

**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
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST MI	<b>OFFICE USE ONLY</b>	
	NICKNAME LAST SUFFIX	Date Received 10/5/2015	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT/SUITE #; CITY; STATE; ZIP CODE	Date Hand-delivered or Date Postmarked	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION		
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MI	Receipt #	Amount
	NICKNAME LAST SUFFIX	Date Processed	
7 CAMPAIGN TREASURER ADDRESS (Residence)	STREET ADDRESS (No PO Box Please); APT/SUITE #; CITY; STATE; ZIP CODE	Date Imaged	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Final report (Attach C/OH - FR) <input checked="" type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> 15th day after campaign treasurer appointment(officeholder only)		
10 PERIOD COVERED	Month Day Year	THROUGH	Month Day Year
11 ELECTION	ELECTION DATE Month Day Year	ELECTION TYPE	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	

**CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS**

**FORM C/OH  
COVER SHEET PG 2**

14 FILER NAME Kendall L. Baker 15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

additional pages

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
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

GENERAL

SPECIFIC

17 CONTRIBUTION TOTALS	1	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$12,500.00
EXPENDITURE TOTALS	3	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4	TOTAL POLITICAL EXPENDITURES	\$8,254.74
CONTRIBUTION BALANCE	5	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$1,000.00
OUTSTANDING LOAN TOTALS	6	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$7,000.00

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.

Kendall L. Baker

\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOT STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering oath

\_\_\_\_\_  
Print name of officer administering oath

\_\_\_\_\_  
Title of officer administering oath

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

19 FILER NAME Kendall L. Baker		20 Filer ID (Ethics Commission Filers)
21	<b>SCHEDULE SUBTOTALS</b>	<b>SUBTOTAL</b>
	<b>NAME OF SCHEDULE</b>	<b>AMOUNT</b>
1	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	5500
2	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	
3	SCHEDULE B: PLEDGED CONTRIBUTIONS	
4	SCHEDULE E: LOANS	
5	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	
6	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	
7	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	
8	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	7000
9	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	
10	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	
11	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	

**CANDIDATE / OFFICEHOLDER REPORT:  
NOTICE FROM POLITICAL COMMITTEE(S)**

**FORM C/OH  
ADDENDUM**

C/OH NAME Kendall L. Baker

ACCOUNT # (Ethics  
Commission filers)

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.

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.	1 Total Pages Schedule A1:
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2 FILER NAME Kendall L. Baker	3 Filer ID (Ethics Commission filers)
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4 Date	5 Full name of contributor	<input type="checkbox"/>	out of state PAC(ID# )				
	Al Hartman						
	6 Contributor address; City; State; Zip Code					7	Amount of contributions (\$)
9/18/2015			Houston	TX	77057		\$2,500.00

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

4 Date	5 Full name of contributor	<input type="checkbox"/>	out of state PAC(ID# )				
	Stephen and Becky Riggle						
	6 Contributor address; City; State; Zip Code					7	Amount of contributions (\$)
9/23/2015			Montgomery	TX	77356		\$2,500.00

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

**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:
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2 FILER NAME Kendall L. Baker	3 Filer ID (Ethics Commission filers)
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4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS	\$
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5 Date	6 Full name of contributor <input type="checkbox"/> out of state PAC(ID# )	8 Amount of contributions (\$)	9 In-Kind contribution description
	7 Contributor address; City; State; Zip Code		
		<input type="checkbox"/>	Check if travel outside of Texas, complete Schedule T

10 Principal occupation / Job title (See Instructions)	11 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**

**PLEGGED CONTRIBUTIONS**

**SCHEDULE B**

The Instruction Guide explains how to complete this form.

1 Total Pages Schedule B:

2 FILER NAME Kendall L. Baker

3 Filer ID (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES: => => => => => =>

5 Date	6 Full name of pledgor <input type="checkbox"/> out of state PAC(ID# ____)	8 Amount of pledge (\$)	9. In-Kind contribution description
7 Pledgor address; City; State; Zip Code		<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T	

10 Principal occupation / Job title (See Instructions)

11 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**

LOANS		SCHEDULE E	
The Instruction Guide explains how to complete this form.		1 Total Pages Schedule E:	
2 FILER NAME Kendall L. Baker		3 Filer ID (Ethics Commission filers)	
4 TOTAL OF UNITEMIZED LOANS:      => => => => => =>			
5 Date of loan  8/27/2015	7 Name of lender  <input type="checkbox"/> out of state PAC(ID#)	9 Loan Amount (\$)	
6 Is Lender a Financial Institution?	8 Lender Address;  City;      State;      Zip Code	10 Interest rate	
		11 Maturity date	
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)	
14 Description of collateral  <input type="checkbox"/> none		15	Check if personal funds were deposited into political account (See instructions)
16 GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	17 Name of guarantor		19 Amount Guaranteed (\$)
	18 Guarantor address;  City;      State;      Zip Code		
20 Principal Occupation		21 Employer	



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Kendall L. Baker	3 Filer ID (Ethics Commission filers)
4 Date 8/27/2015	5 Payee name Aubrey R Taylor Communications	
6 Amount (\$) 3,500.00	7 Payee address; City; State; Zip Code 957 Nasa Parkway Houston TX 77058	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete ONLY if direct expendituree to benefit C/OH Candidate / Officeholder name office sought office held	

4 Date 9/4/2015	5 Payee name Aubrey R Taylor Communications	
6 Amount (\$) 2,500.00	7 Payee address; City; State; Zip Code 957 Nasa Parkway Houston TX 77058	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete ONLY if direct expendituree to benefit C/OH Candidate / Officeholder name office sought office held	

4 Date 8/27/2015	5 Payee name XPRINTCOPY	
6 Amount (\$) 580.00	7 Payee address; City; State; Zip Code 5650 Fondren Rd. Ste. D. Houston TX 77036	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description
	9 Complete ONLY if direct expendituree to benefit C/OH Candidate / Officeholder name office sought office held	

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Kendall L. Baker		3 Filer ID (Ethics Commission filers)
		<input type="checkbox"/>	Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held

4 Date  9/24/2015	5 Payee name  GSP Graphic		
6 Amount (\$)  1,626.74	7 Payee address; City; State; Zip Code  1804 Afton St.  Houston TX 77055		

8 PURPOSE OF EXPENDITURE	(a) Category		(b) Description  <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# UNPAID INCURRED OBLIGATIONS

# SCHEDULE F2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2:	2 FILER NAME Kendall L. Baker	3 Filer ID (Ethics Commission filers)
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$	
5 Date	6 Payee name	
7 Amount (\$)	8 Payee address; City; State; Zip Code	
9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
10 PURPOSE OF EXPENDITURE	(a) Category	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
11 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4:	2 FILER NAME Kendall L. Baker	3 Filer ID (Ethics Commission filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	
5 Date	6 Payee name	
7 Amount (\$)	8 Payee address; City; State; Zip Code	
9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
11 Complete ONLY if direct expendituree 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**

The Instruction Guide explains how to complete this form.

<b>1</b> Total Pages Schedule G:	<b>2</b> FILER NAME Kendall L. Baker	<b>3</b> FilerID (Ethics Commission filers)
<b>4</b> Date Baker	<b>5</b> Payee name 3750 Tanglewilde Apt 1	
<b>6</b> Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee Address; TX 77063	City; State; Zip Code 4,500.00
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	(a) Category	(b) Description  <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
		<b>9</b> Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

<b>4</b> Date Baker	<b>5</b> Payee name 3750 Tanglewilde Apt 1	
<b>6</b> Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee Address; TX 77063	City; State; Zip Code 2,500.00
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	(a) Category	(b) Description  <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
		<b>9</b> Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

**PAYMENT FROM POLITICAL CONTRIBUTIONS  
TO A BUSINESS OF C/OH**

**SCHEDULE H**

The Instruction Guide explains how to complete this form.

<b>1</b> Total Pages Schedule H:	<b>2</b> FILER NAME Kendall L. Baker	<b>3</b> Filer ID (Ethics Commission filers)
<b>4</b> Date	<b>5</b> Business name	
<b>6</b> Amount (\$)	<b>7</b> Business address;	City; State; Zip Code
<b>8</b> PURPOSE OF EXPENDITURE	(a) Category	(b) Description
		<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
		<input type="checkbox"/> Check if Austin, TX, office holder living expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE I**

The Instruction Guide explains how to complete this form.

<b>1</b> Total Pages Schedule I:	<b>2</b> FILER NAME Kendall L. Baker	<b>3</b> ACCOUNT # (Ethics Commission filers)
<b>4</b> Date	<b>5</b> Payee name	
<b>6</b> Amount (\$)	<b>7</b> Payee address;	City; State; Zip Code
<b>8</b> PURPOSE OF EXPENDITURE	(a) Category	(b) Description (See instructions regarding type of information required)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILERS

**SCHEDULE K**

The Instruction Guide explains how to complete this form.

<b>1</b> Total Pages Schedule K:	
<b>2</b> FILER NAME Kendall L. Baker	<b>1</b> Filer ID (Ethics Commission filers)
<b>4</b> Date	<b>5</b> Name of person whom amount is received
	<b>6</b> Address of person from whom amount is received; City; State; Zip Code
	<b>7</b> Purpose for which amount is received
	<b>8</b> Amount (\$)
	Check if political contribution returned to filer

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

**CANDIDATE / OFFICEHOLDER REPORT:  
DESIGNATION OF FINAL REPORT**

**FORM C/OH - FR**

The Instruction Guide explains how to complete this form.

**\*\* Complete only if "Report Type" on page 1 is marked "Final Report" \*\***

**1 C/OH NAME**

**2 ACCOUNT # (Ethics Commission filers)**

**3 SIGNATURE**

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

\_\_\_\_\_  
Signature of Candidate / Officeholder

**4 FILER WHO IS NOT AN OFFICEHOLDER**

**\*\* Complete A & B below only if you are not an officeholder. \*\***

**A. CAMPAIGN FUNDS**

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

I have unexpended contributions or unexpended interest or income earned from political contributions. I

understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

**B. ASSETS**

Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions.

I do retain assets purchased with political contributions or interest or other income from political contributions.

I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

\_\_\_\_\_  
Signature of Candidate

**5 OFFICEHOLDER**

**\*\* Complete this section only if you are an officeholder. \*\***

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

\_\_\_\_\_  
Signature of Officeholder

**CANDIDATE / OFFICEHOLDER  
REPORT OF UNEXPENDED CONTRIBUTIONS**

**FORM C/OH-UC  
COVER SHEET PG 1**

The C/OH-UC Instruction Guide explains how to complete this form		1 ACCOUNT # (Ethics Commission filers)	
2 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR	FIRST	MI
	----- NICKNAME LAST SUFFIX		
<b>OFFICE USED ONLY</b>			
Date Received			
3 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT/ SUITE #; CITY;		STATE; ZIP CODE
	Date Hand-delivered or Date Postmarked		
4 REPORT TYPE	<input type="checkbox"/> Annual	<input type="checkbox"/> Final Disposition	Receipt #      Amount
5 PERIOD COVERED	Month Day Year		Date Processed
	<b>THROUGH</b>		Date Imaged
6 TOTALS	1 . TOTAL AMOUNT OF UNEXPENDED POLITICAL CONTRIBUTIONS AS OF DEC. 31 OF THE PREVIOUS YEAR.		\$
	2. TOTAL AMOUNT OF INTEREST AND OTHER INCOME EARNED ON UNEXPENDED POLITICAL CONTRIBUTIONS DURING THE PREVIOUS YEAR.		\$

7 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.

Kendall L. Baker

\_\_\_\_\_  
Signature Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering oath      Print name of officer administering oath      Title of officer administering oath

**C/OH REPORT OF UNEXPENDED CONTRIBUTIONS  
EXPENDITURES**

**FORM C/OH-UC  
PG 2**

8 C/OH NAME ,		9 ACCOUNT # (Ethics Commission filers)	
10 Date	11 Payee name  , ----- 12 Payee address;                      City;                      State;                      Zip Code;	13 Amount (\$)	
14 Purpose of expenditure    (If travel outside of Texas, complete schedule T) (See Instruction Guide)		15 Is expenditure a contribution to a candidate, officeholder, or political committee?  <input type="checkbox"/> Yes  <input type="checkbox"/> No	
<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b>			