CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

CAMPAIGN FIN	ANCE REPORT				CO	VER SHEET PG T
The C/OH Instruction	n Guide explains how to com	plete this form	1 Filer ID(Et	hics Comm	nission filers)	2 Total pages filed
3 CANDIDATE /	MS/MRS/MR	FIRST	МІ		OFF	ICE USE ONLY
OFFICEHOLDER		Kendall	L.		Date Received	d
NAME	NICKNAME	LAST	SUFFIX		10/26/2015	
		Baker				
4 CANDIDATE /	ADDRESS / PO BOX;	APT/SUITE #; CIT	Y; STATE; ZIP C	CODE		
OFFICEHOLDER	РО ВОХ					
MAILING	772855				Date Hand-deliver	red or Date Postmarked
ADDRESS					Date Harla deliver	od of Bato Footmanod
Change of address	Houston Texas 77215					
5 CANDIDATE /	AREA CODE	PHONE NUMBER	EXTENSION			
OFFICEHOLDER	(832) 8584831					
PHONE						
6 CAMPAIGN	MS/MRS/MR	FIRST	MI		Receipt #	Amount
TREASURER		Tim			Date Processe	ed
NAME	NICKNAME	LAST	SUFFIX		Date Imaged	
		Taft				
7 CAMPAIGN	STREET ADDRESS (No PO Box Plea	ise);	APT/SUITE #;		CITY; STATE;	ZIP CODE
TREASURER	9622 Judalon					
ADDRESS						
(Residence)	Houston Texas 77063	1				
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION			
TREASURER PHONE	(713) 8982272					
	January 15 30th day be	efore election Fin	nal repport (Attach C/OH	I - FR)	Exceeded \$500 limit	
9 REPORT TYPE		<u>—</u>				
	July 15 X 8th day before	ore election Ru	noff		15th day after campaign	n treasurer appointment(officeholder only)
10 PERIOD	Month Day	Year			Month	Day Year
COVERED	9/25/2015	5	THROUGH		10/2	5/2015
11 ELECTION	ELECTION DATE	ELECTIO	N TYPE			
	Month Day Year		_		_	
	11/3/2015	Primary	Ru	inoff	χ General	Special
12 OFFICE	OFFICE HELD (if any)		13 OF	FFICE SOUGI	HT (if known)	
			c	ity Coun	cil - District F	

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 FILER NAME Kenda	all L. Baker		15 Filer ID (Ethics Co	mmission Filers)
	expenditures may have	of political contributions accepted or political expendit e been made without the candidate's or officeholder's r receive notice of such expenditures.		
16 NOTICE	COMMITTEE TYPE	COMMITTEE NAME		
FROM		Conservative Republicans of H	Harris County	
POLITICAL	X GENERAL	COMMITTEE ADDRESS		
COMMITTEE(S)		PO Box 75190		
	SPECIFIC			
		Houston TX 77234		
		COMMITTEE CAMPAIGN TREASURER NAME		
П		Stanley Bart	20	
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRES	55	
47 00NTDIDLITION	4 TOTAL BOLITIC	CAL CONTRIBUTIONS OF \$50 OR LEG	SC (OTHER THAN	<u> </u>
17 CONTRIBUTION TOTALS		CAL CONTRIBUTIONS OF \$50 OR LES NNS, OR GUARANTEES OF LOANS), L		\$
1017120				,
	2 TOTAL POLITION	CAL CONTRIBUTIONS		\$5,100.00
	(OTHER THAN	PLEDGES, LOANS, OR GUARANTEES	S OF LOANS)	,
EXPENDITURE	3 TOTAL POLITIC	CAL EXPENDITURES OF \$100 OR LES	SS, UNLESS ITEMIZED	
TOTALS				\$14,701.86
	4 TOTAL POLITION	CAL EXPENDITURES		
	10 TAE TOEM	JAL LAI ENDITONES		\$
		AND CONTRIBUTIONS MAINTAINED A	0.05 THE LAST BAY	
CONTRIBUTION BALANCE	5 TOTAL POLITION	CAL CONTRIBUTIONS MAINTAINED A G PERIOD	S OF THE LAST DAY	\$268.60
D/ (L/ (I VOL				7200.00
OUTSTANDING LOAN	6 TOTAL PRINCI	PAL AMOUNT OF ALL OUTSTANDING THE REPORTING PERIOD	LOANS AS OF THE	\$16,544.66
TOTALS	2.0.2			\$10,544.00
40 AEEIB A) (IT				
18 AFFIDAVIT				
			r affirm, under penalty of perjury, rue and correct and includes all ir	
			by me under Title 15, Election Co	
			Kendall L. Ba	ker
			Signature of Candidate of	or Officeholder
AFFIX NOT STAMP / SE	EAL ABOVE			
Sworn to and subscribed	before me, by the sai	d	, this the	day
of	, 20	, to certify which, witness n	ny hand and seal of office.	
Cignoture of officer and and	niotoring acth	Drint name of officer administrator	ng ooth Tills of offi	or administaring anth
Signature of officer admi	nistering oath	Print name of officer administeri	ing datin little of office	er 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** SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS 5100 1. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS 57.2 2. SCHEDULE B: PLEDGED CONTRIBUTIONS 3. SCHEDULE E: LOANS 4. 9544.66 SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 5. 14,701.86 SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 6. 7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLICITAL CONTRIBUTIONS SCHEDULE F4: EXPENDITURES MADE FROM CREDIT CARD 8. SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS 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 12.

MONE	TARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The Instru	uction Guide explains how to complete this form.	1 Total Pages Schedule A1:
2 FILER I	NAME Kendall L. Baker	3 Filer ID (Ethics Commission filers)
4 Date	5 Full name of contributor out of state PAC(ID#) Becky and Stephen Riggle	7 Amount of contributions (\$)
10/19/		Zip Code \$2,500.00
8 Prin	cipal occupation / Job title (See Instructions) 9 Employer	(See Instructions)
4 Date	5 Full name of contributor out of state PAC(ID#) Lisa and Al Hartman	7 Amount of contributions (\$)
10/20/		Zip Code \$2,500.00
8 Prin	cipal occupation / Job title (See Instructions) 9 Employer	(See Instructions)
4 Date	5 Full name of contributor out of state PAC(ID#) Tim Taft	7 Amount of contributions (\$)
9/28/2		Zip Code \$100.00
8 Prin	cipal occupation / Job title (See Instructions) 9 Employer	See Instructions)
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDED
	If contributor is out-of-state PAC, please see instruction guide	for additional reporting requirements

NON-MONETARY (IN-KIND) POLITICAL							SCHEDULE A2
CONTRIB	BUTIONS						
The Instruction Guide explains how to complete this form.					1	Total Pages Sch	nedule A2:
2 FILER NAM	IE Kendall L. Baker				3 Fil	ler ID (Ethics Commis	ssion filers)
4 TOTAL OF	UNITEMIZED IN-KIND POLITIC	CAL CONTRIBI	JTIONS		\$		
5 Date	6 Full name of contributor Campaign For Houston	out of state	e PAC(ID#)		8	Amount of contributions (\$)	9 In-Kind contribution description
10/21/2015	7 Contributor address;	City;	State;	Zip Code		57.20	·
						Check if travel outside Schedule T	de of Texas, complete
10 Principal	occupation / Job title (See Instructions)		11 Emplo	yer (See Instru	ctions	s)	
	ATTACH ADDIT	IONAL COPIES	S OF THIS	SCHEDUL	E AS	S NEEDED	
	If contributor is out-of-state F	PAC, please see in	struction gui	ide for additio	nal re	eporting requiremen	nts

LC	ANS						SCHEDULE E
	The	Instruction Guide explains ho	w to complete this	form.		1	Total Pages Schedule E:
2 F	2 FILER NAME Kendall L. Baker					3	Filer ID (Ethics Commission filers)
4	4 TOTAL OF UNITEMIZED LOANS: => => => => =>						
5	Date of loan	7 Name of lender	out of state PAC(II	O#)			
		Kendall L Baker	_			9	Loan Amount (\$)
	9/30/2015						9,544.66
6	Is Lender a	8 Lender Address;	City;	State;	Zip Code	10	Interest rate
	Financial						
	Institution?					11	Maturity date
12	Principal occu	upation / Job title (See Instruc	ctions)	13 Empl	oyer (See Instr	uctio	ns)
14	Description o	f collateral		15	Check if perso (See instruction		unds were deposited into political account
	none				1		
16	GUARANTOR	17 Name of guarantor				19	Amount Guaranteed (\$)
	INFORMATION						
		18 Guarantor address;	City;	State;	Zip Code	1	
	not applicable						
20	Principal Occu	pation		21 Emp	loyer		
		ATTACH ADDITION	AL COPIES OF	THIS SC	HEDULE AS	S NE	EDED
		If lender is out-of-state PAC, pl	ease see instruction	guide for	additional rep	ortin	g requirements

	The Instruction Guide ex	plains how to complete this form.				
1 Total pages Schedule F1:	² FILER NAME Kendall L. Bake	3 Filer ID (Ethics Commission filers)				
4 Date	5 Payee name					
9/25/2015	Aubrey R Taylor Communica	ations				
6 Amount (\$)	7 Payee address; City;	State; Zip Code				
2,500.00						
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description				
		Check if travel outside of Texas, complete Schedule T				
		Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought office held				
experialitation to periodic eyerr						
4 Date	5 Payee name					
10/9/2015	Houston Church News					
6 Amount (\$)	7 Payee address; City;	State; Zip Code				
500.00						
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description				
		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 / Officehoder name	office sought office held				
'						
4 Date	5 Payee name					
10/19/2015	FedEx					
6 Amount (\$)	7 Payee address; City;	State; Zip Code				
19.91						
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description				

POLITICAL EXPENDITURES SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) ² FILER NAME Kendall L. Baker Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 10/19/2015 FedEx 7 Payee address; 6 Amount (\$) Zip Code City; State; 4.17 8 PURPOSE OF EXPENDITURE (a) Category (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense

office sought

9 Complete ONLY if direct

expendituree to benefit C/OH

Candidate / Officehoder name

office held

		explains how to complete this form	1
1 Total pages Schedule F1:	² FILER NAME Kendall L. Bak	ker	3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name		
10/7/2015	Aubrey R Taylor Communic	cations	
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
250.00			
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
o rom ode or excenditione	(d) Odiogoly		oves, complete Schodule T
			exas, complete Schedule T
		Check if Austin, TX, officeh	older living expense
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought	office held
·			
4 Date	5 Payee name		
10/8/2015	Reinas Restaurant		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
38.27			
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
	((*)		exas, complete Schedule T
		Check if Austin, TX, officeh	
		Check if Austin, 17, onicen	loider living expense
20 11 21 11 11	0 11 10 11 1		70
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought	office held
4 Date	5 Payee name		
10/11/2015	Divine Strategies		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
1,100.00			
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	

POLITICAL EXPENDITURES SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) ² FILER NAME Kendall L. Baker Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 10/22/2015 Hanging Tough Fundraiser 7 Payee address; 6 Amount (\$) State; Zip Code City; 200.00 8 PURPOSE OF EXPENDITURE (a) Category (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officehoder name office held office sought

The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F1:	² FILER NAME Kendall L. Bal	ker	3 Filer ID (Ethics Commission filers)			
4 Date	5 Payee name					
10/22/2015	Northeast Harris County M	nisterial Alliance				
6 Amount (\$)	7 Payee address; City;	State; Zip Code				
250.00						
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description				
		Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct	Candidate / Officehoder name	office sought c	office held			
expendituree to benefit C/OH						
4 Date	5 Payee name					
10/18/2015	Aubrey R Taylor Communi	cations				
6 Amount (\$)	7 Payee address; City;	State; Zip Code				
300.00						
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description				
		Check if travel outside of Te	exas, complete Schedule T			
		Check if Austin, TX, officeh	older living expense			
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought c	office held			
expendituree to benefit C/OH						
4 Date	5 Payee name					
10/16/2015	Miscellaneous Fundraiser					
6 Amount (\$)	7 Payee address; City;	State; Zip Code				
200.00						
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description				

POLITICAL EXPENDITURES SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) ² FILER NAME Kendall L. Baker Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 10/4/2015 Design Media Advertising 7 Payee address; 6 Amount (\$) City; State; Zip Code 1,000.00 (b) Description 8 PURPOSE OF EXPENDITURE (a) Category Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officehoder name office held

office sought

	The Instruction Guide ex	plains how to complete this form.					
1 Total pages Schedule F1:	² FILER NAME Kendall L. Bake	r	3 Filer ID (Ethics Commission filers)				
4 Date	5 Payee name	5 Payee name					
10/23/2015	Aubrey R Taylor Communica	ations					
6 Amount (\$)	7 Payee address; City;	State; Zip Code					
300.00							
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description					
		Check if travel outside of Tex	as, complete Schedule T				
		Check if Austin, TX, officehol	der living expense				
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought off	iice held				
4 Date	5 Payee name						
10/21/2015	Divine Strategies						
6 Amount (\$)	7 Payee address; City;	State; Zip Code					
500.00							
		las =					
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description					
		Check if travel outside of Tex					
		Check if Austin, TX, officehol	der living expense				
Complete ONLY if direct	Candidate / Officehoder name	 vffice sought off	iice held				
expendituree to benefit C/OH	Canadato / Cinconduct Hamo	moo cougni					
4 Date	5 Payee name						
10/8/2015	BMAHV						
6 Amount (\$)	7 Payee address; City;	State; Zip Code					
1,000.00		·					
.,555.55							
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description					
	T. Control of the con	İ					

POLITICAL EXPENDITURES SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) ² FILER NAME Kendall L. Baker Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 10/23/2015 **Divine Strategies** 7 Payee address; 6 Amount (\$) City; State; Zip Code 2,000.00 (b) Description 8 PURPOSE OF EXPENDITURE (a) Category Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officehoder name office sought office held

	T	ide 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	5 Payee name	
10/23/2015	Talafery Media Group	
6 Amount (\$)	7 Payee address; City;	State; Zip Code
478.67		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description
		Check if travel outside of Texas, complete Schedule T
		Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct	Candidate / Officehoder name	office sought office held
expendituree to benefit C/OH		
4 Date	5 Payee name	
10/14/2015	Talafery Media Group	
6 Amount (\$)	7 Payee address; City;	State; Zip Code
264.34		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description
		Check if travel outside of Texas, complete Schedule T
		Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct	Candidate / Officehoder name	office sought office held
expendituree to benefit C/OH		
4 Date	5 Payee name	
10/7/2015	Talafery Media Group	
6 Amount (\$)	7 Payee address; City;	State; Zip Code
248.00		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description
	\ · · / = = - · /	1/-/ = ===::h::=::

POLITICAL EXPENDITURES SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) ² FILER NAME Kendall L. Baker Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 10/2/2015 Talafery Media Group **6** Amount (\$) 7 Payee address; City; State; Zip Code 289.34 (b) Description 8 PURPOSE OF EXPENDITURE (a) Category Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officehoder name office held office sought

		ide 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	5 Payee name	
10/1/2015	Talafery Media Group	
6 Amount (\$)	7 Payee address; City;	State; Zip Code
264.34		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description
		Check if travel outside of Texas, complete Schedule T
		Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct	Candidate / Officehoder name	office sought office held
expendituree to benefit C/OH		
4 Date	5 Payee name	
9/30/2015	Talafery Media Group	
6 Amount (\$)	7 Payee address; City;	State; Zip Code
214.34		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description
	(4, 5 3.13 g 2.7)	Check if travel outside of Texas, complete Schedule T
		Check if Austin, TX, officeholder living expense
		Check if Additif, 174, officeriolder living expense
9 Complete ONLY if direct	Candidate / Officehoder name	office sought office held
expendituree to benefit C/OH	Canada (Canada Canada C	omes rough
4 Date	5 Payee name	
9/28/2015	Talafery Media Group	
9/26/2013 6 Amount (\$)	7 Payee address; City;	State; Zip Code
	i ayoo addi ees, Oily,	Sidio, Zip Codo
500.00		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description

POLITICAL EXPENDITURES SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) ² FILER NAME Kendall L. Baker Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 10/10/2015 **USPS** 7 Payee address; 6 Amount (\$) Zip Code City; State; 16.95 8 PURPOSE OF EXPENDITURE (a) Category (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officehoder name office held office sought

	The Instruction Guide 6	explains how to complete this form	n.
1 Total pages Schedule F1:	² FILER NAME Kendall L. Bak		3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name		
10/7/2015	GSP Graphics		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
39.80			
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description Check if travel outside of Touristic Check if Austin, TX, officeholders.	exas, complete Schedule T older living expense
9 Complete ONLY if direct	Candidate / Officehoder name	office sought	office held
expendituree to benefit C/OH	Canadate / Cinechodel Hame	omee sought	office field
4 Date	5 Payee name		
10/7/2015	GSP Graphics		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
28.40			
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
O TOKE ODE OF EXPENDITORE	(a) Oalogory	_	exas, complete Schedule T
		Check if Austin, TX, officeh	
			ioladi iivilig oxpolido
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought	office held
4 Date	5 Payee name		
10/7/2015	GSP Graphics		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
68.00	,,,,,,,, .	, —	
33.00			
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	

POLITICAL EXPENDITURES SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) ² FILER NAME Kendall L. Baker Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 9/29/2015 **GSP Graphics** 7 Payee address; City; 6 Amount (\$) Zip Code State; 1,671.38 8 PURPOSE OF EXPENDITURE (a) Category (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense

office sought

9 Complete ONLY if direct

expendituree to benefit C/OH

Candidate / Officehoder name

office held

POLITICAL EXPENDITURES SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) ² FILER NAME Kendall L. Baker 4 Date 5 Payee name 10/18/2015 Taqueria Cazadores **6** Amount (\$) 7 Payee address; City; State: Zip Code 77.00 8 PURPOSE OF EXPENDITURE (a) Category (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 10/19/2015 Lowes 6 Amount (\$) 7 Payee address; City; State; Zip Code 226.05 8 PURPOSE OF EXPENDITURE (a) Category (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officehoder name office held office sought expendituree to benefit C/OH

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. Bake	er	3 Filer ID (Ethics Commission filers)		
4	TOTAL OF UNITEMIZED EXPE	EXPENDITURES CHARGED TO A CREDIT CARD			\$		
5	Date	6	Payee name				
	10/23/2015		Home Depot				
7	Amount (\$)	8	Payee address; City;	Sta	te; Zip Code		
	95.70						
9	TYPE OF EXPENDITURE	П	Political		Non-Political		
10	PURPOSE OF EXPENDITURE	ı ' '	Category (See Categories listed at the top of this	(b) [escription		
		scrie	edule)		Check if travel outside of Texas, complete Schedul	le T	
				╽┝	Check if Austin, TX, officeholder living expense		
11	Complete ONLY if direct expendituree to benefit C/OH	Car	ndidate / Officehoder name		office sought office	held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED