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 Use Only)

2 Total pages filed: 9

OFFICE USE ONLY

Date Received

City Clerk

OCT 05 2020

City of San Marcos

Date Hand Delivered or Date Postmarked

Receipt #

Amount $

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: MR

FIRST: Omar

MI: I

NICKNAME

LAST: Baca

SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS (PO BOX) / APT / SUITE #: 701 Dewitt Dr

CITY: San Marcos

STATE: TX

ZIP CODE: 78666

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE: (512)

PHONE NUMBER: 796-0859

EXTENSION

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: MS

FIRST: Heather

MI: R

NICKNAME

LAST: Baca

SUFFIX

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE): 701 Dewitt Dr.

APT / SUITE #:

CITY: San Marcos

STATE: TX

ZIP CODE: 78666

8 CAMPAIGN TREASURER PHONE

AREA CODE: (512)

PHONE NUMBER: 796-0507

EXTENSION

9 REPORT TYPE

☐ January 15th
☒ 30th day before election
☐ Runoff
☐ 15th day after campaign treasurer appointment (Officeholder Only)
☐ July 15th
☐ 8th day before election
☐ Exceeded Modified Reporting Limit
☐ Final Report (Attach C/OH TH)

10 PERIOD COVERED

Month / Day / Year: 08 / 21 / 2020 THROUGH 10 / 04 / 2020

11 ELECTION

ELECTION DATE: Month / Day / Year: 11 / 03 / 2020

ELECTION TYPE: ☐ Primary ☐ Runoff ☐ Other (Description) ☐ General ☒ Special

12 OFFICE

OFFICE TITLE (If any)

13 OFFICE SOUGHT (If known): San Marcos City Council Place 5

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME: Omar Baca

15 Filer ID (Ethics Commission Filer)

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	
☐ SPECIFIC	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
☐ Additional Pages	COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	$ Ø
	2. **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 1335.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	$ Ø
	4. **TOTAL POLITICAL EXPENDITURES**	$ 854.12
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 481.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ Ø

18 AFFIDAVIT

SAMANTHA KAYE NIELS
Notary Public, State of Texas
Comm. Expires 02-08-2024
Notary ID 130519170

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.

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Omar Baca, this the 5th day of October, 20 20. In certify which, witness my hand and seal of office.

Signature of officer administering oath | Printed name of officer administering oath: Samantha Kaye Niels | Title of officer administering oath: Notary Public

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
Omar Baca	

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. ☒ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 1335
2. ☐ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$ 0
3. ☐ SCHEDULE B: PLEDGED CONTRIBUTIONS	$ 0
4. ☐ SCHEDULE E: LOANS	$ 0
5. ☐ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 851.12
6. ☐ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$ 0
7. ☐ SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	$ 0
8. ☐ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	$ 0
9. ☐ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	$ 0
10. ☐ SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	$ 0
11. ☐ SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 0
12. ☐ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	$ 0

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 4

2 FILER NAME: Omar Baca

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:)	7 Amount of contribution ($)
9-11-20	Heather Baca	$50
	6 Contributor address; City; State; Zip Code: 701 Dewitt Dr 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 ($)
09-19-20	Karma Davis	$25
	Contributor address; City; State; Zip Code: 1310 Perkins San Marcos, TX 78666	

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Amount of contribution ($)
09-25-20	Kristin Gagley	$250
	Contributor address; City; State; Zip Code: 1108 W. Sanantonio, San Marcos, TX 78666	

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Amount of contribution ($)
09-28-20	Henry Martinez	$100
	Contributor address; City; State; Zip Code: 1232 Fountain View Ln. 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: 4

2 FILER NAME: Omar Baca

3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:)	7 Amount of contribution ($)
09-28-20	Kama Davis 6 Contributor address; City; State; Zip Code 1310 Perkins San Marcos TX 78666	$25

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Amount of contribution ($)
09-23-20	Karl Brown Contributor address; City; State; Zip Code 831 W Hopkins St San Marcos, TX 78666	$250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Amount of contribution ($)
10-4-20	John Adams Contributor address; City; State; Zip Code 530 Jade Dr. San Marcos, TX 78666	$10

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Amount of contribution ($)
10-4-20	Devon Jewis Contributor address; City; State; Zip Code 181 Oak Mesa San Marcos, TX 78666	$25

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: 4

2 FILER NAME: Omar Baca

3 Filer ID (Ethics Commission Filers):

4 Date: 10-04-20

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

6 Contributor address: 108 Cockerham, Apt B, Kyle, TX 78640 — City: — State: — Zip Code:

7 Amount of contribution ($): $25

8 Principal occupation / Job title (See Instructions):

9 Employer (See Instructions):

Date: 10-4-20

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

Contributor address: 113 Hughson Ct, San Marcos, TX 78666 — City: — State: — Zip Code:

Amount of contribution ($): $25

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date: 10-4-20

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

Contributor address: 1915 Mallorca Way, San Marcos, TX 78666 — City: — State: — Zip Code:

Amount of contribution ($): 25

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date: 10-4-20

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

Contributor address: 1317 Wall St, San Marcos, TX 78666 — City: — State: — Zip Code:

Amount of contribution ($): 25

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: 4

2 FILER NAME: Omar Baca

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____)	7 Amount of contribution ($)
09-23-20	Texas Realtors PAC	
	6 Contributor address: PO Box 2246 City: Austin State: TX Zip Code: 78768	

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.

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
Food
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services
Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2

2 FILER NAME: Omar Baca

3 Filer ID (Ethics Commission Filers):

4 Date: 09-23-20

5 Payee name: Sign Arts

6 Amount ($): $403.34

7 Payee address: 205 Cheatham St #4 City: San Marcos State: TX Zip Code: 78666

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): Printing expense

(b) Description: Stickers for signs

(c) ☐ Check if travel outside of Texas. Complete Schedule T ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name: Office sought: Office held:

Date: 09-25-20

Payee name: Sign Arts

Amount ($): $248.40

Payee address: 205 Cheatham St #4 City: San Marcos State: TX Zip Code: 78666

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): Printing Expense

Description: Stickers for signs

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name: Office sought: Office held:

Date: 09-29-20

Payee name: Lowes

Amount ($): $34.51

Payee address: 5753 Kyle Pkwy City: Kyle State: TX Zip Code: 78640

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): Printing Expense

Description: Stakes for signs

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name: Office sought: Office held:

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2	2 FILER NAME: Omar Baca	3 Filer ID (Ethics Commission Filers)
4 Date: 10-04-20	5 Payee name: Vistaprint	
6 Amount ($): $167.87	7 Payee address: www.vistaprint.com	City: State: Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): Printing Expense	(b) Description: Post cards
	(c) ☐ Check if travel outside of Texas. Complete Schedule T	☐ Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date	Payee name	
Amount ($)	Payee address	City: State: Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	☐ Check if travel outside of Texas. Complete Schedule T	☐ Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date	Payee name	
Amount ($)	Payee address	City: State: Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	☐ Check if travel outside of Texas. Complete Schedule T	☐ Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED