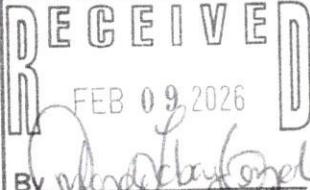


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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: <i>8</i>	
3 CANDIDATE / OFFICEHOLDER NAME	MS <input checked="" type="checkbox"/> MRS <input type="checkbox"/> MR	FIRST <i>Alma</i>	MI <i>G</i>	OFFICE USE ONLY <div style="border: 1px solid black; padding: 5px; display: inline-block;"> Date Received  <i>FEB 09 2026</i> <i>By [Signature]</i> </div>		
	NICKNAME	LAST <i>Baker</i>	SUFFIX			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX:	APT / SUITE #:	CITY:	STATE:	ZIP CODE	
<i>P.O. Box 63132 Pipe Creek, TX 78063</i>						
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE <i>(830)</i>	PHONE NUMBER	EXTENSION			
6 CAMPAIGN TREASURER NAME	MS <input checked="" type="checkbox"/> MRS <input type="checkbox"/> MR	FIRST <i>Jackie</i>	MI <i>C</i>	Receipt # <input type="text"/> Amount \$ <input type="text"/> Date Hand-delivered or Date Postmarked Date Processed Date Imaged		
	NICKNAME	LAST <i>Sandra Baker</i>	SUFFIX			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #:			CITY: <i>Pipe Creek</i>	STATE; ZIP CODE <i>TX 78063</i>	
8 CAMPAIGN TREASURER PHONE	AREA CODE <i>(830)</i>	PHONE NUMBER	EXTENSION			
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 type="checkbox"/> 8th day before election		<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month <i>1</i>	Day <i>01</i>	Year <i>2026</i>	Month <i>1</i>	Day <i>01</i>	Year <i>2026</i>
11 ELECTION	ELECTION DATE <i>3/3/2026</i>			ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Description		
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known) <i>Bandera County District Clerk</i>		
14 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"/> Additional Pages		COMMITTEE TYPE	COMMITTEE NAME			
		<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS			
		<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME			
			COMMITTEE CAMPAIGN TREASURER ADDRESS			

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

16 C/OH NAME

Alma G Baker

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION
TOTALS

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN
PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR
CONTRIBUTIONS MADE ELECTRONICALLY)

\$ - 0 -

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

\$ 356.00

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ - 0 -

4. **TOTAL POLITICAL EXPENDITURES**

\$ 2108.95

CONTRIBUTION
BALANCE

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

\$ 697.13

OUTSTANDING
LOAN TOTALS

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

\$ - 0 -

18 SIGNATURE

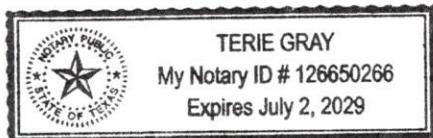
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Alma Baker

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Alma Baker this the 09 day of February,

20 2016, to certify which, witness my hand and seal of office.

Terie Gray

Printed name of officer administering oath

Sheriff's Admin Clerk

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____

(street)

(city)

(state)

(zip code)

(country)

Executed in _____ County, State of _____, on the _____ day of _____, 20_____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
Alma G Baker	
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 356.00
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
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	\$ 597.69
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 checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 1511.26
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

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.				1 Total pages Schedule A1: 1
2 FILER NAME <i>Alma G Baker</i>				3 Filer ID (Ethics Commission Filers)
4 Date <i>1-26-26</i>	5 Full name of contributor <i>Ashley Jennings</i>	<input type="checkbox"/> out-of-state PAC (ID#_____)		7 Amount of contribution (\$) <i>103.00</i>
	6 Contributor address; <i>Po Box 21</i>	City; <i>Moore</i>	State; <i>TX</i>	Zip Code <i>78057</i>
8 Principal occupation / Job title (See Instructions) <i>Housewife</i>		9 Employer (See Instructions)		
Date <i>1-26-26</i>	Full name of contributor <i>Consuelo Esters</i>	<input type="checkbox"/> out-of-state PAC (ID#_____)		Amount of contribution (\$) <i>103.00</i>
	Contributor address; <i>1701 Rogers Rd</i>	City; <i>Ft Worth</i>	State; <i>TX</i>	Zip Code <i>76109</i>
Principal occupation / Job title (See Instructions) <i>Active Student</i>		Employer (See Instructions)		
Date <i>1-13-26</i>	Full name of contributor <i>Bobbie Walden</i>	<input type="checkbox"/> out-of-state PAC (ID#_____)		Amount of contribution (\$) <i>100.00</i>
	Contributor address; <i>167 E Pipe Creek Dr,</i>	City; <i>Pipe Creek</i>	State; <i>TX</i>	Zip Code <i>78063</i>
Principal occupation / Job title (See Instructions) <i>Bookkeeper</i>		Employer (See Instructions) <i>Self</i>		
Date <i>1-13-26</i>	Full name of contributor <i>Brandon Baker</i>	<input type="checkbox"/> out-of-state PAC (ID#_____)		Amount of contribution (\$) <i>50.00</i>
	Contributor address; <i>1104 Buckhorn Trail</i>	City; <i>Pipe Creek</i>	State; <i>TX</i>	Zip Code <i>78063</i>
Principal occupation / Job title (See Instructions) <i>Fire fighter- EMT</i>		Employer (See Instructions) <i>Bexar County Emergency Services</i>		
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

If the requested information is not applicable, **DO NOT** include this page in the report.

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 FILER NAME <i>Alma G Baker</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>1-21-26</i>	5 Payee name <i>Campaign Partner</i>	
6 Amount (\$) <i>1.06</i>	7 Payee address; <i>Po Box 118</i>	City: <i>Still River</i> State: <i>Ma</i> Zip Code <i>01467</i>
	<input type="checkbox"/> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Fees</i>	(b) Description <i>Fee for on-line donation</i>
	(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 <i>Candidate / Officeholder name</i> Office sought <i>Office sought</i> Office held <i>Office held</i>	
Date <i>1-27-26</i>	Payee name <i>Amazon</i>	
Amount (\$) <i>156.39</i>	Payee address; <i>410 Terry Ave N</i>	City: <i>Seattle</i> State: <i>Wa</i> Zip Code <i>98109</i>
	<input type="checkbox"/> Check if individual's residence address.	
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	Description <i>Parade Decorations</i>
	<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 <i>Candidate / Officeholder name</i> Office sought <i>Office sought</i> Office held <i>Office held</i>	
Date <i>1-28-26</i>	Payee name <i>Zora Jo's</i>	
Amount (\$) <i>41.75</i>	Payee address; <i>Po Box 909</i>	City: <i>Lakehills</i> State: <i>Tx</i> Zip Code <i>78063</i>
	<input type="checkbox"/> Check if individual's residence address.	
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>Advertising</i>
	<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 <i>Candidate / Officeholder name</i> Office sought <i>Office sought</i> Office held <i>Office held</i>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES MADE
FROM POLITICAL CONTRIBUTIONS**

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

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 FILER NAME <i>Alma G Baker</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>1-2-26</i>	5 Payee name <i>USPS</i>	
6 Amount (\$) <i>50.00</i>	7 Payee address: <i>10005 State Hwy 165</i>	City: <i>Pipe Creek</i> State: <i>Tx</i> Zip Code: <i>78063</i>
<input type="checkbox"/> Check if individual's residence address.		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Overhead/Rental Expense</i>	(b) Description <i>P.O. Box rent</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name <i>Alma G Baker</i> Office sought <i>Bandera County District Clerk</i> Office held	
Date <i>1-2-26</i>	Payee name <i>Campaign Partner</i>	
Amount (\$) <i>49.00</i>	Payee address: <i>PO Box 118</i>	City: <i>Still River</i> State: <i>Ma.</i> Zip Code: <i>01467</i>
<input type="checkbox"/> Check if individual's residence address.		
P PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>Website</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name <i>Alma G Baker</i> Office sought <i>Bandera County District Clerk</i> Office held	
Date <i>1-5-26</i>	Payee name <i>Dri Uprinting</i>	
Amount (\$) <i>178.93</i>	Payee address: <i>8000 Haskell Ave</i>	City: <i>Van Nuys</i> State: <i>Ca.</i> Zip Code: <i>91406</i>
<input type="checkbox"/> Check if individual's residence address.		
P PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	Description <i>Cardstock</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name <i>Alma G Baker</i> Office sought <i>Bandera County District Clerk</i> Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES MADE
FROM POLITICAL CONTRIBUTIONS**

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

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 FILER NAME	3 Filer ID (Ethics Commission Filers)
3	Alma G Baker	
4 Date	5 Payee name	
2-1-26	Campaign Partner	
6 Amount (\$)	7 Payee address:	City: State: Zip Code
47,94	P.O Box 118	St. 11 River Ma 01467
<input type="checkbox"/> Check if individual's residence address.		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Advertising Expense	Website
	(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
	Alma G Baker	Office held Bandera County District Clerk
Date	Payee name	
2-2-26	Bandera County Chamber	
Amount (\$)	Payee address:	City: State: Zip Code
72.62	158 16 S Ste F	Bandera TX 78003
<input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Event Expense	Parade
	<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
	Alma G Baker	Office held Bandera County District Clerk
Date	Payee name	
Amount (\$)	Payee address:	City: State: Zip Code
<input type="checkbox"/> Check if individual's residence address.		
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		

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, **DO NOT** include this page in the report.

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 G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
1	Alma G Baker	
4 Date	5 Payee name	
12-31-25	Signs on the Cheap	
6 Amount (\$)	7 Payee address:	City; State; Zip Code
1511.26	11525 A Stonehollow Dr Ste 120	Austin TX 78758
<input type="checkbox"/> Check if individual's residence address.		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Advertising	Signs
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Candidate / Officeholder name Office sought Office held Complete <u>ONLY</u> if direct expenditure to benefit C/OH Alma G Baker Bandera County District Clerk		
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended <input type="checkbox"/> Check if individual's residence address.		
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	
Candidate / Officeholder name Office sought Office held Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended <input type="checkbox"/> Check if individual's residence address.		
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	
Candidate / Officeholder name Office sought Office held Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		