

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

4343

FORM C/OH
COVER SHEET PG 1

<p>The C/OH INSTRUCTION GUIDE explains how to complete this form.</p>		<p>1 ACCOUNT # (Ethics Commission filers)</p>	<p>2 Total pages filed:</p>
<p>3 CANDIDATE / OFFICEHOLDER NAME</p>	<p>TITLE _____ FIRST TODD MI A NICKNAME _____ LAST BAXTER SUFFIX _____</p>	<p>OFFICE USE ONLY</p> <p>Date Received: JUL 14 9 25 AM '99</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">FILED</p>	
<p>4 CANDIDATE / OFFICEHOLDER ADDRESS</p> <p><input type="checkbox"/> Change of Address</p>	<p>ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 161122 AUSTIN TX 78716</p>		
<p>5 CAMPAIGN TREASURER NAME</p>	<p>TITLE _____ FIRST FRANK MI ✓ NICKNAME _____ LAST GAUTSKI SUFFIX _____</p>	<p>Receipt # _____ HD / PM _____ Amount _____ Date Processed _____ Date Imaged _____</p>	
<p>6 CAMPAIGN TREASURER ADDRESS (Residence or business)</p>	<p>STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1122 COLORADO #1608 AUSTIN TX 78701</p>		
<p>7 CAMPAIGN TREASURER PHONE</p>	<p>AREA CODE PHONE NUMBER EXTENSION (512) 477-5131</p>		
<p>8 REPORT TYPE</p>	<p><input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)</p>		
<p>9 PERIOD COVERED</p>	<p>Month Day Year THROUGH Month Day Year 1 / 1 / 99 THROUGH 6 / 30 / 99</p>		
<p>10 ELECTION</p>	<p>ELECTION DATE Month Day Year / /</p>	<p>ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special</p>	
<p>11 OFFICE</p>	<p>OFFICE HELD (if any) TRAVIS COUNTY COMMISSIONER, PCT. 3</p>	<p>12 OFFICE SOUGHT (if known)</p>	
<p>13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS</p> <p><input type="checkbox"/> additional pages</p>	<p>•• Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ••</p> <p>Name _____</p> <p>Address / PO Box; Apt. / Suite #; City; State; Zip Code _____</p>		

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A1
(FOR FORMS C/OH & SPAC)**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1:	
2 FILER NAME <i>TODD BAXTER</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>3/26/99</i>	5 Full name of contributor <i>PARSONS BRINCKERHOSS PAC</i> <input type="checkbox"/> out of state PAC	7 Amount of contribution (\$) <i>250.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>ONE PENN PLAZA NY NY 10119</i>			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date <i>2/3/99</i>	Full name of contributor <i>JB Payne</i> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <i>50.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>6013 Abilene Trail Austin TX 78749</i>			
Principal occupation (Optional)		Employer (Optional)	
Date <i>1/29/99</i>	Full name of contributor <i>MOTOROLA CIVIC ACTION CAMPAIGN FUND</i> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <i>250.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation (Optional)		Employer (Optional)	
Date <i>1/4/99</i>	Full name of contributor <i>KEVIN BALES</i> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>907 LIPAN WAY Austin 78733</i>			
Principal occupation (Optional)		Employer (Optional)	
Date <i>1/4/99</i>	Full name of contributor <i>PEPPER JONES</i> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <i>250.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>7101 Hwy 71 W Austin 78735</i>			
Principal occupation (Optional)		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:

2 FILER NAME

TODD BAXTER

3 ACCOUNT # (Ethics Commission filers)

4 Date

1/28

5 Payee name

SW BELL

7 Amount (\$)

203.41

6 Payee address: City: State: Zip Code

8 Purpose of expenditure

PHONE INSTALLATION
CAMPAIGN

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name

Office sought / held

Date

2/2

Payee name

HEB

Amount (\$)

99.00

Payee address: City: State: Zip Code

Purpose of expenditure

STAMPS

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name

Office sought / held

Date

2/8

Payee name

Thomas Graphics

Amount (\$)

307.43

Payee address: City: State: Zip Code

9501 N IH 35 78753

Purpose of expenditure

Printing

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name

Office sought / held

Date

2/8

Payee name

APP Billboards + Signs

Amount (\$)

135.21

Payee address: City: State: Zip Code

Purpose of expenditure

Signs

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name

Office sought / held

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

TODD BAXTER

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/18

5 Payee name

SW BELL

7 Amount (\$)

54.96

6 Payee address: City: State: Zip Code

8 Purpose of expenditure

PHONE BILL

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

Date

2/18

Payee name

TRAVIS COUNTY REPUBLICAN PARTY

Amount (\$)

100.00

Payee address: City: State: Zip Code

Purpose of expenditure

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

Date

2/23

Payee name

BR WHAREN PHOTO

Amount (\$)

250.60

Payee address: City: State: Zip Code

Purpose of expenditure

SWEARING IN PHOTOS

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

Date

2/24

Payee name

REP. PARTY DIRECTORY

Amount (\$)

22.99

Payee address: City: State: Zip Code

Purpose of expenditure

POLITICAL PHONE DIRECTORY

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME **TODD BAXTER**

3 ACCOUNT # (Ethics Commission filers)

4 Date
3/16

5 Payee name
ATT WIRELESS

7 Amount (\$)

6 Payee address: City: State: Zip Code
8520 Burnet Rd 78757

216.48

8 Purpose of expenditure
CELL PHONE COSTS

9 **** Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name Office sought / held

Date
4/5

Payee name
PARAGON PRINTING

Amount (\$)

Payee address: City: State: Zip Code
10423 McKalla Place 78758

\$1,674.96

Purpose of expenditure
PRINTING

**** Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name Office sought / held

Date
4/7

Payee name
TIME WARNER CABLE

Amount (\$)

Payee address: City: State: Zip Code
12012 N. MOPAC EXPWY 78758

\$705.00

Purpose of expenditure
ADVERTISING

**** Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name Office sought / held

Date

Payee name

Amount (\$)

Payee address: City: State: Zip Code

Purpose of expenditure

**** Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name Office sought / held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED