CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

	Guide explains how to complet	e this form.	1 Filer ID (Ethics Commis 00058820		2 Total pages fil	ed: 2
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE U	JSE ONLY
OFFICEHOLDER NAME	Mr.	W. Bret			Date Received	
					ELECTRONICA	ALLY FILED
	NICKNAME			CUEFIX	02/05/2024	
		LAST Doldwin		SUFFIX	02/03/2024	
	'	Baldwin				
4 CANDIDATE /	ADDRESS / PO BOX; APT / S	SUITE#; CIT	Υ;	ZIP CODE	Date Hand-delivered o	r Date Postmarked
OFFICEHOLDER MAILING	P.O. Box 7883					
ADDRESS					Receipt #	Amount
Change of Address	Victoria, TX 77903					
	,				Date Processed	
					Date Imaged	
					Date imageu	
5 CAMPAIGN	MS/MRS/MR F	IRST		MI		
TREASURER		Sary J.		1411		
NAME	IVII.	bary J.				
	NIOIALANE					
		AST 		SUFFIX		
	1	urner				
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO B	OX PLEASE);	APT	T / SUITE #; CITY	; STA	ATE; ZIP CODE
ADDRESS	167 John Wayne Trail					
(Residence or Business)						
	Victoria, TX 77905					
7 CAMPAICNI	ADEA CODE DIJONE	NUMBER E	VTENCION			
7 CAMPAIGN TREASURER		NUMBER E	XTENSION			
PHONE	(361) 935-3556					
8 REPORT						
TYPE	January 15	30th day before	election \square	Runoff	15th day after car	mnaign treasurer
		court day before		L	appointment (office	ceholder only)
	July 15	8th day before e	election	Exceeded modified	Final Report (Atta	ach C/OH-FR)
				reporting limit		
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	01/01/2024	TH	ROUGH	01/25/202	24	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	X Pr	imary	Runoff	Other	
	03/05/2024	□G	eneral	Special		
				ш.		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	[(if known)	
III OFFICE	Of FICE FIELD (II dily)			State Represent		
				State Represent	idiive District 30	
		GO T	O PAGE 2			
I						

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 12

13 C / OH NAME	Baldwin, W. Bret (Mr.	(Ethics Commission Filers)								
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	the candidate's or office	ommittees to support the eholder's knowledge or tice of such expenditures.							
Additional Pages	COMMITTEE TYPE	MITTEE TYPE COMMITTEE NAME								
	GENERAL									
		COMMITTEE ADDRESS								
	SPECIFIC									
		COMMITTEE CAMPAIGN TREASURER NAME								
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS							
16 CONTRIBUTION TOTALS		L ZED POLITICAL CONTRIBUTIONS (OTHER THAI ES OF LOANS, OR CONTRIBUTIONS MADE ELEC		\$ 0.00						
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 5,045.76						
EXPENDITURE TOTALS										
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 1,374.48						
CONTRIBUTION BALANCE	REPORTING PE			\$ 1,725.52						
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 1,200.00						
17 AFFIDAVIT		I swear, or affirm, under penalty true and correct and includes al under Title 15, Election Code.								
		Mr.	W. Bret Baldwin							
		Signature of	Candidate or Officehol	der						
AFFIX NO	TARY STAMP / SEAL AB	DVE								
Sworn to and subs	cribed before me, by the s	aid	, this the	day						
		ertify which, witness my hand and seal of office.								
Signature of office	cer administering	Printed name of officer administering	Title of officer	r administering oath						

SUBTOTALS - C/OH

FORM COH **COVER SHEET PG 3**

					3 of 12
	ER NAN	19 Filer ID 00058820	(Ethi	cs Commission Filers)	
	ME OF		SUBTOTAL AMOUNT		
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	2,750.00
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	2,295.76
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	X	\$	200.00		
5.	Х		\$	1,374.48	
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	NS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10	. 🔲	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS C	F C/OH	\$	
11	. 🔲	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	NS	\$	
12	. 🔲	ETURNED	\$		

MONE	TARY POLITICAL CONTRIBU		SCHEDULE A1			
The Inst	ruction Guide explains how to complete	1	Total pages Schedule A1: Sch: 1/2 Rpt: 4/12			
2 FILER NAM Baldwin, V	ИЕ W. Bret (Mr.)	3	Filer ID (Ethics Commissio 00058820	n Filers)		
4 Date 01/14/202	5 Full name of contributor out-of-state PA	7	Amount of Contribution (\$)	\$200.00		
	Wimberley, TX 78676					
	ccupation / Job title (See Instructions) chool Counselor	9 Employer (See Instructions	S)			
Date 01/15/202	Full name of contributor out-of-state PA DiSanto, Michael (Mr.) Contributor address; City; State; Zip Code	AC (ID#:)		Amount of Contribution (\$)	\$250.00	
Daire sin all a	Victoria, TX 77904	Fundame (Oct Instruction				
Principal o Engineer	ccupation / Job title (See Instructions)	Employer (See Instructions	S)			
Date 01/19/202	Full name of contributor out-of-state PA Harris, Dwight (Mr.) Contributor address; City; State; Zip Code	AC (ID#:)		Amount of Contribution (\$)	\$250.00	
	Victoria, TX 77904					
Principal o	ecupation / Job title (See Instructions) eacher	Employer (See Instructions	s)			
Date 01/19/202		AC (ID#:)	•	Amount of Contribution (\$)	\$250.00	
Principal o	ccupation / Job title (See Instructions) eacher	Employer (See Instructions	5)			
Date 01/01/202	Full name of contributor out-of-state PA Jones, Richard (Mr.) Contributor address; City; State; Zip Code Victoria, TX 77904	AC (ID#:)	•	Amount of Contribution (\$)	\$250.00	
Principal o	ccupation / Job title (See Instructions)	Employer (See Instructions	<u>. </u>			
		1				

	MONET	ARY POLITICAL (SCHEDUL	E A1			
	The Instruction Guide explains how to complete this form.						Total pages Schedule A1: Sch: 2/2 Rpt: 5/12	
2	FILER NAME Baldwin, W.	Bret (Mr.)				3	Filer ID (Ethics Commission 00058820	n Filers)
4	Date 01/02/2024 5 Full name of contributor out-of-state PAC (ID#:) Nalls, Joye (Mrs.) 6 Contributor address; City; State; Zip Code			7	Amount of Contribution (\$)	\$500.00		
8		Victoria, TX 77905 Principal occupation / Job title (See Instructions) Business Woman 9 Employer (See Instructions) Self-employed						
	Date Full name of contributor out-of-state PAC (ID#:) O1/19/2024 Obsta, Doris (Mrs.) Contributor address; City; State; Zip Code Victoria, TX 77904					Amount of Contribution (\$)	\$250.00	
	Principal occupation / Job title (See Instructions) Retired Caterer Employer (See Instruction					5)		
	Date O1/24/2024 Full name of contributor out-of-state PAC (ID#:) Simpson, Jim (Mr.) Contributor address; City; State; Zip Code					Amount of Contribution (\$)	\$200.00	
	Principal occu Salesman	Victoria, TX 77904 pation / Job title (See Instructions	s)		Employer (See Instructions	<u> </u> s)		
	Date 01/19/2024	Full name of contributor Sprague, Mark (Mr.) Contributor address; City; S				•	Amount of Contribution (\$)	\$100.00
	Principal occu Business Ma	Goliad, TX 77963 pation / Job title (See Instructions	s)		Employer (See Instructions	<u> </u> s)		
	Date 01/11/2024	Full name of contributor Wilder, James (Mr.) Contributor address; City; S Cuero, TX 77954					Amount of Contribution (\$)	\$500.00
	Principal occu Retired Peac	pation / Job title (See Instructions ce Officer	(5)		Employer (See Instructions	5)		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A2: Sch: 1/2 Rpt: 6/12					
2 FILER NAME Baldwin, W.			3 Filer ID (Ethics Commission Filers) 00058820				
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$				
5 Date 01/13/2024	 Full name of contributor out-of-state PAC (ID#:	8 Amount of contribution (\$) 9 In-kind contribution description \$1,575.00 Signage					
10 Principal occi	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON					
Businessma	-	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 contributo	or's spouse (if any) (FOR JUDICIAL)				
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						
Date 01/25/2024	Full name of contributor out-of-state PAC (ID#: Martin, Mary Jean Herder (Mrs.) Contributor address; City; State; Zip Code)	Amount of In-kind contribution contribution (\$) description \$300.00 Meet and Greet Support				
	Victoria, TX 77904		Check if travel outside of Texas. Complete Schedule T.				
Principal occi Retired Tea	upation / Job title (FOR NON-JUDICIAL) (See instructions) cher	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 01/11/2024	Full name of contributor out-of-state PAC (ID#: Pozzi, William (Mr.) Contributor address; City; State; Zip Code		Amount of In-kind contribution contribution (\$) description \$400.00 Radio Guest				
5	Victoria, TX 77901		Check if travel outside of Texas. Complete Schedule T.				
Principal occi Teacher	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	-JUDICIAL) (See instructions)				
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)				
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)					
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)							

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 2/2 Rpt: 7/12 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Baldwin, W. Bret (Mr.) 00058820 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS 6 Full name of contributor 9 In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 01/09/2024 West, Christian (Mr.) \$20.76 i Meal 7 Contributor address; City; State; Zip Code Victoria, TX 77901 Check if travel outside of Texas. Complete Schedule T. (See instructions) 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) **Business Owner** 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 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
	The Instruction	1	ges Schedule E: 1 Rpt: 8/12			
2	FILER NAME Baldwin, W. Bre	t (Mr.)			3 Filer ID 000588	(Ethics Commission Filers)
4	TOTAL OF UN	IITEMIZED LOANS			L	\$
5	Date of loan 01/23/2024	7 Name of lender Baldwin, William (Mr.)	out-of-state PA	AC (ID#:)	9 Loan Amount (\$) \$150.00
6	Is lender a financial institution?	8 Lender address; City	/; State;	Zip Code		10 Interest Rate 11 Maturity Date
	INU	Victoria, TX 77904				03/05/2024
12	Principal occupation	on / Job title (See Instructions)		13 Employer (See Instructions	5)	
14	Description of Coll X None	ateral		15 Check if personal funds we	ere deposited	into political account (See Instructions)
16	GUARANTOR INFORMATION	17 Name of guarantor				19 Amount Guaranteed (\$)
	X not applicable	18 Guarantor address; City	/; State;	Zip Code		
20	Principal occupation	DN .		21 Employer (See Instructions	5)	
	Date of loan	Name of lender	out-of-state PA	AC (ID#:)	Loan Amount (\$)
	01/09/2024	Baldwin, William (Mr.)				\$50.00
	Is lender a financial institution?	Lender address; City	; State;	Zip Code		Interest Rate
	No					Maturity Date
	Deliverie de la competi	Victoria, TX 77904		Frankrick (October Angeling to 19		03/05/2024
		on / Job title (See Instructions)		Employer (See Instructions		
	Description of Coll X None	ateral		Check if personal funds we	ere deposited	into political account (See Instructions)
	GUARANTOR INFORMATION	Name of guarantor				Amount Guaranteed (\$)
	X not applicable	Guarantor address; City	y; State;	Zip Code		
	Principal occupation	on		Employer (See Instructions	<u> </u>	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

e Travel in D se Travel Out s/Contract Labor OTHER (e

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Cont The Instruction Guide explains how to complete the	, , , , , , , , , , , , , , , , , , , ,
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 1/4 Rpt: 9/12	Baldwin, W. Bret (Mr.)	00058820
4	Date	5 Payee name	
	01/23/2024	Bay and Beyond Broadcasting, LLC	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$150.00	3000 Wyatt Avenue	
		Bay City, TX 77414	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Des	scription
	OF EXPENDITURE	Navertioning Expense	Check if travel outside of Texas. Complete Schedule T.
		I — I —	Check if Austin, TX, officeholder living expense dio Spots
		TXC	uio Spots
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
ľ	expenditure to benefit C/O		Cince field
_	Date	Payee name	
	01/02/2024	Nicholson, Chris (Mr.)	
		• •	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$250.00	P.O. Box 1057	
		Galveston, TX 77553	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Des	scription
	OF EXPENDITURE	Consuming Expense	Check if travel outside of Texas. Complete Schedule T.
		I — I —	Check if Austin, TX, officeholder living expense nsulting Expense
			insulaing Expense
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	•	Cine ricia
-	Data		
	Date 01/15/2024	Payee name	
		Nicholson, Chris (Mr.)	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$250.00	P. O. Box 1057	
		Galveston, TX 77553	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Des	
	EXPENDITURE	Consuming Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			tainer
-	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
l			

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide ex		Expense	Polling Exp Printing Exp Salaries/Wa	oense ages/Contr		Т	Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:];		iler ID	(Ethics Commis	sion Filers)
	Sch: 2/4 Rpt: 10/12	Baldwin	, W. Bret (Mr.)					0	0058820		
4	Date	5 Payee na									
	01/02/2024	Office D	<u> </u>								
6	Amount (\$)	7 Payee ac	•	State;	Zip Cod	le					
	\$0.18	5106 N.	Navarro St.								
		\ \r. \ .	TV 7700 (
Ļ			TX 77904		1	<i></i>					
8	PURPOSE OF		(See Categories listed at th	e top of this sche	edule)	(b) Des □ □		utside	of Texas Com	nplete Schedule T.	
	EXPENDITURE	Printing	Expense				Check if Austin,				
						Cop	oies				
9	Complete ONLY if direct expenditure to benefit C/OH		Officeholder name	Of	ffice soug	ıht			Office h	eld	
	Superioritate to beliefit 6/01	·									
	Date	Payee na									
	01/03/2024	Sign Wo									
	Amount (\$)	Payee ac	•	State;	Zip Coo	le					
	\$417.36	105 E. E	Brazos St.								
		\	TV 77001								
			TX 77901		1						
	PURPOSE OF		(See Categories listed at th	e top of this sche	edule)	(b) Des		uteide	of Tevas Com	nnlete Schodule T	
	EXPENDITURE	Advertis	ing Expense				Check if travel of Check if Austin,			plete Schedule T. g expense	
						Sig	nage				
L											
	Complete ONLY if direct expenditure to benefit C/OH		Officeholder name	Ot	ffice soug	ht			Office h	eld	
	experiorare to benefit C/OF	1									
	Date	Payee na									
	01/09/2024	Sign Wo	orks								
	Amount (\$)	Payee ac		State;	Zip Coo	le					
	\$50.00	105 E. E	Brazos St.								
		Victoria,	TX 77901								
	PURPOSE OF		(See Categories listed at th	e top of this sche	edule)	(b) Des		utoi-i	of Toyon O	anloto Cohodul- T	
	EXPENDITURE	Advertis	ing Expense			\Box	Check if travel of Check if Austin,			plete Schedule T. g expense	
							nage			•	
	Complete ONLY if direct		Officeholder name	Ot	ffice soug	ıht			Office h	eld	
	expenditure to benefit C/OH	1									
_											

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District
Travel Out of District

Candidate/Officeholder/Political Committee Credit Card Payment		Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.					OTHER (enter a	category not listed a	lbove)	
1	Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	(Ethics Commis	sion Filers)
	Sch: 3/4 Rpt: 11/12		/. Bret (Mr.)					00058820		
4	Date	5 Payee name)							
	01/11/2024	Sign Works	5							
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip C	ode					
	\$102.09	105 E. Bra:	zos St.							
		Victoria, T	< 77901							
8	PURPOSE OF	(a) Category (S	See Categories listed at the t	op of this schedule)	(b)	Description				
	EXPENDITURE	Advertising	Expense			=		de of Texas. Com officeholder living	plete Schedule T.	
						Signage	, 170	omeendaer ming	ускренос	
						0 0				
9	Complete ONLY if direct		ficeholder name	Office so	ught			Office h	eld	
L	expenditure to benefit C/OI									
	Date	Payee name								
	01/02/2024	Speedy Sto	op							
	Amount (\$)	Payee addre	ess; City;	State; Zip C	ode					
	\$30.04	6108 N. Na	avarro St.							
		Victoria, T>	< 77904							
	PURPOSE	(a) Category (S	See Categories listed at the t	op of this schedule)	(b)	Description				
	OF EXPENDITURE	Travel In D	istrict			_		de of Texas. Com officeholder living	plete Schedule T.	
						Gasoline	, 17	onicendaei iivinį	у ехрепое	
Н	Complete ONLY if direct	Candidate/Off	ficeholder name	Office so	<u> </u>			Office he	eld	
	expenditure to benefit C/OI	Н								
	Date	Payee name)							
	01/02/2024	Taquilo's								
	Amount (\$)	Payee addre	ess; City;	State; Zip C	ode					
	\$40.37	2101 Post	Office Street							
		Galveston,	TX 77550							
	PURPOSE		See Categories listed at the t	op of this schedule)	(b)	Description				
	OF EXPENDITURE	Food/Beve	rage Expense						plete Schedule T.	
						Working Dinn		officeholder living	j expense	
\vdash	Complete ONLY if direct	L Candidate/Off	ficeholder name	Office so	L ught			Office h	eld	
	expenditure to benefit C/OI				•					
\vdash										

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

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)

	Credit Card Payment	The Instruction Guide explains how to c	ompl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 4/4 Rpt: 12/12	Baldwin, W. Bret (Mr.)		00058820
4	Date	5 Payee name		·
	01/04/2024	UPS Store		
6	Amount (\$)	7 Payee address; City; State; Zip C	ode	
	\$6.50	8806 North Navarro St., Ste 600		
		Victoria, TX 77904		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Advertising Expense		Check if travel outside of Texas. Complete Schedule T.
	LXI LINDITORE			Check if Austin, TX, officeholder living expense
				Flyers
9	Complete ONLY if direct	Candidate/Officeholder name Office so	ught	Office held
9	expenditure to benefit C/O		ugnt	Office field
_	Data			
	Date 01/13/2024	Payee name UPS Store		
	Amount (\$)	Payee address; City; State; Zip C	oue	
	\$77.94	8806 North Navarro St., Ste 600		
		Victoria TV 77004		
		Victoria, TX 77904	1	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Advertising Expense		Check if Austin, TX, officeholder living expense
				Flyers
	Complete ONLY if direct	Candidate/Officeholder name Office so	ught	Office held
	expenditure to benefit C/Ol	1		