

**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
	NICKNAME	LAST	SUFFIX
Kendall L. Baker			<b>OFFICE USE ONLY</b>
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of address			Date Received 10/26/2015
ADDRESS / PO BOX; APT/SUITE #; CITY; STATE; ZIP CODE PO BOX 772855 Houston Texas 77215			Date Hand-delivered or Date Postmarked
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
(832) 8584831			
6 CAMPAIGN TREASURER NAME	MS/MRS/MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
Tim Taft			Receipt #
			Amount
			Date Processed
			Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence)	STREET ADDRESS (No PO Box Please);		APT/SUITE #; CITY; STATE; ZIP CODE
9622 Judalon Houston Texas 77063			
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
(713) 8982272			
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Final report (Attach C/OH - FR) <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment(officeholder only)		
10 PERIOD COVERED	Month Day Year	THROUGH	Month Day Year
9/25/2015		THROUGH	10/25/2015
11 ELECTION	ELECTION DATE Month Day Year	ELECTION TYPE	
11/3/2015		<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
		City Council - District F	

**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
<input checked="" type="checkbox"/> GENERAL	Conservative Republicans of Harris County
<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS
	PO Box 75190
	Houston TX 77234
	COMMITTEE CAMPAIGN TREASURER NAME
	Stanley Bart
	COMMITTEE CAMPAIGN TREASURER ADDRESS

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)	\$5,100.00
EXPENDITURE TOTALS	3	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$14,701.86
	4	TOTAL POLITICAL EXPENDITURES	\$
CONTRIBUTION BALANCE	5	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$268.60
OUTSTANDING LOAN TOTALS	6	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$16,544.66

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	SCHEDULE SUBTOTALS	SUBTOTAL
	NAME OF SCHEDULE	AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	5100
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	57.2
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	
4.	SCHEDULE E: LOANS	9544.66
5.	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	14,701.86
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	
8.	SCHEDULE F4: EXPENDITURES MADE FROM CREDIT CARD	
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	
12.	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:
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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# )	7 Amount of contributions (\$)
10/19/2015	Becky and Stephen Riggle	\$2,500.00
6 Contributor address; City; State; Zip Code		

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
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4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID# )	7 Amount of contributions (\$)
10/20/2015	Lisa and Al Hartman	\$2,500.00
6 Contributor address; City; State; Zip Code		

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
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4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID# )	7 Amount of contributions (\$)
9/28/2015	Tim Taft	\$100.00
6 Contributor address; City; State; Zip Code		

8 Principal occupation / Job title (See Instructions)	9 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**

# 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 Campaign For Houston	out of state PAC(ID# )	8	Amount of contributions (\$)	9 In-Kind contribution description
	10/21/2015	7 Contributor address;	City; State; Zip Code Houston TX 77234		57.20	
				<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**

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 9/30/2015	7 Name of lender Kendall L Baker <input type="checkbox"/> out of state PAC(ID#)	9	Loan Amount (\$) 9,544.66
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	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If lender is out-of-state PAC, please see instruction guide for additional reporting requirements			

# 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 9/25/2015	5 Payee name Aubrey R Taylor Communications	
6 Amount (\$) 2,500.00	7 Payee address; City; State; Zip Code	
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 10/9/2015	5 Payee name Houston Church News	
6 Amount (\$) 500.00	7 Payee address; City; State; Zip Code	
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 10/19/2015	5 Payee name FedEx	
6 Amount (\$) 19.91	7 Payee address; City; State; Zip Code	
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 10/19/2015	5 Payee name FedEx		
6 Amount (\$) 4.17	7 Payee address; City; State; Zip Code		

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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# 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 10/7/2015	5 Payee name Aubrey R Taylor Communications	
6 Amount (\$) 250.00	7 Payee address; City; State; Zip Code	
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 10/8/2015	5 Payee name Reinas Restaurant	
6 Amount (\$) 38.27	7 Payee address; City; State; Zip Code	
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 10/11/2015	5 Payee name Divine Strategies	
6 Amount (\$) 1,100.00	7 Payee address; City; State; Zip Code	
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 10/22/2015	5 Payee name Hanging Tough Fundraiser		
6 Amount (\$) 200.00	7 Payee address; City; State; Zip Code		

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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# 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 10/22/2015	5 Payee name Northeast Harris County Ministerial Alliance	
6 Amount (\$) 250.00	7 Payee address; City; State; Zip Code	
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 10/18/2015	5 Payee name Aubrey R Taylor Communications	
6 Amount (\$) 300.00	7 Payee address; City; State; Zip Code	
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 10/16/2015	5 Payee name Miscellaneous Fundraiser	
6 Amount (\$) 200.00	7 Payee address; City; State; Zip Code	
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 10/4/2015	5 Payee name Design Media Advertising		
6 Amount (\$) 1,000.00	7 Payee address; City; State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category	<input type="checkbox"/>	(b) Description 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

# 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 10/23/2015	5 Payee name Aubrey R Taylor Communications	
6 Amount (\$) 300.00	7 Payee address; City; State; Zip Code	
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 10/21/2015	5 Payee name Divine Strategies	
6 Amount (\$) 500.00	7 Payee address; City; State; Zip Code	
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 10/8/2015	5 Payee name BMAHV	
6 Amount (\$) 1,000.00	7 Payee address; City; State; Zip Code	
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  10/23/2015	5 Payee name  Divine Strategies		
6 Amount (\$)  2,000.00	7 Payee address; City; State; Zip Code		

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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# 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 10/23/2015	5 Payee name Talafero Media Group	
6 Amount (\$) 478.67	7 Payee address; City; State; Zip Code	
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 10/14/2015	5 Payee name Talafero Media Group	
6 Amount (\$) 264.34	7 Payee address; City; State; Zip Code	
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 10/7/2015	5 Payee name Talafero Media Group	
6 Amount (\$) 248.00	7 Payee address; City; State; Zip Code	
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  10/2/2015	5 Payee name  Talafero Media Group		
6 Amount (\$)  289.34	7 Payee address; City; State; Zip Code		

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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# 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 10/1/2015	5 Payee name Talafero Media Group	
6 Amount (\$) 264.34	7 Payee address; City; State; Zip Code	
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 9/30/2015	5 Payee name Talafero Media Group	
6 Amount (\$) 214.34	7 Payee address; City; State; Zip Code	
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 9/28/2015	5 Payee name Talafero Media Group	
6 Amount (\$) 500.00	7 Payee address; City; State; Zip Code	
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"/> <input type="checkbox"/>	Check if travel outside of Texas, complete Schedule T 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  10/10/2015	5 Payee name  USPS		
6 Amount (\$)  16.95	7 Payee address; City; State; Zip Code		

8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description  <input type="checkbox"/> <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T 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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# 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 10/7/2015	5 Payee name GSP Graphics	
6 Amount (\$) 39.80	7 Payee address; City; State; Zip Code	
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 10/7/2015	5 Payee name GSP Graphics	
6 Amount (\$) 28.40	7 Payee address; City; State; Zip Code	
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 10/7/2015	5 Payee name GSP Graphics	
6 Amount (\$) 68.00	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description

# 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  9/29/2015	5 Payee name  GSP Graphics		
6 Amount (\$)  1,671.38	7 Payee address; City; State; Zip Code		

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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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Kendall L. Baker	<b>3</b> Filer ID (Ethics Commission filers)
<b>4</b> Date 10/18/2015	<b>5</b> Payee name Taqueria Cazadores	
<b>6</b> Amount (\$) 77.00	<b>7</b> Payee address; City; State; Zip Code	
<b>8 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 expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

<b>4</b> Date 10/19/2015	<b>5</b> Payee name Lowes	
<b>6</b> Amount (\$) 226.05	<b>7</b> Payee address; City; State; Zip Code	
<b>8 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 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.

<b>1</b> Total pages Schedule F4:	<b>2</b> FILER NAME Kendall L. Baker	<b>3</b> Filer ID (Ethics Commission filers)
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	
<b>5</b> Date  10/23/2015	<b>6</b> Payee name  Home Depot	
<b>7</b> Amount (\$)  95.70	<b>8</b> Payee address; City; State; Zip Code	
<b>9</b> TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
<b>10</b> 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
<b>11</b> Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

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