

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME <u>Todd Baxter</u>	15 ACCOUNT # (Ethics Commission files)
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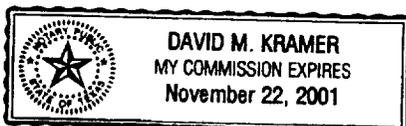
16 SUPPORTING POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	** This listing includes political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **	
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 NO REPORTABLE ACTIVITY	<input type="checkbox"/> Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)
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18 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)	\$ 1,250
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,115.38
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 300.00

19 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.



Todd Baxter

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Todd Baxter, this the 14th day of January, 19 98, to certify which, witness my hand and seal of office.

David M. Kramer

Signature of officer administering oath

DAVID M. KRAMER

Print name of officer administering oath

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: 1	
2 FILER NAME Todd Baxter		3 ACCOUNT # (Ethics Commission filers)	
4 Date 12/21/97	5 Full name of contributor <input type="checkbox"/> out of state PAC Red and Cindy Baxter	7 Amount of contribution (\$) \$1,000	8 In-kind contribution description(if applicable)
6 Contributor address: City; State; Zip Code 7503 Fernbrook Houston, TX 77070			
9 Principal occupation		10 Employer (optional)	
Date 12/25/97	Full name of contributor <input type="checkbox"/> out of state PAC Tracey and Scott Lisse	Amount of contribution (\$) \$250	In-kind contribution description(if applicable)
Contributor address: City; State; Zip Code 1822 High Gate Ct. Sugarland, TX 77478			
Principal occupation		Employer (optional)	
Date	Full name of contributor <input type="checkbox"/> out of state PAC	Amount of contribution (\$)	In-kind contribution description(if applicable)
Contributor address: City; State; Zip Code			
Principal occupation		Employer (optional)	
Date	Full name of contributor <input type="checkbox"/> out of state PAC	Amount of contribution (\$)	In-kind contribution description(if applicable)
Contributor address: City; State; Zip Code			
Principal occupation		Employer (optional)	
Date	Full name of contributor <input type="checkbox"/> out of state PAC	Amount of contribution (\$)	In-kind contribution description(if applicable)
Contributor address: City; State; Zip Code			
Principal occupation		Employer (optional)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: <u>1</u>
2 FILER NAME <u>Todd Baxter</u>		3 ACCOUNT # (Ethics Commission filers)
4 Date <u>12/29/97</u>	5 Payee name <u>J+M Engravers</u> 6 Payee address; City; State; Zip Code <u>6401 Manchaca Rd Austin, TX 78745</u>	7 Amount (\$) <u>\$9.20</u>
8 Purpose of expenditure <u>nametags</u>		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date <u>12/29/97</u>	Payee name <u>Kinkos</u> Payee address; City; State; Zip Code <u>2901-C Medical Arts St. Austin, TX 78701</u>	Amount (\$) <u>\$14.20</u>
Purpose of expenditure <u>Photo</u>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date <u>12/29/97</u>	Payee name <u>Shooting Star Photography</u> Payee address; City; State; Zip Code <u>911 Congress Ave. Austin, TX 78701</u>	Amount (\$) <u>\$91.98</u>
Purpose of expenditure <u>Photos</u>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date <u>12/30/97</u>	Payee name <u>Travis County Republican Party</u> Payee address; City; State; Zip Code <u>207 Brazos Street, Suite 304 Austin, TX 78701</u>	Amount (\$) <u>\$1,000</u>
Purpose of expenditure <u>Filing Fee</u>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED