

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: <div style="text-align: center; font-size: 2em;">17</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: Mr FIRST: Max LAST: field MI: _____ NICKNAME: Max LAST: Baker SUFFIX: _____	OFFICE USE ONLY Date Received <div style="font-size: 1.5em; font-weight: bold;">City Clerk</div> <div style="font-size: 1.2em; font-weight: bold;">OCT 28 2019</div> <div style="font-size: 1.5em; font-weight: bold;">City of San Marcos</div>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1113 Haynes St San Marcos TX 78666 <input type="checkbox"/> Change of Address		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: (512) PHONE NUMBER: 393 EXTENSION: 4287		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: Ms. FIRST: Kaycee LAST: Baker MI: _____ NICKNAME: _____ LAST: _____ SUFFIX: _____	Receipt #	Amount \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1113 Haynes St San Marcos, TX 78666	
8 CAMPAIGN TREASURER PHONE	AREA CODE: (956) PHONE NUMBER: 200-3326 EXTENSION: _____		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 7 / 16 / 19 10 / 28 / 19		
11 ELECTION	ELECTION DATE Month Day Year 11 / 05 / 19	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) City Council Place One	
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

Maxfield Baker

15 Filer ID (Ethics Commission Filers)

16 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

PECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ *964.40*

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ *3,654.40*

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ *241.80*

4. TOTAL POLITICAL EXPENDITURES

\$ *3,485.81*

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

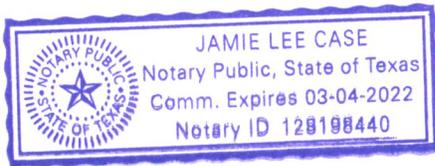
\$ *168.59*

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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.

Maxfield Baker

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said *Maxfield Baker*, this the *28th* day of *October*, 20 *19*, to certify which, witness my hand and seal of office.

Sam Lee Case

Signature of officer administering oath

Jamie Lee Case

Printed name of officer administering oath

City Clerk

Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>Maxfield Baker</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,654.40
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 157.54
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	\$ 3,485.81
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 type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 3

2 FILER NAME Maxfield Baker

3 Filer ID (Ethics Commission Filers)

4 Date
7/17/2019

5 Full name of contributor out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

PJ Rojas
6 Contributor address; City; State; Zip Code Austin, TX 78746
3801 N. Capitol of TX Hwy E240

\$ 100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
7/17/2019

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Dorothy Baker
Contributor address; City; State; Zip Code
1818 S. Ardmore Ave. Los Angeles, CA 90006

\$ 100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
7/19/2019

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Diana Baker
Contributor address; City; State; Zip Code
727 Belvin San Marcos, TX 78666

\$ 250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
7/19/2019

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Kim Blackson Clogston
Contributor address; City; State; Zip Code
808 W. Bluebonnet Dr. San Marcos, TX 78666

\$ 100.00

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 7

2 FILER NAME Maxfield Baker

3 Filer ID (Ethics Commission Filers)

4 Date 8/10/2019
 5 Full name of contributor out-of-state PAC (ID#: _____)
Christopher Jones
 6 Contributor address; City; State; Zip Code
1818 S. Ardmore Ave. Los Angeles, CA 90006

7 Amount of contribution (\$)
\$100.00

8 Principal occupation / Job title (See Instructions) _____
 9 Employer (See Instructions) _____

Date 8/10/2019
 Full name of contributor out-of-state PAC (ID#: _____)
Joe Aldawa
 Contributor address; City; State; Zip Code
284 Malohi Rd. Unit 102, Wahiawa, HI 95113

Amount of contribution (\$)
\$75.00

Principal occupation / Job title (See Instructions) _____
 Employer (See Instructions) _____

Date 8/10/2019
 Full name of contributor out-of-state PAC (ID#: _____)
Mikson Ehimika
 Contributor address; City; State; Zip Code
401 E. Comellia Ave. Apt 205E, McAllen TX 78501

Amount of contribution (\$)
\$50.00

Principal occupation / Job title (See Instructions) _____
 Employer (See Instructions) _____

Date 8/12/2019
 Full name of contributor out-of-state PAC (ID#: _____)
Nancy Baker
 Contributor address; City; State; Zip Code
30388 145th Rd. Grant City, MO 64456

Amount of contribution (\$)
\$100.00

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **7**

2 FILER NAME
Maxfield Baker

3 Filer ID (Ethics Commission Filers)

4 Date
8/13/2019

5 Full name of contributor out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code
Maggie Tominey
4711 Lake George Ln. Austin, TX 78754

\$100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
8/14/2019

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address; City; State; Zip Code
Jason Sherman
116 Hughson Ct. San Marcos, TX 78666

\$55.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
8/19/2019

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address; City; State; Zip Code
Nicholas Steger
1251 N. 2BJ #1 San Marcos, TX 78666

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
8/20/2019

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address; City; State; Zip Code
Shae Lewis
122 Nance St. San Marcos, TX 78666

\$75.00

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

The instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>7</u>
2 FILER NAME: <u>Maxfield Baker</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>9/10/2019</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Ana Juarez</u>	7 Amount of contribution (\$) <u>\$100.00</u>
6 Contributor address; City; State; Zip Code <u>342 Newberry Trl. San Marcos, TX 78666</u>		

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
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Date <u>9/25/2019</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Omar Baca</u>	Amount of contribution (\$) <u>\$100.00</u>
Contributor address; City; State; Zip Code <u>701 Dewitt San Marcos, TX 78666</u>		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date <u>9/28/2019</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Angie Johnson</u>	Amount of contribution (\$) <u>\$300.00</u>
Contributor address; City; State; Zip Code <u>5300 Hillyard Rd. San Marcos, TX 78666</u>		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date <u>9/28/2019</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Cory Glisson-Munier</u>	Amount of contribution (\$) <u>\$50.00</u>
Contributor address; City; State; Zip Code <u>305 Wild Plum San Marcos, TX 78666</u>		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **7**

2 FILER NAME

Max Reld Baker

3 Filer ID (Ethics Commission Filers)

4 Date

10/2/19

5 Full name of contributor

Dorothy Baker

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$100

6 Contributor address;

City; State; Zip Code

1818 S. Ardmore Ave Los Angeles, CA 90006

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/2/19

Full name of contributor

Diana Baker

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$80

Contributor address;

City; State; Zip Code

727 Belvin San Marcos, TX 78666

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/5/19

Full name of contributor

Jose Paredes

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$100

Contributor address;

City; State; Zip Code

324 Newberry Trail San Marcos, TX 78666

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/5/19

Full name of contributor

Melody Cunny

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$100

Contributor address;

City; State; Zip Code

621 Franklin Dr San Marcos, TX 78666

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>7</u>
2 FILER NAME <p style="text-align: center; font-size: 1.2em;">Max Rield Baker</p>		3 Filer ID (Ethics Commission Filers)
4 Date <p style="font-size: 1.2em;">10/5/19</p>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 1.2em;">Samuel Hernandez</p> 6 Contributor address; City; State; Zip Code <p style="font-size: 1.2em;">115 Turkey Hollow Cir San Marcos, TX 78666</p>	7 Amount of contribution (\$) <p style="font-size: 1.2em;">\$50</p>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <p style="font-size: 1.2em;">10/07/2019</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 1.2em;">Lisa Prewitt</p> Contributor address; City; State; Zip Code <p style="font-size: 1.2em;">614 Maury St. San Marcos TX 78666</p>	Amount of contribution (\$) <p style="font-size: 1.2em;">\$100.00</p>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <p style="font-size: 1.2em;">10/19/2019</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 1.2em;">Alex Romel</p> Contributor address; City; State; Zip Code <p style="font-size: 1.2em;">12410 Little York Rd. Apt. 1313 Houston, TX 77041</p>	Amount of contribution (\$) <p style="font-size: 1.2em;">\$75.00</p>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <p style="font-size: 1.2em;">10/22/2019</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 1.2em;">Mary Cauble</p> Contributor address; City; State; Zip Code <p style="font-size: 1.2em;">605 Rogers San Marcos, TX 78666</p>	Amount of contribution (\$) <p style="font-size: 1.2em;">\$200.00</p>
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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **7**

2 FILER NAME **Maxfield Baker**

3 Filer ID (Ethics Commission Filers)

4 Date
10/22/2019

5 Full name of contributor out-of-state PAC (ID#: _____)
Karen + Karl Brown

7 Amount of contribution (\$)
\$100.00

6 Contributor address; City; State; Zip Code
834 W. Hopkins San Marcos TX 78666

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <u>1</u>	
2 FILER NAME <u>Max Field Baker</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <u>10/5/19</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Aaron Fides</u>	8 Amount of Contribution \$ <u>\$69.45</u>	9 In-kind contribution description <u>Cuevas produce HEB Supplies</u>
7 Contributor address; City; State; Zip Code <u>717 Barbara Dr San Marcos, TX 78666</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		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)			

Date <u>10/5/19</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Wildflower Country Inn</u>	Amount of Contribution \$ <u>\$88.00</u>	In-kind contribution description <u>Tables & chairs</u>
Contributor address; City; State; Zip Code <u>900 Ranch to Market 32 San Marcos, TX 78666</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / 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)			

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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | 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: 6		2 FILER NAME Maxfield Baker		3 Filer ID (Ethics Commission Filers)	
4 Date 7/20/2019		5 Payee name Print This			
6 Amount (\$) \$315.00		7 Payee address; City; State; Zip Code 13334 State Hwy 123, Seguin TX 78155			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Signs	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 8/1/2019		Payee name Enoch Rios			
Amount (\$) \$100.00		Payee address; City; State; Zip Code 1021 Haynes St. San Marcos, TX 78666			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contract Labor		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Graphic Design	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 8/7/2019		Payee name Pak Mail - Thorpe Ln.			
Amount (\$) 184.02		Payee address; City; State; Zip Code 1101 Thorpe Ln. #105 San Marcos, TX 78666			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Printing Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walking Push cards	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | 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: 6	2 FILER NAME Maxfield Baker	3 Filer ID (Ethics Commission Filers)
4 Date 8/9/2019	5 Payee name Print This	
6 Amount (\$) \$200.00	7 Payee address; City; State; Zip Code 13333 N. State Hwy 123 E, Seguin, TX 78155	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Signs
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 8/10/2019	Payee name McCoy's Building Supply	
Amount (\$) \$31.96	Payee address; City; State; Zip Code 110 Wonder World Dr. San Marcos TX 78666	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other - sign materials	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense T-posts
	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 8/27/2019	Payee name Print This	
Amount (\$) \$530.00	Payee address; City; State; Zip Code 13333 N. State Hwy 123 E Seguin, TX 78155	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Signs
	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE 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.

1 Total pages Schedule F1: 6	2 FILER NAME Maxfield Baker	3 Filer ID (Ethics Commission Filers)
4 Date 8/29/2019	5 Payee name McCoy's Building Supply	
6 Amount (\$) 39.94	7 Payee address; City; State; Zip Code 110 Wonderland Drive San Marcos, TX 78666	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other - Sign Materials	(b) Description <input type="checkbox"/> Check If travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check If Austin, TX, officeholder living expense T-Posts
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 8/31/2019	Payee name Face Book	
Amount (\$) 63.99	Payee address; City; State; Zip Code 1602 Willow Rd Menlo Park CA 94025	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description <input type="checkbox"/> Check If travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check If Austin, TX, officeholder living expense Sponsored Ads
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 9/5/2019	Payee name Print This	
Amount (\$) 101.50	Payee address; City; State; Zip Code 13331 North state Hwy 123 E Sequin, TX 78155	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description <input type="checkbox"/> Check If travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check If Austin, TX, officeholder living expense Campaign Signs
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | 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: <u>6</u>		2 FILER NAME <u>Max Field Baker</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>9/16/19</u>		5 Payee name <u>Pak Mail - Thorpe Lane</u>			
6 Amount (\$) <u>21.03</u>		7 Payee address; City; State; Zip Code <u>1101 Thorpe Ln #105 San Marcos, TX 78666</u>			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Printing Expense</u>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <u>Printing Buttons</u>		
	Candidate / Officeholder name		Office sought		Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date <u>9/24/19</u>		Payee name <u>Print This</u>			
Amount (\$) <u>215.00</u>		Payee address; City; State; Zip Code <u>13330 N State Hwy 123 E Seguin, TX 78155</u>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Printing Expense</u>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <u>Campaign Signs</u>		
	Candidate / Officeholder name		Office sought		Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date <u>9/30/19</u>		Payee name <u>Face Book</u>			
Amount (\$) <u>82.21</u>		Payee address; City; State; Zip Code <u>1601 Willow Rd Menlo Park CA 94025</u>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Advertising</u>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <u>Sponsored Ads</u>		
	Candidate / Officeholder name		Office sought		Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 6	2 FILER NAME Max Røeld Baker	3 Filer ID (Ethics Commission Filers)
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4 Date 10/4/19	5 Payee name Pak Mail Thorpe Lane
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6 Amount (\$) 68.12	7 Payee address; City; State; Zip Code 1101 Thorpe Ln San Marcos, TX 78666
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing Buttons
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/14/2019	Payee name Pak Mail - Thorpe Lane
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Amount (\$) \$200.26	Payee address; City; State; Zip Code 1101 Thorpe Ln. San Marcos, TX 78666
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing Fliers
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/15/2019	Payee name Print This
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Amount (\$) \$215.00	Payee address; City; State; Zip Code 13330 N. State Hwy 123 E Seguin, TX 78155
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Signs
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 6		2 FILER NAME Maxfield Baker		3 Filer ID (Ethics Commission Filers)	
4 Date 10/20/2019		5 Payee name San Marcos Daily Record			
6 Amount (\$) \$ 283.00		7 Payee address; City; State; Zip Code P.O. Box 1109 San Marcos, TX 78666			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Newspaper Ad		
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name	Office sought	Office held
Date 10/22/2019		Payee name Print This			
Amount (\$) \$ 230.00		Payee address; City; State; Zip Code 13330 N. State Hwy. 123 E Seguin, TX 78155			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Signs		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name	Office sought	Office held
Date 10/24/2019		Payee name TXST -The University Star			
Amount (\$) \$ 435.00		Payee address; City; State; Zip Code 601 University Drive - Trinity Building - San Marcos, TX 78666			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name	Office sought	Office held

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