| | | COVER SHEET PG 1 |
|---|--|---|
| he C/OH Instruction Gu | ide explains how to complete this form. 1 ACCOUNT# (Ethics Commission filers) | 2 Total pages filed: |
| CANDIDATE / OFFICEHOLDER NAME | MS/MRS/MR) FIRST MI Kelsdall NICKNAME LAST SUFFIX | OFFICE USE ONLY |
| CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY: STATE; ZIP CODE R.O. BOX 772855 HOUSTON, TX 77215 | PECEIVED MAY - 4 2007 Date Hand delivered by Secretary |
| CANDIDATE/ OFFICEHOLDER PHONE | area code phone number extension (832) 894-8438 | Receipt # Amount 12 |
| CAMPAIGN TREASURER NAME | MS/MRS/MR FIRST MI DESTRÉE NICKNAME LAST SUFFIX COLLINS | Date Imaged |
| CAMPAIGN TREASURER ADDRESS (Residence or business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY; STATE; 5400 Chimpiery Rock #824 Hoyston | ZIP CODE |
| CAMPAIGN TREASURER PHONE | AREA CODE PHONE/NUMBER EXTENSION (28/) 3/3/ 62/7 | |
| REPORT TYPE | January 15 30th day before election Final report (Attach C/OH - | FR) Exceeded \$500 limit 15th day after campaign treasurer appointment (officeholder only) |
| 0 PERIOD COVERED | Month Day Year THROUGH 5/2 | y Year |
| 1 ELECTION | ELECTION DATE ELECTION TYPE Month Day Year Primary Runoff | General Special |
| 2 OFFICE | OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 14 City Caucility | no) Col At basege Pos 3 |
| CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS | Direct campaign expenditures are campaign expenditures made by others without Candidates are required to disclose this information only if they receive notification. Name Address / PO Box/ Apl. / Suite #: City; State; Zip Code | it the candidate's prior consent or approval. |
| additional pages | 1 A | |

CANDIDATE / OFFICEHOLDER REPORT:

FORM C/OH

| SUPPORT | & IOIALS | COVER SHEET PG 2 | | |
|--|--|--|--|--|
| 15 C/OH NAME | AKER, KANJAII | ACCOUNT # (Educs Commission Pilers) | | |
| 17 NOTICE FROM POLITICAL COMMITTEE(S) | FROM POLITICAL may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are requi this information only if they receive notice of such expenditures. | | | |
| 000000000000000000000000000000000000000 | COMMITTEE NAME | | | |
| | GENERAL COMMITTEE ADDRESS SPECIFIC | | | |
| additional pages | COMMITTEE CAMPAIGN TREASURER NAME | | | |
| | COMMITTEE CAMPAIGNITREASURER ADDRESS | | | |
| 18 CONTRIBUTION TOTALS | TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ 180 = | | |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$2300 00 | | |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED | \$ | | |
| , | 4. TOTAL POLITICAL EXPENDITURES | \$ 276 9.42 | | |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 297.50 | | |
| OUTSTANDING LOAN TOTALS | TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ | | |
| A THE REST OF THE PERSON OF TH | VICKI DIRDEN Is true and correct and includes all info me under Title 15, Election Code. JUNE 26, 2007 | | | |
| AFFIX NOTARY STAME | Signature of Candida 2 / SEAL ABOVE | te or Officeholder | | |
| Sworm to and subscrib | ped before me, by the said KendALL BAKER. | this the day | | |
| of May 2 | on of the certify which, witness my hand and seal of office. Light Chi Di Rden Ak ministering cath Printed name of officer administering cath Title | ANU MANUAGER of officer administering oath | | |

| Texas Ethics C | commission P.O. Box 12070 Austin, | Texas 78711-2070 | (512) 463-5800 | 1-800-325-8506 |
|---|--|---------------------------|-------------------------|---|
| | CAL CONTRIBUTIONS R THAN PLEDGES OR LOA | NS | | SCHEDULE A |
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A: | | |
| 2 FILER NAM | 1.7 | | 3 ACCOUNT # (Ethics Con | nmission filers) |
| 4 Date | AKER, KENDALL 5 Full name of contributor |) | | In-kind contribution |
| 5/2/07 | 11. 11.711.11 | | contribution (\$) de | scription (if applicable) |
| | | | | as, complete Schedule T) |
| 9 Principal occi | upation / Job title (See Instructions) | 10 Employer (See | Instructions) | |
| 4/30/07 | Full name of contributor out-of-state PAC(ID#:_MiCNAGL P. WillAMS Contributor address; City; State; Zip Code |) | 200.00 | In-kind contribution scription (if applicable) |
| Principal occu | upation / Job title (See Instructions) | Employer (See | | s, complete Schedule T) |
| Plagley | Full name of contributor out-of-state PAC (ID#_ Reginal Van Let Contributor address; City; State; Zip Code | | ANDON N | In-kind contribution scription (if applicable) as, complete Schedule T) |
| Filliopal occi | upation / Job title (See Instructions) | Employer (See | instructions) | |
| Date 4/15/17 | Full name of contributor out-of-state PAC (ID#: | sufuston, | \$ 100,00 | In-kind contribution scription (if applicable) |
| Principal occu | pation / Job title (See Instructions) | Employer (See I | | |
| 15/07 | Full name of contributor out-of-state PAC (ID#:_ Distributor address; City; State; Zip Code | | 100.00 | In-kind contribution scription (if applicable) |
| Principal occu | pation / Job title (See Instructions) | Employer (See I | | |
| | ATTACH ADDITIONAL COPIE | S OF THIS EODM AS | NEEDED | |

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

| 1 | CAL CONTRIBUTIONS R THAN PLEDGES OR LOA | NS | | SCHEDULE A |
|---|---|---------------------------------------|-------------------------------|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A: | | |
| 2 FILER NAM | BAKEK, KENDALL | | 3 ACCOUNT # (Et) | nics Commission filers) |
| 4 Date #/10/17 | 5 Full name of contributor □ out-ot-state PAC (ID# | · · · · · · · · · · · · · · · · · · · | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| 9 Principal occu | upation / Job title (See Instructions) | 10 Employer (See I | | of Texas, complete Schedule T) |
| Dale 4/10/07 | Full name of contributor out-of-state PAC (ID#: | 1 | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) | | | | of Texas, complete Schedule T) |
| Date | Full name of contributor | | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| Principal occu | upation / Job title (See Instructions) | Employer (See I | | of Texas, complete Schedule T) |
| Date | Full name of contributor out-of-state PAC (ID#: Contributor address; City; State; Zip Code | | Amount of contribution (\$) | in-kind contribution description (if applicable) |
| District on | | | | of Texas, complete Schedule T) |
| Principal occu | upation / Job title (See Instructions) | Employer (See I | nstructions) | |
| Date | Full name of contributor out-of-state PAC (ID# | | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| Principal occu | pation / Job title (See Instructions) | Employer (See i | | of Texas, complete Schedule T} |
| ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements. | | | | |

| POLITI | SCHEDULE | F | | |
|---|---|---|--|------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule F: | | |
| 2 FILER NAME, KENDALL BAKER | | 3 ACCOUNT # (Ethics Commission filers) | | |
| 4 Date 5/2/07 | 5 Payee name PREMINAL GRAPHICX 6 Payee address: City: State: Zip Code | | 7 Amount (\$) | |
| 8 Purpose of pay | 5200 Mily like I loube 3 | le 18 Houstur TX 770 | 192 | |
| required.) | W SIGNS e of Texas, complete Schedule T) | 9 •• Complete if di Candidate / Officeholder n | irect expenditure to benefit C/OH •• name Office sought Office t | held |
| 5/2/07 | Payee name D-MAKS Payee address; City; State; Zip Code 9898 BissamuET 5765 | 70 | Amount (\$) | |
| required.) CAUPA-16 | ment (See instructions regarding type of information EMAIL BLASTS e of Texas, complete Schedule T) | • • Complete if dir Candidate / Officeholder n | frect expenditure to benefit C/OH •• name Office sought Office I | held |
| 1/30/07 | Payee name KTSU RADIO Payee address; City; State; Zip Code 3100 Cle SUILNE STREET HOUSTON, TX 1700 | | Amount (\$) | |
| required.) | ment (See instructions regarding type of information AUMBURSHIP DUIVE de of Texas, complete Schedule T) | | • | held |
| 1/26/07 | Payee address; City; State; Zip Code | 705 Elssues 15771, TX770 | Amount (\$) 4/50+00 | |
| required.) | ment (See instructions regarding type of information (CA) AWA FSING e of Texas, complete Schedule T) | •• Complete if dir Candidate / Officeholder n | rect expenditure to benefit C/OH •• name Office sought Office t | held |
| ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED | | | | |

| Texas Ethics C | Commission P.O. Box 12070 Austin, T | exas 78711-2070 | (512) 463-5800 | 1-800-325-850 |
|------------------------------|--|---|--|------------------|
| POLITI | CAL EXPENDITURES | | sc | HEDULE F |
| The Instruc | tion Guide explains how to complete this form. | | 1 Total pages Schedule I | |
| 2 FILER NAM | | | 3 ACCOUNT # (Ethics Co | mmission filers) |
| | BAKER CENCALL | N/82 | | |
| 4 Date 4/15/07 | 5 Payee rame AUGUSTINA KUDERTS 6 Payee address; City: State: Zip Code 4106 BOYNTON Housan, | TX 77015 | #2 | Amount (\$) |
| required.) | yment (See instructions regarding type of information GN MEL HING (V HOLL MANS) be of Texas, complete Schedule 1) | 9 ·· Complete if di Candidate / Officeholder n | rect expenditure to benefit of ame Office sough | |
| Date 4/11/67 | Payee name OFER Fistorial Payee address; City; State; Zip Code | | 1/3 | Amount (\$) |
| required.) | ment (See instructions regarding type of information ASSACE e of Texas, complete Schedule T) | •• Complete if dir Candidate / Officeholder n | rect expenditure to benefit (name Office sough | |
| Date | Payee name Payee addrose; City; State; Zip Code | | | Amount (\$) . |
| Purpose of pay required.) | /ment (See instructions regarding type of information | •• Complete if dir Candidate / Officeholder n | rect expenditure to benefit (name Office sough | |
| (If travel outs | ide of Texas, complete Schedule T) | | | |
| Date | Payee name | | | Amount (\$) |
| | Payee address; City; State; Zip Code | | | |
| Purpose of pay required.) | rment (See instructions regarding type of information | •• Complete if dir Candidate / Officeholder n | rect expenditure to benefit (| |
| (If travel outsid | e of Texas, complete Schedule T) | | | |
| | ATTACH ADDITIONAL COPIE | S OF THIS FORM AS N | EEDED | |

| | CAL EXPENDITURES FROM PERSONAL FUNDS | | SCHEDULE G |
|----------------|---|--------------------|---|
| The Instruct | tion Guide explains how to complete this form. | 1 Total pages Sche | dule C: |
| 2 FILER NAME | Kere, Kendall | 3 ACCOUNT # (Eth | ics Cammission filers) |
| 4 Date 4/26/07 | 7 Purpose of expenditure (See instructions regarding type of information required for the first of the first | SSUES ired.) | 8 Amount (\$) Reimbursement from political contributions intended |
| Date 4/3/1/7 | Payee name Payee address; City: State; Zip Code Purpose of expenditure (See instructions regarding type of information required for the state of | rired.) | Amount (\$) A 515 W Reimbursement from political contributions intended |
| Date | Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information requ | iired.) | Amount (\$) Reimbursement from political contributions intended |
| Date | Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information require) (If travel outside of Texas, complete Schedule T) | uired.) | Amount (\$) Reimbursement from political contributions intended |
| Date | Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information requ | ired.) | Amount (\$) Reimbursement from political contributions |
| | (If travel outside of Texas, complete Schedule T) ATTACH ADDITIONAL COPIES OF THIS FORM A | S NEEDED | intended |