CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to compl	ete this form.	1 Filer ID (Ethics Commi 00058820		2 Total pages file	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE U	SE ONLY
OFFICEHOLDER NAME	Mr.	W. Bret			Date Received	
					ELECTRONICAL	LLY FILED
	NICKNAME	LAST		SUFFIX	02/25/2024	
	NICKNAIVIE	Baldwin		SUFFIX	02/20/202	
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered or I	Date Postmarked
MAILING	P.O. Box 7883				Receipt #	Amount
ADDRESS					1 '	
Change of Address	Victoria, TX 77903				Date Processed	1
					Date Imaged	
- 044541041	140 (14D0 (14D				<u> </u>	
5 CAMPAIGN TREASURER	MS / MRS / MR	FIRST		MI		
NAME	Mr.	Gary J.				
	NICKNAME	LAST Turner		SUFFIX		
		rumer				
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX DI EVSE).		T / SUITE #; CITY;	STAT	TE; ZIP CODE
TREASURER	167 John Wayne Trail	, BOX FLEASE),	AF	1/3011E#, CITT,	SIAI	ie, zir code
ADDRESS	107 John Wayne Han					
(Residence or Business)	Victoria, TX 77905					
	Victoria, 1X 11905					
7 CAMPAIGN	AREA CODE PHON	NE NUMBER E	EXTENSION			
TREASURER PHONE	(361) 935-3556					
8 REPORT TYPE	lonuon 15	7 20th day before	alastian 🗖	Duno#	7 15th day ofter som	noign transurar
2	January 15	30th day before	election	Runoff	15th day after cam appointment (office	
	July 15	X 8th day before e	election	Exceeded modified	Final Report (Attac	h C/OH-FR)
				reporting limit		
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	01/26/2024	TH	IROUGH	02/24/202	:4	
						
10 ELECTION	ELECTION DATE Month Day Year		rimary	ELECTION TYPE Runoff	Other	
	03/05/2024	X Pr	illiary		Other	
	00/00/2024	G	eneral	Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT		
				State Represent	ative District 30	
		GO T	O PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 17

13 C / OH NAME	Baldwin, W. Bret (Mr	.)	14 Filer ID (00058820	(Ethics Commission Filers)		
15 NOTICE FROM POLITICAL COMMITTEE(S)	the candidate's or office	ommittees to support the cholder's knowledge or tice of such expenditures.				
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL					
		COMMITTEE ADDRESS				
	SPECIFIC					
		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS			
16 CONTRIBUTION	TOTAL UNITEM	 IZED POLITICAL CONTRIBUTIONS (OTHER THAI	N PLEDGES, LOANS,			
TOTALS	OR GUARANTE	ES OF LOANS, OR CONTRIBUTIONS MADE ELEC		\$ 0.00		
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 3,400.00		
EXPENDITURE TOTALS	3. TOTAL UNITEM	IIZED POLITICAL EXPENDITURES		\$ 0.00		
	4. TOTAL POLITIC	CAL EXPENDITURES		\$ 4,126.93		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$					
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCII OF THE REPOR	OF THE LAST DAY	\$ 1,150.00			
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	OVE				
Sworn to and subso	cribed before me, by the s	said	, 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 C/OH COVER SHEET PG 3

					3 of 17
18 FILE		(Ethi	cs Commission Filers)		
		N. Bret (Mr.)	00058820		
		E SUBTOTALS SCHEDULE			SUBTOTAL AMOUNT
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	3,200.00
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	200.00
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$	4,126.93
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
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	OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$	
				•	

The Instruct 2 FILER NAME Baldwin, W. I	ction Guide explains how to complete this for		1		
		rm.	_	Total pages Schedule A1: Sch: 1/2 Rpt: 4/17	
	Bret (Mr.)		3	Filer ID (Ethics Commission 00058820	n Filers)
4 Date 02/01/2024	 5 Full name of contributor out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$100.00
	Victoria, TX 77904				
8 Principal occup Retired Teac	pation / Job title (See Instructions) her	Employer (See Instructions	5)		
Date 02/13/2024	Full name of contributor out-of-state PAC (ID#: Garrett, Kirby (Mr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$500.00
	Victoria, TX 77904				
Principal occup Dentist	pation / Job title (See Instructions)	Employer (See Instructions Self	;)		
Date 02/22/2024	Full name of contributor out-of-state PAC (ID#: Koop, Kenneth (Mr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$300.00
	Edna, TX 77957				
Principal occup Retired Teac	pation / Job title (See Instructions) her	Employer (See Instructions	i)		
Date 01/27/2024	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$150.00
Principal occup Farmer	pation / Job title (See Instructions)	Employer (See Instructions Self	<u>(</u>		
Date 02/09/2024	Full name of contributor out-of-state PAC (ID#:) McLarry, David (Mr.) Contributor address; City; State; Zip Code Victoria, TX 77904			Amount of Contribution (\$)	\$100.00
Principal occup Retired	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		

MONETARY POLITICAL CONTRIBUTIONS							SCHEDULE A1			
	The Instruction Guide explains how to complete this form.						Total pages Schedule A1: Sch: 2/2 Rpt: 5/17			
2	FILER NAME Baldwin, W.	Bret (Mr.)				3	Filer ID (Ethics Commission 00058820	on Filers)		
4		5 Full name of contributor Ohrt, Janice (Mrs.)6 Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code)	7	Amount of Contribution (\$)	\$1,000.00		
8	Principal occu Rancher	Victoria, TX 77905 pation / Job title (See Instructions)	9	Employer (See Instructions Self	<u> </u> s)				
	Date Full name of contributor out-of-state PAC (ID#:) 01/27/2024 Pozzi, William Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00					
					Employer (See Instructions St. Joseph High School					
	Date Full name of contributor out-of-state PAC (ID#:) 02/17/2024 Sarlls, Glenn (Mr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$300.00				
	Principal occu Retired	Victoria, TX 77901 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)				
	Date 02/07/2024	Full name of contributor Texas Tire & Accessory, I Contributor address; City; St)		Amount of Contribution (\$)	\$400.00		
	Hallettsville, TX 77964 Principal occupation / Job title (See Instructions) Employer (See Instructions)				Employer (See Instructions	<u> </u> s)				
	Date 02/22/2024	Full name of contributor Wagner, Virginia (Mrs.) Contributor address; City; St Victoria, TX 77904	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$250.00		
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions	5)				

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 6/17 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 01/29/2024 Wade & Carter Show \$200.00 Radio Show Guest 7 Contributor address; City; State; Zip Code Advertisement Equivalent 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) 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)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/11 Rpt: 7/17	Baldwin, W. Bret (Mr.) 00058820
4	Date	5 Payee name
	02/22/2024	7-Eleven
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$47.04	629 S. Wells St.
		Edna, TX 77957
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Gasoline
		3.550
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	02/03/2024	American Heart Association
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	7272 Greenville Ave.
		Dallas, TX 75231
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	01/27/2024	Baldwin, Bret (Mr.)
H	Amount (\$)	Payee address; City; State; Zip Code
	\$50.00	P.O. Box 7883
		Victoria, TX 77903
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Loan Repayment/Reimbursement
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		\$50 of \$1,200 Loan Total with \$1,150 Remaining
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	-
	Sch: 2/11 Rpt: 8/17	Baldwin, W. Bret (Mr.) 00058820	
4	Date	5 Payee name	
	01/27/2024	Bay City Main Street - Camofestival	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$30.00	1112 7th St.	
		Bay City, TX 77414	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.	
	EXI ENDITORE	Check if Austin, TX, officeholder living expense	
		Entry Fee	
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
	experiulture to benefit C/Or		
Г	Date	Payee name	=
	02/05/2024	Chili's	
H	Amount (\$)	Payee address; City; State; Zip Code	_
	\$44.52	5004 N. Navarro St.	
	, -		
		Victoria, TX 77904	
Н	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Campaign Meeting	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
L	expenditure to benefit C/OI	1	
	Date	Payee name	
	02/01/2024	Circle K	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$20.24	502 N. Esplanade	
		Cuero, TX 77954	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.	
	EXI ENDITORE	Check if Austin, TX, officeholder living expense	
		Gasoline	
L	Occasilete Chilly " "	Openhalte Office health and a second of the	_
1	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
L			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Con-

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Travel Out of District OTHER (enter a category not listed above)
┰	Total pages Schedule F1:	2 EILED NAME	3 Filer ID (Ethics Commission Filers)
ľ	Sch: 3/11 Rpt: 9/17	Baldwin, W. Bret (Mr.)	00058820
4	Date	5 Payee name	•
	02/01/2024	DeWitt County GOP Luncheon	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$10.00	934 US Hwy 183	
		Cuero TV 770F4	
L		Cuero, TX 77954	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Event Expense	outside of Texas. Complete Schedule T.
	LXI ENDITORE		n, TX, officeholder living expense
		Sid-Miller Lu	ncheon
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	01/29/2024	Dragon Palace	
┝	Amount (\$)	Payee address; City; State; Zip Code	
	` '		
	\$35.33	5223 N. Navarro St.	
		Victoria, TX 77904	
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF		outside of Texas. Complete Schedule T.
	EXPENDITURE	1 00d/Develage Expense	n, TX, officeholder living expense
		Campaign M	eal with Team
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		Office field
L	<u> </u>		
	Date	Payee name	
	02/08/2024	El Norteno Mexican Restaurant	
H	Amount (\$)	Payee address; City; State; Zip Code	
	\$20.00	4105 Pt. Lavaca Drive	
	Φ20.00	4103 Ft. Lavaca Dilve	
		Victoria, TX 77901	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF		outside of Texas. Complete Schedule T.
	EXPENDITURE		n, TX, officeholder living expense
		Campaign M	eeting
			-
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		Office field
L			
ĺ			
1			

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gifl/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/11 Rpt: 10/17	Baldwin, W. Bret (Mr.) 00058820
4	Date	5 Payee name
	02/08/2024	Grapevine Cafe & Catering
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	110 Medical Dr., Ste. 102
		Victoria, TX 77904
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Meet and Greet
		Wicet and Greet
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	the state of the s
H	Date	Payee name
	02/12/2024	H&H Restaurant
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$14.34	719 Lott St.
		Yoakum, TX 77995
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign Meal
		Campaigh Meal
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payeo namo
	02/21/2024	Payee name HEB
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.04	1011 E. Broadway St.
		Cuero, TX 77954
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Gasoline
1		
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By - 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 above)						
		_			uide explains r	iow to coi	mpie	ete tnis form.	_			_
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers)	
	Sch: 5/11 Rpt: 11/17		Baldwin, W.	Bret (Mr.)						00058820		
4	Date	5	Payee name									٦
	02/07/2024			Tribune-Herald	I							
Ļ		 										4
6	Amount (\$)	7	Payee addres		State;	Zip Co	ae					
	\$414.00		P.O. Box 42	.7								
			Hallettsville,	TX 77964								
8	PURPOSE	(a)	Catagony				(h)	Description				-
ľ	OF	(۳)		e Categories listed at	the top of this sche	edule)	(2)		nutsi	de of Texas, Com	nplete Schedule T.	
	EXPENDITURE		Advertising	Expense				=		officeholder living	•	
								Ad		`		
9	Complete ONLY if direct	Ц	Condidate/Offic	ceholder name		effice cour	abt			Office he	ald	_
"	Complete ONLY if direct expenditure to benefit C/OI		zariuludle/UIII	Lenoidei Haille	U	ffice sou	yııı			Office fi	ciu	
												_
	Date		Payee name									
	02/08/2024		Head Strong	g Band								
	Amount (\$)	H	Payee addres	ss; City;	State:	Zip Co	de					-
	\$100.00		908 S. Laure		,	•						
	Ψ100.00		Joo J. Laur	ont ot.								
			Victoria, TX	77901								
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Event Exper					Check if travel	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITORE							ш		officeholder living	g expense	
								Band Apprec	iatio	on		
	Complete ONLY if direct		Candidate/Offic	ceholder name	0	ffice sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
-	Date		Dayoo nama									=
			Payee name	untillorold Tri	huna							
	02/21/2024		Jackson Co	unty Herald-Tri	burie							
	Amount (\$)		Payee addres		State;	Zip Co	de					
	\$283.50		306 N. Wells	s St.								
			Edna, TX 77	957								
	PURPOSE	(2)				1	(h)	Description				4
	OF	ره) ا		e Categories listed at	the top of this sche	edule)	(D)	Description Check if travel of	nutsi	de of Texas, Com	plete Schedule T.	
	EXPENDITURE		Advertising	Expense				<u></u>		officeholder living		
								Ad		`		
\vdash	Complete ONLY if direct	Ц,	Candidato/Offic	ceholder name		ffice sou	aht			Office h	ald	\dashv
	expenditure to benefit C/OI		zariuluale/OIII	choluel Hallie	U	mice Soul	grit			Office H	ciu	
												_

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

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

Reimbursement Solicitation/Fundraising Expense
ental 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 complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 6/11 Rpt: 12/17	Baldwin, W. Bret (Mr.) 00058820
4	Date	5 Payee name
	01/26/2024	Nicholson, Chris (Mr.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	P. O. Box 1057
		Galveston, TX 77553
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Advisement
_		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/08/2024	Nicholson, Chris (Mr.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$750.00	P. O. Box 1057
		Galveston, TX 77553
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Advisement
		Auvisement
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Data	
	Date 02/07/2024	Payee name Office Ponet
		Office Depot
	Amount (\$)	Payee address; City; State; Zip Code
	\$16.24	5106 N. Navarro St.
		Victoria, TX 77904
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Printing Paper
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	•

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 complete this form.
1	Total pages Schedule F1: Sch: 7/11 Rpt: 13/17	2 FILER NAME Baldwin, W. Bret (Mr.) 3 Filer ID (Ethics Commission Filers) 00058820
4	Date 01/31/2024	5 Payee name Rapid Printing
6	Amount (\$) \$862.75	7 Payee address; City; State; Zip Code 1708 N. Navarro St., Suite 300
8	PURPOSE	Victoria, TX 77901
o	OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Signage
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 02/17/2024	Payee name Shell
	Amount (\$) \$25.00	Payee address; City; State; Zip Code 13515 US 87 North
		Nursery, TX 77976
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Gasoline
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 02/02/2024	Payee name Shiner Chamber of Commerce
	Amount (\$) \$40.00	Payee address; City; State; Zip Code 817 Avenue E
		Shiner, TX 77984
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Annual Chamber Banquet
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe

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

eimbursement Solicitation/Fundraising Expense
Intal Expense Transportation Equipment & Related Expense
Travel in District
Intract Labor OTHER (enter a category not listed above)

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee Leg	/Awards/Memorials Expense al Services e Instruction Guide exp	Salaries/V	Vages/	Contract Labor		OTHER (enter a	a category not listed above)
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1	Total pages Schedule F1:						3	Filer ID	(Ethics Commission Filers)
	Sch: 8/11 Rpt: 14/17	Baldwin, W. Bı	ret (Mr.)					00058820	
4	Date	5 Payee name							
	01/27/2024	Speedy Stop							
6	Amount (\$)	7 Payee address;	City;	State; Zip Co	de				
	\$30.00	3107 7th St							
		Bay City, TX 7	7414						
8	PURPOSE	(a) Category (See C	ategories listed at the top of	this schedule)	(b)	Description			
	OF EXPENDITURE	Travel In Distri	ct			브			pplete Schedule T.
						Gasoline	, IX,	officeholder living	g expense
						Gasonne			
_	2 1 2 2 2 2 2 2 2 2	- "		2.00					
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeh	older name	Office sou	ght			Office he	eld
	Date	Payee name							
	01/29/2024	Speedy Stop							
	Amount (\$)	Payee address;	City;	State; Zip Co	de				
	\$13.04	5907 N. Navar	ro						
		Victoria, TX 77	'904						
	PURPOSE OF	(a) Category (See C	ategories listed at the top of	this schedule)	(b)	Description			
	EXPENDITURE	Travel In Distri	ct			=			plete Schedule T.
						Gasoline	, I.A.,	officeholder living	g expense
						Casoniic			
	Complete ONLY if direct	Candidate/Officeh	nolder name	Office sou	abt			Office he	ald
	expenditure to benefit C/O		loider name	Office Sou	gnı			Office fie	eiu
	·								
	Date	Payee name							
	02/13/2024	Speedy Stop							
	Amount (\$)	Payee address;	City;	State; Zip Co	de				
	\$40.00	5907 N. Navar	ro						
		Victoria, TX 77	'904						
	PURPOSE OF		ategories listed at the top of	this schedule)	(b)	Description			
	EXPENDITURE	Travel In Distri	ct			<u> </u>			plete Schedule T.
						Gasoline	, I.A.,	officeholder living	g expense
						Casonile			
_	Complete ONLY if direct	Candidata/Office	aoldor nomo	Office	abt			Office	old
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeh	ioiuei name	Office sou	yııı			Office he	c iu
-	rms provided by Tayas E	thios Commission	MARANA OT	hice etate tv i	10				Version V3 5 1 0000c47

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
vertising Expense Event Expense Loan Repayment/Reimbu

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 9/11 Rpt: 15/17	Baldwin, W. Bret (Mr.) 00058820
4	Date	5 Payee name
	02/20/2024	Speedy Stop
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$50.00	8701 N. Navarro
		Victoria, TX 77904
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Gasoline and Breakfast Taco
		Gasonine and Dieaklast Taco
Ļ	Complete ONLY if direct	Condidate/Officeholder name
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	· 	
	Date	Payee name
	02/09/2024	Starbucks
	Amount (\$)	Payee address; City; State; Zip Code
	\$6.39	7105 N. Navarro St.
		Victoria, TX 77904
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Coffee Meeting
		Collect Meeting
_	Opening the ONLY if allowed	Open Highest (Office health and a second sec
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	<u>'</u>	
	Date	Payee name
	02/14/2024	Taqueria El Rodeo II
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.00	3402 Sam Houston Dr.
		Victoria, TX 77901
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Campaign Meal
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

Advertising Expense Ex Accounting/Banking Fe Consulting Expense Fo Contributions/ Donations Made By - Gandidate/Officeholder/Political Committee Least Contributions Fe Contribu

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

nse Travel in Districtionse Travel Out of Districtionse OTHER (enter a contract Labor OTHER (ent

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 complete this form.	
1	Total pages Schedule F1: Sch: 10/11 Rpt: 16/17	2 FILER NAME Baldwin, W. Bret (Mr.)	3 Filer ID (Ethics Commission Filers) 00058820
4	Date 02/16/2024	5 Payee name Texan	
6	Amount (\$) \$19.03	7 Payee address; City; State; Zip Code 25 North Kessler Ave.	
8	PURPOSE OF EXPENDITURE	Traver out or District	outside of Texas. Complete Schedule T. , TX, officeholder living expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought H	Office held
	Date 01/29/2024	Payee name UPS Store	
	Amount (\$) \$8.12	Payee address; City; State; Zip Code 1708 North Navarro St. Victoria, TX 77901	
	PURPOSE OF EXPENDITURE	1 Advertising Expense	outside of Texas. Complete Schedule T. , TX, officeholder living expense DNS
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 02/08/2024	Payee name UPS Store	
	Amount (\$) \$25.98	Payee address; City; State; Zip Code 8806 North Navarro St., Ste. 600	
		Victoria, TX 77904	
	PURPOSE OF EXPENDITURE	I Tilluling Experise	outside of Texas. Complete Schedule T. , TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
	Sch: 11/11 Rpt: 17/17	Baldwin, W. Bret (Mr.) 00058820			
4	Date	5 Payee name			
	02/14/2024	Victoria Chamber of Commerce			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$40.00	106 E. Forrest St.			
		Victoria, TX 77901			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense Chamber Luncheon - Education Region 3			
		Chamber Education Region 3			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
ľ	expenditure to benefit C/O				
⊨	Date	Payee name			
	02/13/2024	Walmart			
⊢	Amount (\$)				
	\$6.37	Payee address; City; State; Zip Code 9002 N. Navarro St.			
	Φ0.57	9002 N. Navalio St.			
		Vr			
		Victoria, TX 77904			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		Zip Ties			
┢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O	1			
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ı					