CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

			OOVER OHEET PG 1		
The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT# (Ethics Commission filers)	2 Total pages filed.		
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR , FIRST	M!	OFFICE USE ONLY		
NAME.	Mr. Kendall	SUFFIX	Date Received		
	Baker	·	RECEIVED //		
4 CANDIDATE / OFFICEHOLDER MAILING	ADDRESS / PO BOX; APT / SUITE #; CI	ITY; STATE; ZIP CODE	APR 12 2007		
ADDRESS Change of Address	POBOX 7728F5 HOUS	hip Tx 772K	Date Hand-delivered or Date Postnikarked		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER	EXTENSION	Receipt # Amount		
6 CAMPAIGN	MS/MRS/MR FIRST	MI	Date Processed		
TREASURER NAME	MS. DESITEC		Date Imaged		
	Collins				
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUIT	E#; СПУ; STATE;	ZIP CODE		
(Residence or business)	5400 Chimney Rod	K HOUSTON	TX 7708/		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (28) 318.8247	EXTENSION	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
9 REPORTTYPE	January 15 🔀 30th day before election	Final report (Attach C/OH - FR)	Exceeded \$500 limit		
,	July 15 Eth day before election	Runoff	15th day after campaign treasurer appointment (officeholder only)		
10 PERIOD COVERED	Morith Day Year THROUGH	GH LA / A	Year		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year				
	5/12/1 Primary	Runoff	General Special		
12 OFFICE	OFFICE HELD (11 amy) N 4	13 OFFICE SOUGHT (If known)			
14 NOTICE OF DIRECT CAMPAIGN	Direct campaign expenditures are campaign ex Candidates are required to disclose this information	monditures made by others without the			
EXPENDITURE BY OTHER INDIVIDUALS	Name .				
	Address / PO Box; Apr. / Suite #; City; State; Zip	Code			
additional pages	h.				
CO TO PAGE 2					

CANDIDA' SUPPORT		CEHOLDER REPORT: .S	FORM C/OH COVER SHEET PG 2	
15 C/OH NAME	Kenda	11 Kaker	16 ACCOUNT # (Ethics Commission Filers)	
17 NOTICE FROM POLITICAL COMMITTEE(S)	may have been mad	itice of political expenditures by political committees to support the candid e without the cendidate's or afficeholder's knowledge or consent. Candida if they receive notice of such expenditures.	date / officeholder. These expenditures tes and officeholders are required to report	
·	COMMITTEE NAME COMMITTEE TYPE			
·	GENERAL SPECIFIC	COMMITTEE ADDRESS		
aportional pages		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$30 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	
EXPENDITURE TOTALS	3. TOTAL	POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZ	\$ - ←	
	4. TOTAL	POLITICAL EXPENDITURES	\$ 1000.00	
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA	\$ - 	
OUTSTANDING LOAN TOTALS	6. TOTAL LAST D	PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH AY OF THE REPORTING PERIOD	#E \$	
No. of the last of	VICKI DIRDEN COMMISSION EXPIRE JUNE 26, 2007	is true and correct and includes all ime under little 15, Election Code.	perjury, that the accompanying report information required to be reported by idate or Officeholder	
AFFIX NOTARY STAM Sworn to and subscri		the said Kendark Baker	_, this the	
of April		rtify which, witness my hand and seal of office.	BRANCH MANAGER	

	CAL EXPENDITURES FROM PERSONAL FUNDS		SCHEDULE G
The Instruction Guide explains how to complete this form.			
2 FILER NAMI	endall Balcer	3 ACCOUNT # (EU	~
4 Date	5 Payee name City Of Houston 6 Payee address; City; State; Zip Code		\$ Amount (\$)
J 161 tj	7 Purpose of expenditure (See instructions regarding type of information requirements) PCC121 Election Tiling tee. (If travel outside of Texas, complete Schedule T)	\56 <u>3.</u> uired.)	Reimbursement from political contributions
Date	Payee name City of Houston Payee address; City; State; Zip Code		Amount . .(\$)
2.21.71	Houston, Ix ma	D2-1562	\$500.00
	Purpose of expenditure (See instructions regarding type of information required to the second section of the second secon		Reimbursement from political contributions intended
Date	Раусс пато		Aniount (\$)
	Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information requ (If travel outside of Texas, complete Schedule T)	tired.)	Reimbursement from political sentributions intended
Date	Payee name		Amount (\$)
	Purpose of expenditure (See instructions regarding type of information requ (If travel outside of Texas, complete Schedule T)	uired.)	Reimbursement from political contributions intended
Date	Payee name		Amount (\$)
	Payee address; City; State; Zip Code		
	Purpose of expenditure (See instructions regarding type of information requi	red.)	Reimbursement from political contributions intended
	ATTACH ADDITIONAL COPIES OF THIS FORM AS	S NEEDED	