

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:

10

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Omar

I

Baca

OFFICE USE ONLY

Date Received

City Clerk

OCT 27 2020

City of San Marcos

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

701 Dewitt Dr

San Marcos, TX 78666

Change of Address

5 CANDIDATE /
OFFICEHOLDER
PHONE

AREA CODE PHONE NUMBER EXTENSION

(512) 796-0259

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Heather

R

Baca

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

701 Dewitt Dr

San Marcos, TX 78666

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION

(512) 796-0507

9 REPORT TYPE

January 15

30th day before election

Runoff

15th day after campaign
treasurer appointment
(Officeholder Only)

July 15

8th day before election

Exceeded Modified
Reporting Limit

Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month Day Year

10 / 05 / 2020

THROUGH

Month Day Year

10 / 25 / 2020

11 ELECTION

ELECTION DATE

Month Day Year

11 / 03 / 2020

ELECTION TYPE

Primary

Runoff

Other
Description

General

Special

12 OFFICE

OFFICE HELD (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 I Baca 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.

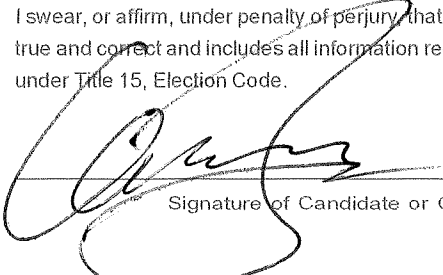
<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>\$1580.00</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>1,277.13</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>302.87</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

18 AFFIDAVIT

I swear, or affirm, under penalty of perjury that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said OMAR BACA, this the 27th day of October, 2020, to certify which, witness my hand and seal of office.

Jimmey K Cook Signature of officer administering oath
Tammy K. Cook Printed name of officer administering oath
Interim City Clerk Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,580-
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 300-
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1,277.13
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/> 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 I Baca

3 Filer ID (Ethics Commission Filers)

4 Date

10-5-20

5 Full name of contributor

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

Steven Stallings

7 Amount of contribution (\$)

\$25-

6 Contributor address;

City;

State;

Zip Code

2308 E 4th St Austin, TX 78666

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10-5-20

Full name of contributor

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

John Archer

Amount of contribution (\$)

\$1000-

Contributor address;

City;

State;

Zip Code

2364 Normandy Grace, New Braunfels TX 78130

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Owner/Partner

MAO Law

Date

10-5-20

Full name of contributor

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

Sue Cody

Amount of contribution (\$)

\$25-

Contributor address;

City;

State;

Zip Code

154 Silo St San Marcos, TX 78666

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-5-20

Full name of contributor

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

Kenneth Bell

Amount of contribution (\$)

\$25-

Contributor address;

City;

State;

Zip Code

1115 Catalina Way Apt G El Paso, TX

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 I Baca

3 Filer ID (Ethics Commission Filers)

4 Date

10-5-20

5 Full name of contributor

Daniel Baca

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

7 Amount of contribution (\$)

\$ 25-

6 Contributor address;

City;

State;

Zip Code

1917 E. Rio Grande El Paso, TX 79902

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10-7-20

Full name of contributor

Rebecca Franchione

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

Amount of contribution (\$)

\$ 100-

Contributor address;

City;

State;

Zip Code

138 Old Settlers Dr San Marcos, TX 78666

Principal occupation / Job title (See Instructions)

Actress

Employer (See Instructions)

Self-employed

Date

10-6-20

Full name of contributor

Estella Cruz

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

Amount of contribution (\$)

\$ 60

Contributor address;

City;

State;

Zip Code

705 Dewitt Dr San Marcos TX 78666

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

n/a

Date

10-7-20

Full name of contributor

John King

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

Amount of contribution (\$)

\$ 100-

Contributor address;

City;

State;

Zip Code

1002 Silbury Dr ~~San Marcos~~ Austin TX 78758

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 I Baca

3 Filer ID (Ethics Commission Filers)

4 Date

10-23-20

5 Full name of contributor

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

Kayla Sustaita

6 Contributor address;

1506 S. 135

City;

State;

Zip Code

Apt 5011

San Marcos, TX 78666

7 Amount of contribution (\$)

\$50-

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10-17-20

Full name of contributor

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

Roger Chapina

Contributor address;

City;

State;

Zip Code

960 S. Manhattan Pl Los Angeles, CA 90019

Amount of contribution (\$)

\$25-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-14-20

Full name of contributor

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

Ernesto Diaz

Contributor address;

2305 Sylvan Ln

City;

State;

Zip Code

Glendale, CA 91208

Amount of contribution (\$)

\$25-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-13-20

Full name of contributor

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

Gabriel Baca

Contributor address;

705 Cheltenham Ar

City;

State;

Zip Code

El Paso, TX 78666

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 I Baca

3 Filer ID (Ethics Commission Filers)

4 Date

10-8-20

5 Full name of contributor

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

Caroline Garriott

7 Amount of contribution (\$)

\$20-

6 Contributor address;

City;

State;

Zip Code

103 Hill Dr San Marcos, TX 78664

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10-13-20

Full name of contributor

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

Laura Mellett

Amount of contribution (\$)

\$100

Contributor address;

City;

State;

Zip Code

1509 Elliott Ranch Rd

Buda, TX 78610

Principal occupation / Job title (See Instructions)

Writer

Employer (See Instructions)

Raise Your Hand Texas

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:

1

2 FILER NAME

Omar Baca

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$ 300-

5 Date

10-10-20

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

Scott Moore

8 Amount of Contribution \$

300

9 In-kind contribution description

Digital Bill

7 Contributor address; City; State; Zip Code

2880 Goforth Rd Kyle, TX 78640

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)

Soccer Coach

11 Employer (FOR NON-JUDICIAL)(See Instructions)

Self-employed

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

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

Amount of Contribution \$

In-kind contribution description

Contributor address; City; State; Zip Code

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)

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: 2	2 FILER NAME Amar I Baca	3 Filer ID (Ethics Commission Filers)
4 Date 10-6-20	5 Payee name Lowe's	
6 Amount (\$) \$ 90.43	7 Payee address; City; State; Zip Code 2211 IH35 S. San Marcos, TX 78666	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description wood and stakes for signs
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 10-10-20	Payee name Sign Arts	
Amount (\$) \$ 775.31	Payee address; City; State; Zip Code 205 Cheatham St #4, San Marcos, TX 78666	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Signs for yards
	<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

Date 10-13-20	Payee name Lowe's	
Amount (\$)	Payee address; City; State; Zip Code 5753 Kyle Pkwy, Kyle, TX 78640	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Sign supplies
	<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

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: <p style="text-align:center">2</p>	2 FILER NAME <p style="text-align:center">Omar I Baca</p>	3 Filer ID (Ethics Commission Filers)
4 Date <p style="text-align:center">10-14-20</p>	5 Payee name <p style="text-align:center">Vista Print</p>	
6 Amount (\$) <p style="text-align:center">\$277.33</p>	7 Payee address; City; State; Zip Code <p style="text-align:center">http://www.vistaprint.com</p>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <p style="text-align:center">Printing Expense</p>	(b) Description <p style="text-align:center">Push cards</p>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> 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
	<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
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED