CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

CAMIN AIGHT INVANCE REPORT									
The C/OH Instruction Guide explains how to complete this form				(Ethics Comr	mission filers) 2 Total pages filed				
3 CANDIDATE /	MS/MRS/MR FIF	RST	MI		OFF	ICE USE ONLY			
OFFICEHOLDER	Dr. K	endall	L.		Date Received	1			
NAME	NICKNAME LA	ST	SUFFIX		10/5/2015				
	В	aker							
4 CANDIDATE /	ADDRESS / PO BOX;	PT/SUITE #; CITY	; STATE; Z	IP CODE]				
OFFICEHOLDER	772855								
MAILING					Date Hand-deliver	red or Date Postmarked			
ADDRESS	Houston Texas 77215								
Change of address	ADEA CODE	IONE NUMBER	EVTENDION						
5 CANDIDATE /		HONE NUMBER	EXTENSION	V					
OFFICEHOLDER	(832) 8584831								
PHONE						1.			
6 CAMPAIGN	MS/MRS/MR FIF	RST	MI		Receipt #	Amount			
TREASURER	T	im			Date Processe	ed			
NAME	NICKNAME LA	AST	SUFFIX		Date Imaged				
	T.	aft							
7 CAMPAIGN	STREET ADDRESS (No PO Box Please);		APT/SUITE	#;	CITY; STATE;	ZIP CODE			
TREASURER									
ADDRESS	9622 Judalon								
(Residence)	Houston Texas 77063								
8 CAMPAIGN	AREA CODE PH	HONE NUMBER	EXTENSION	N					
TREASURER PHONE	(713) 8982272								
9 REPORT TYPE	January 15 X 30th day before	election Fina	al repport (Attach C	C/OH - FR)	Exceeded \$500 limit				
9 KEPOKI TIPE	July 15 8th day before e	election	noff	X	15th day after campaign	n treasurer appointment(officeholder only)			
10 PERIOD	Month Day	Year			Month	Day Year			
COVERED	7/16/2015		THROUGH		10/4	4/2015			
11 ELECTION	ELECTION DATE	ELECTION	N TYPE						
	Month Day Year			D	Ma	□ oial			
	11/3/2015	Primary	Ш	Runoff	X General	Special			
12 OFFICE	OFFICE HELD (if any)		13	13 OFFICE SOUGHT (if known)					
		City Cour	ncil - District F						

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 FILER NAME Kenda	all L. Baker		ommission Filers)	
	expenditures may have	political contributions accepted or political expenditu been made without the candidate's or officeholder's receive notice of such expenditures.	res made by political committees to suppor knowledge or consent. Candidates and off	t the candidate / officeholder. These iceholders are required to report this
16 NOTICE	COMMITTEE TYPE	COMMITTEE NAME		
FROM	_			
POLITICAL	GENERAL	COMMITTEE ADDRESS		
COMMITTEE(S)				
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
Dadditional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS	<u> </u>	
additional pages				
17 CONTRIBUTION		I AL CONTRIBUTIONS OF \$50 OR LES		
TOTALS	PLEDGES, LOA	NS, OR GUARANTEES OF LOANS), U	NLESS ITEMIZED	\$
	2 TOTAL POLITIC	AL CONTRIBUTIONS		<u> </u>
		DI EDOEC I CANO OD CHADANTEEC	OF LOANS)	\$12,500.00
		PLEDGES, LOANS, OR GUARANTEES	·	
EXPENDITURE TOTALS	3 TOTAL POLITIC	AL EXPENDITURES OF \$100 OR LES	S, UNLESS ITEMIZED	\$
				·
	4 TOTAL POLITIC	AL EXPENDITURES		\$8,254.74
				, , , , , , , , , , , , , , , , , , ,
CONTRIBUTION BALANCE	5 TOTAL POLITIC OF REPORTING	AL CONTRIBUTIONS MAINTAINED AS FERIOD	S OF THE LAST DAY	\$1,000.00
DALANCE				Ψ1,000.00
OUTSTANDING LOAN	0	AL AMOUNT OF ALL OUTSTANDING HE REPORTING PERIOD	LOANS AS OF THE	¢7 000 00
TOTALS	2.012.11011	THE REPORTING FERROR		\$7,000.00
10 AEEIDAV/IT				
18 AFFIDAVIT		lauran an	efficient consider a smaller of manifolds	that the account on the o
		report is tru	affirm, under penalty of perjury, ue and correct and includes all in	formation required to be
		reported by	y me under Title 15, Election Co	de.
			Kendall L. Ba	ker
			Signature of Candidate of	or Officeholder
AFFIX NOT STAMP / SE	AL ABOVE			
Sworn to and subscribed	before me, by the said	J	, this the	day
of	, 20	, to certify which, witness m	y hand and seal of office.	
		-		
Signature of officer admir	nistering oath	Print name of officer administerir	ng oath Title of offic	er administering oath

SL	JΒ	TOTALS - COH	FORM C/OH					
			COVER SHEET PG 3					
19 F	FIL	20 Filer ID (Ethics Commission Filers)						
21	S	CHEDULE SUBTOTALS	SUBTOTAL					
	Ν	AME OF SCHEDULE	AMOUNT					
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 POLICITAL CONTRIBUTION	NS					
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 CONTRI	BUTIONS					
11		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS R	ETURNED 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.

M	ONETAR	RY POLITICAL CONT	RIBUTIONS	6	SCHEDULE A1
Th	e Instruction	Guide explains how to complet	te this form.		1 Total Pages Schedule A1:
2 F	FILER NAME	Kendall L. Baker			3 Filer ID (Ethics Commission filers)
4	Date	5 Full name of contributor	out of state I	PAC(ID#)	
		Al Hartman			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	9/18/2015		Houston	TX 77057	\$2,500.00
8	Principal oc	cupation / Job title (See Instructions)		9 Employer (See Instruc	I ctions)
	X			x	
4	Date	5 Full name of contributor	out of state I	PAC(ID#)	
		Stephen and Becky Riggle			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	9/23/2015		Montgomery	TX 77356	\$2,500.00
8	Principal oc	cupation / Job title (See Instructions)		9 Employer (See Instruc	tions)
	Pastors			Х	
		ATTACH ADDITION	ONAL COPIES	OF THIS SCHEDUL	E AS NEEDED
		If contributor is out-of-state PA	AC, please see inst	ruction guide for addition	nal reporting requirements

NO	OM-MO	NETARY (IN-KIND) P	SCHEDULE A2					
CC	ONTRIB	BUTIONS						
The	Instruction	n Guide explains how to comp	lete this form.			1	Total Pages Sch	nedule A2:
2 F	ILER NAM	E Kendall L. Baker				3 F	iler ID (Ethics Commis	ssion filers)
4 T	OTAL OF I	UNITEMIZED IN-KIND POLITI	ICAL CONTRI	BUTIONS		\$		
5	Date	6 Full name of contributor 7 Contributor address;	out of st	ate PAC(ID#)	Zip Code	8	Amount of contributions (\$)	9 In-Kind contribution description
10	Principal o	occupation / Job title (See Instructions	5)	11 Empl	oyer (See Instru	uction	Schedule T	de of Texas, complete
	· ····o.pur c						,	
		ATTACH ADDIT						
		If contributor is out-of-state	PAC, please see	instruction gu	uide for additio	nal r	eporting requiremer	nts

PL	EDGED	CONTRIBUTIONS						SCHEDULE B
The	Instruction	Guide explains how to complet	te this form.			1	Total Pages Sche	edule B:
2 FI	LER NAME	Kendall L. Baker				3	Filer ID (Ethics Co	ommission filers)
4	TOTAL O	F UNITEMIZED PLEDGES:	=> => =	:> => => =:	>			
5	Date	6 Full name of pledgor 7 Pledgor address;	Out of state City;	PAC(ID#) State;	Zip Code	8	Amount of pledge (\$)	9. In-Kind contribution description
							Check if travel outside Schedule T	de of Texas, complete
10	Principal occ	cupation / Job title (See Instructions)		11 Emplo	oyer (See Instru	ıctior	15)	
		ATTACH ADDITION	ONAL COPIES	S OF THIS S	CHEDULE	AS	NEEDED	
		If contributor is out-of-state PA	AC, please see in	struction guide	e for additiona	ıl rep	orting requiremen	nts

LOANS							SCHEDULE E	
	The	Instruction Guide explains ho	w to complete this	form.		1 To	otal Pages Schedule E:	
2 F	ILER NAME Ker	ndall L. Baker				3 File	er ID (Ethics Commission filers)	
4	TOTAL (OF UNITEMIZED LOANS:	=> => => =	:> => =:	>			
5	Date of loan	7 Name of lender	out of state PAC(II	D#)				
			_			9	Loan Amount (\$)	
	8/27/2015							
6	Is Lender a	8 Lender Address;	City;	State;	Zip Code	10	Interest rate	
	Financial							
	Institution?					11	Maturity date	
12 Principal occupation / Job title (See Instructions) 13					oyer (See Instr	uctions)		
14	Description of	f collateral		15	Check if personal (See instruction	onal funds were deposited into political account		
	none				1	,		
16	GUARANTOR	17 Name of guarantor				19	Amount Guaranteed (\$)	
	INFORMATION							
		18 Guarantor address;	City;	State;	Zip Code	-		
	not applicable							
20	Principal Occup	pation		21 Emp	loyer	-		

LC	DANS			SCHEDULE E			
	The	Instruction Guide explains h	ow to complete this	form.		1	Total Pages Schedule E:
2 F	ILER NAME Ker	ndall L. Baker				3	Filer ID (Ethics Commission filers)
4	TOTAL (OF UNITEMIZED LOANS:	=> => => =	=> => =	>		
5	Date of loan	7 Name of lender	out of state PAC(I	D#)			
			_			9	Loan Amount (\$)
	9/4/2015						
6	Is Lender a	8 Lender Address;	City;	State;	Zip Code	10	Interest rate
	Financial						
	Institution?					11	Maturity date
12	Principal occupation / Job title (See Instructions) 13 Employer (See Instructions)						ns)
14	Description of	f collateral		15	Check if perso		unds were deposited into political account
	none					,	
16	GUARANTOR	17 Name of guarantor		•		19	Amount Guaranteed (\$)
	INFORMATION						
		18 Guarantor address;	City;	State;	Zip Code	1	
	not applicable						
20	Principal Occup	<u>L</u> pation		21 Emp	lover		
				'	.,.		
		ATTACH ADDITIO	NAL COPIES OF	THIS SC	HEDULE A	S NE	EDED
		If lender is out-of-state PAC,	please see instruction	guide for	additional rep	ortin	g 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. Bak	er	3 Filer ID (Ethics Commission filers)					
4 Date	5 Payee name		,					
8/27/2015	Aubrey R Taylor Communic	ations						
6 Amount (\$)	7 Payee address; City;	State; Zip Code						
3,500.00	957 Nasa Parkway							
	Houston TX 77058							
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description Check if travel outside of Technology Check if Austin, TX, officehold						
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought o	ffice held					
4 Date	5 Payee name							
9/4/2015	Aubrey R Taylor Communic	ations						
6 Amount (\$)	7 Payee address; City;	State; Zip Code						
2,500.00	957 Nasa Parkway							
	Houston TX 77058							
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description Check if travel outside of Te Check if Austin, TX, officeho						
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought o	ffice held					
4 Date	5 Payee name							
8/27/2015	XPRINTCOPY							
6 Amount (\$)	7 Payee address; City;	State; Zip Code						
580.00	5650 Fondren Rd. Ste. D.							
a Burbass of Every	Houston TX 77036	40.5						
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description						

POLITICAL EXPEN			SCHEDULE F1
	The Instruction Guide ex	plains how to complete this form	
1 Total pages Schedule F1:	² FILER NAME Kendall L. Bake	er	3 Filer ID (Ethics Commission filers)
		Check if travel outside of Te	
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought o	ffice held
4 Date	5 Payee name		
9/24/2015	GSP Graphic		
6 Amount (\$) 1,626.74	7 Payee address; City; 1804 Afton St.	State; Zip Code	
	Houston TX 77055		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description Check if travel outside of Te Check if Austin, TX, officeho	•
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought o	ffice held

UNPAID INCURRED OBLIGATIONS SCHED								
			The Instruction Guide explai	ns how	to complete this form.			
1	Total pages Schedule F2:	2	FILER NAME Kendall L. Ba	ker	3 Filer ID (Ethics Commission filers)			
4	TOTAL OF UNITEMIZED UNPA	ID I	NCURRED OBLIGATIONS		\$			
5	Date	6	Payee name					
7	Amount (\$)	8	Payee address; City;	Si	ate; Zip Code			
9	TYPE OF EXPENDITURE		Political		Non-Political			
10	PURPOSE OF EXPENDITURE	(a)	Category	(b)	Description Check if travel outside of Texas, complete Schede Check if Austin, TX, officeholder living expense	ule T		
11	Complete ONLY if direct expendituree to benefit C/OH	Ca	ndidate / Officehoder name	•	office sought office	e held		

E	(PENDITURES MADE BY CREDIT CARD SCHEDULE F4								
			The Instruction	n Guide explains	how	to com	plete this form.		
1	Total pages Schedule F4:	2	FILER NAME K	Cendall L. Bake	r	3 File	r ID (Ethics Commission f	ilers)	
4	TOTAL OF UNITEMIZED EXPE	NDIT	URES CHARGED TO	A CREDIT CARE)	\$			
5	Date	6	Payee name						
7	Amount (\$)	8	Payee address;	City;	Sta	te;	Zip Code		
9	TYPE OF EXPENDITURE		Political			Non-P	olitical		
10	PURPOSE OF EXPENDITURE	(a) C sched	Category (See Categories dule)	listed at the top of this	(b) [ion if travel outside of Texas, cor if Austin, TX, officeholder livir		Т
11	Complete ONLY if direct expendituree to benefit C/OH	Can	didate / Officehoder n	ame	1	office	sought	office h	neld

POLITICAL EXI	PENDITURES	SCHEDULE G
MADE FROM P	ERSONAL FUNDS	
	The Instruction Guide explains h	now to complete this form.
1 Total Pages Schedule G:	² FILER NAME Kendall L. Baker	3 FilerID (Ethics Commission filers)
4 Date	5 Payee name	
Baker	3750 Tanglewilde Apt 1	
6 Amount (\$)	7 Payee Address;	City; State; Zip Code
	TX	4,500.00
Reimbursement from	77063	
political contributions		
intended		
8	(a) Category	(b) Description
PURPOSE OF		
EXPENDITURE		Check if travel outside of Texas, complete Schedule T
		Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/OH		v
4 Date	5 Payee name	
Baker	3750 Tanglewilde Apt 1	
6 Amount (\$)	7 Payee Address;	City; State; Zip Code
	TX	2,500.00
Reimbursement from	77063	
political contributions		
intended		
8	(a) Category	(b) Description
PURPOSE OF		
EXPENDITURE		Check if travel outside of Texas, complete Schedule T
		Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/OH		
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEEDED

	PAYMENT FROM POLITICAL CONTRIBUTIONS				SCHEDULE H	
	TO A BUSINESS	OF C/OH				
		The Instruction Guide explains h	now to complete this form.			
1	Total Pages Schedule H:	² FILER NAME Kendall L. Baker	3 Filer ID (Ethics Comm	ission filers)		
4	Date	5 Business name	-			
6	Amount (\$)	7 Business address;	City;	State;	Zip Code	
8	PURPOSE OF EXPENDITURE	(a) Category	(b) Description			
			Check if travel outside			
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officehoder name	Office sought	Office held		
		ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS N	NEEDED		

NON-POLITICA	AL EXPENDITURES			SCHEDULE I	
MADE FROM F	POLITICAL CONTRIBUTION	IS			
	The Instruction Guide explain	ns how to complete the	nis form.		
1 Total Pages Schedule I:	² FILER NAME Kendall L. Baker	3 ACCOUNT#	(Ethics Commission file	ers)	
4 Date	5 Payee name				
6 Amount (\$)	7 Payee address;	City;	Stat	te; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description (See instructions regard	ding type of information required)	
	ATTACH ADDITIONAL COPIES C	OF THIS SCHED	ULE AS NEEDED)	
INTEREST, CRE	DITS, GAINS, REFUNDS, A	ND		SCHEDULE K	
CONTRIBUTION	IS RETURNED TO FILERS				
The Instruct	ion Guide explains how to complete this f	orm.	1 Total Pages So	chedule K:	
2 FILER NAME Kendall L. Baker Filer ID (Eth			Filer ID (Ethics C	hics Commission filers)	
Date 5 Name of person whom amount is received 6 Address of person from whom amount is received; City; State; Zip Code			8 de	Amount (\$)	
7	Purpose for which amount is received			Check if political contribution returned to filer	

	ANDIDATE / OFFICEHOLDER REPORT: ESIGNATION OF FINAL REPORT	FORM C/OH - FR				
	e 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 inco	ome earned from political contributions. I				
	understand that I may not convert unexpended political contribution on political contributions to personal use. I also understand that contributions and that I may not retain unexpended contributions political contributions longer than six years after filing this final reformation of unexpended political contributions and unexpended interest of accordance with the requirements of Election Code, § 254.204.	I must file an annual report of unexpended s or unexpended interest or income earned on eport. Further, I understand that I must dispose				
	B. ASSETS					
	Check only one:					
	I do not retain assets purchased with political contributions or int	terest or other income from political contributions.				
	I do retain assets purchased with political contributions or interest	est or other income from political contributions.				
	I understand that I may not convert assets purchased with politic political contributions to personal use. I also understand that I m contributions in accordance with the requirements of Election Co	nust dispose of assets purchased with political				
		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	e to an officeholder who does not have a campaign				
	treasurer on file. I am also aware that I will be required to file re last required report as an officeholder, I retain political contribution contributions, or assets purchased with political contributions or	ons, interest or other income from political				
		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 /	MS/MRS/MR FIRST MI		OFFICE USED ONLY		
OFFICEHOLDER				Date Received	
NAME	NICKNAME	LAST	SUFFIX		
3 CANDIDATE /	ADDRESS / PO BOX; APT/ SUI	TE #; CITY;	STATE; ZIP CODE	Date Hand-delivere	ed or Date Postmarked
OFFICEHOLDER					
ADDRESS					
Change of Address					
4 REPORT TYPE					
	Annual		Final Disposition	Receipt #	Amount
5 PERIOD COVERED	Month Day Year		Month Day Year	Date Processed	<u>L</u>
		THROUGH	ł	Date Imaged	
6 TOTALS	1 . TOTAL AMOUNT OF UNEXPENDED POLITICAL CONTRIBUTIONS AS OF DEC. 31 OF THE PREVIOUS YEAR.		LITICAL CONTRIBUTIONS AS	\$	
			HER INCOME EARNED ON IS DURING THE PREVIOUS	\$	
7 AFFIDAVIT			I swear, or affirm, under accompanying report is information required to Election Code.	s true and correc	t and includes all
			K	endall L. Baker	
			Signature C	Candidate or Office	ceholder
AFFIX NOTARY STAMP / SI	EAL ABOVE				
Sworn to and subscribe	ed before me, by the said			, this the	day
of	, 20, to certify which, witness my hand and seal of office.				
Signature of officer ad	ministering oath Print na	ame of officer	administering oath	Title of officer ad	ministering oath

FORM C/OH-UC C/OH REPORT OF UNEXPENDED CONTRIBUTIONS **EXPENDITURES** PG₂ 9 ACCOUNT # (Ethics Commission C/OH NAME, filers) 10 Date 11 Payee name 13 Amount City; 12 Payee address; State; Zip Code; (\$) Purpose of expenditure 14 15 Is expenditure a contribution to a candidate, officeholder, or Yes (If travel outside of Texas, complete schedule T) (See Instruction Guide) political committee? No ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED