code<br>105 E. Brazos St.<br><br>Victoria, TX 77901            |   |
| <b>PURPOSE OF EXPENDITURE</b>                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Signage |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held   |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**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:<br>Sch: 3/4 Rpt: 11/12 | <b>2</b> FILER NAME<br>Baldwin, W. Bret (Mr.) | <b>3</b> Filer ID (Ethics Commission Filers)<br>00058820 |
|--|---|--|

|                             |                                   |
|-----------------------------|-----------------------------------|
| <b>4</b> Date<br>01/11/2024 | <b>5</b> Payee name<br>Sign Works |
|-----------------------------|-----------------------------------|

|                                  |  |
|----------------------------------|--|
| <b>6</b> Amount (\$)<br>\$102.09 | <b>7</b> Payee address; City; State; Zip Code<br>105 E. Brazos St.<br><br>Victoria, TX 77901 |
|----------------------------------|--|

|                                 |  |   |
|---------------------------------|--|---|
| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Signage |
|---------------------------------|--|---|

|   |                             |               |             |
|---|-----------------------------|---------------|-------------|
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

|                    |                           |
|--------------------|---------------------------|
| Date<br>01/02/2024 | Payee name<br>Speedy Stop |
|--------------------|---------------------------|

|                        |   |
|------------------------|---|
| Amount (\$)<br>\$30.04 | Payee address; City; State; Zip Code<br>6108 N. Navarro St.<br><br>Victoria, TX 77904 |
|------------------------|---|

|                               |   |  |
|-------------------------------|---|--|
| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Travel In District | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Gasoline |
|-------------------------------|---|--|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

|                    |                         |
|--------------------|-------------------------|
| Date<br>01/02/2024 | Payee name<br>Taquilo's |
|--------------------|-------------------------|

|                        |  |
|------------------------|--|
| Amount (\$)<br>\$40.37 | Payee address; City; State; Zip Code<br>2101 Post Office Street<br><br>Galveston, TX 77550 |
|------------------------|--|

|                               |  |  |
|-------------------------------|--|--|
| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Working Dinner |
|-------------------------------|--|--|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

|  |  |
|--|--|
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|--|--|

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**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:<br>Sch: 4/4 Rpt: 12/12 | <b>2</b> FILER NAME<br>Baldwin, W. Bret (Mr.) | <b>3</b> Filer ID (Ethics Commission Filers)<br>00058820 |
|--|---|--|

|                             |                                  |
|-----------------------------|----------------------------------|
| <b>4</b> Date<br>01/04/2024 | <b>5</b> Payee name<br>UPS Store |
|-----------------------------|----------------------------------|

|                                |  |
|--------------------------------|--|
| <b>6</b> Amount (\$)<br>\$6.50 | <b>7</b> Payee address; City; State; Zip Code<br>8806 North Navarro St., Ste 600<br><br>Victoria, TX 77904 |
|--------------------------------|--|

|                                 |  |  |
|---------------------------------|--|--|
| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Flyers |
|---------------------------------|--|--|

|   |                             |               |             |
|---|-----------------------------|---------------|-------------|
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

|                    |                         |
|--------------------|-------------------------|
| Date<br>01/13/2024 | Payee name<br>UPS Store |
|--------------------|-------------------------|

|                        |   |
|------------------------|---|
| Amount (\$)<br>\$77.94 | Payee address; City; State; Zip Code<br>8806 North Navarro St., Ste 600<br><br>Victoria, TX 77904 |
|------------------------|---|

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|-------------------------------|--|--|
| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Flyers |
|-------------------------------|--|--|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

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