

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

4632

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)

2 Total pages filed:

3 CANDIDATE / OFFICEHOLDER NAME

TITLE FIRST MI
1 TODD A.
NICKNAME LAST SUFFIX
BAXTER

OFFICE USE ONLY

Date Received
JUL 17 12 51 PM '00
FILED
COMMISSIONER
RAVIS CRUICK, TEXAS

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX APT / SUITE # CITY STATE ZIP CODE
P.O. BOX 161122
AUSTIN, TX 78710

Change of Address

5 CAMPAIGN TREASURER NAME

TITLE FIRST MI
FRANK V.
NICKNAME LAST SUFFIX
GALITSKI

Receipt #

MD / PM

Amount

Date Processed

Date Imaged

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE # CITY STATE ZIP CODE
1122 COLORADO
AUSTIN, TX 78701

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 477-5131

8 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)
 July 15 6th day before election Exceeded \$500 limit Final report (Attach C/OH - FR)

9 PERIOD COVERED

Month Day Year THROUGH Month Day Year
1 / 1 / 00 THROUGH 6 / 30 / 00

10 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year
11 / 7 / 00
 Primary Runoff General Special

11 OFFICE

OFFICE HELD (if any)

COUNTY COMMISSIONER 3

12 OFFICE SOUGHT (if known)

COUNTY COMMISSIONER 3

13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

** 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. **

Name

Address / PO Box APT / Suite # City State Zip Code

additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	15 ACCOUNT # (Ethics Commission Users)
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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	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,300.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 44.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,157.24
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

19 AFFIDAVIT

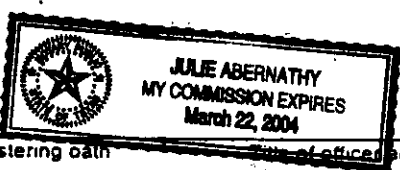
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

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 17th day of July 2004, to certify which, witness my hand and seal of office.

Julie Abernathy
Signature of officer administering oath



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:

2 FILER NAME

TODD BAXTER

3 ACCOUNT # (Ethics Commission files)

4 Date

1/18/00

5 Full name of contributor

Kevin Fleming

out of state PAC

7 Amount of contribution (\$)

500.00

8 In-kind contribution description (if applicable)

6 Contributor address: City: State: Zip Code

14230 Fitzhugh Road
Austin, TX 78739

9 Principal occupation

10 Employer (optional)

Date

1/14/00

Full name of contributor

John Nelson

out of state PAC

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

3404 Glenview
Austin, TX 78703

Principal occupation

Employer (optional)

Date

1/5/00

Full name of contributor

Ty Puckett

out of state PAC

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

2503 Jarratt
Austin, TX 78703

Principal occupation

Employer (optional)

Date

1/4/00

Full name of contributor

Jennifer Rygg

out of state PAC

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

6002 Hartman, SRA
Austin, TX 78703

Principal occupation

Employer (optional)

Date

Full name of contributor

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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

TODD BAXTER

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Full name of contributor

out of state PAC

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

3/16/00

Ken Campbell

6 Contributor address: City: State: Zip Code

10103 Wildflower Lane
Austin, TX 78735

250.00

9 Principal occupation

10 Employer (optional)

Date

Full name of contributor

out of state PAC

Amount of contribution (\$)

In-kind contribution description (if applicable)

2/18/00

Brown Builders PAC

Contributor address: City: State: Zip Code

P.O. Box 3
Houston, TX 77001

250.00

Principal occupation

Employer (optional)

Date

Full name of contributor

out of state PAC

Amount of contribution (\$)

In-kind contribution description (if applicable)

2/12/00

George Murfee

Contributor address: City: State: Zip Code

1100 Capital of Texas, Bldg D110
Austin, TX 78746

1,000.00

Principal occupation

Employer (optional)

Date

Full name of contributor

out of state PAC

Amount of contribution (\$)

In-kind contribution description (if applicable)

2/11/00

Brad & Laura Greer

Contributor address: City: State: Zip Code

2907 Austin
Houston, TX 77004

250.00

Principal occupation

Employer (optional)

Date

Full name of contributor

out of state PAC

Amount of contribution (\$)

In-kind contribution description (if applicable)

1/26/00

Chase Bank of Texas

Contributor address: City: State: Zip Code

P.O. Box 550
Austin, TX 78789

250.00

Principal occupation

Employer (optional)

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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

3 ACCOUNT # (Ethics Commission files)

4 Date	5 Payee name	7 Amount (\$)
5/11/00	Quality Trophies & Products Payee address: City: State: Zip Code 1700 S. Lamar Austin, TX 78704	131.63

8 Purpose of expenditure

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

Date	Payee name	Amount (\$)
4/31/00	TODD BAXTER Payee address: City: State: Zip Code 3210 Tenanna Austin, TX 78738	120.00

Purpose of expenditure

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought / heldRepayment of expense for
domain name "Baxter.org"

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

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

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F.

2 FILER NAME

3 ACCOUNT # (Ethics Commission files)

4 Date

5 Payee name

7 Amount (\$)

1/30/00

Courtney Carr Baxter

6 Payee address: City: State: Zip Code

3210 Tehama
Austin, TX 78738

1,000.00

8 Purpose of expenditure

Loan repayment

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

Office sought / held

Date

Payee name

Amount (\$)

2/1/00

Bill Burnett Campaign

Payee address: City: State: Zip Code

300.00

Purpose of expenditure

Contribution

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

Office sought / held

Date

Payee name

Amount (\$)

3/19/00

Paragon Printing

Payee address: City: State: Zip Code

10423 McKalla
Austin, TX 78758

311.61

Purpose of expenditure

Printing Expense

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

Office sought / held

Date

Payee name

Amount (\$)

5/11/00

TRAVIS 2000

Payee address: City: State: Zip Code

250.00

Purpose of expenditure

Contribution

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

Office sought / held

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

1

2 FILER NAME

TODD BAXTER

3 ACCOUNT # (Ethics Commission filers)

4 Date 1/20/00	5 Payee name NETWORK SOLUTIONS	8 Amount (\$) 120 00
	6 Payee address; City; State; Zip Code PO BOX 745 Herndon, VA 20172-0745	
7 Purpose of expenditure Payment for domain name name "Baxter.org"		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure	<input type="checkbox"/> Reimbursement from political contributions intended

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PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule H:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Business name

7 Amount (\$)

6 Business address; City; State; Zip Code

8 Purpose of payment

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

Date

Business name

Amount (\$)

Business address; City; State; Zip Code

Purpose of payment

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

Date

Business name

Amount (\$)

Business address; City; State; Zip Code

Purpose of payment

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

Date

Business name

Amount (\$)

Business address; City; State; Zip Code

Purpose of payment

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

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