

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

### 4772

The C/OH INSTRUCTION GUIDE explains how to complete this form.	1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed:
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3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST MI TODD A NICKNAME LAST SUFFIX BAXTER	OFFICE USE ONLY
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4 CANDIDATE / OFFICEHOLDER ADDRESS	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE PO Box 161122 Austin, TX 78714	Date Received Dana DeBenedictis County Clerk, Travis County, Texas 10/16/01 Deputy
<input type="checkbox"/> Change of Address		

5 CAMPAIGN TREASURER NAME	TITLE FIRST MI FRANK NICKNAME LAST SUFFIX GALITSKI	Receipt # HD / PM Date Processed Date Imaged
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6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE 1122 COLORADO Austin, TX 78701	
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7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 477-5131	12:45 PM (Paco)
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8 REPORT TYPE	<input checked="" 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 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)		

9 PERIOD COVERED	Month Day Year 7 / 1 / 00	THROUGH	Month Day Year 12 / 31 / 00
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10 ELECTION	ELECTION DATE Month Day Year / /	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special
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11 OFFICE OFFICE HELD (if any) COUNTY COMMISSIONER	12 OFFICE SOUGHT (if known) n/a
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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	
<input type="checkbox"/> 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 filers)
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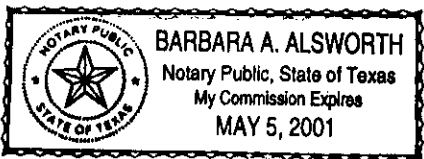
16 SUPPORTING POLITICAL COMMITTEE(S)  <input type="checkbox"/> additional pages	** This listing includes political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **	
	COMMITTEE TYPE	COMMITTEE NAME
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 NO REPORTABLE ACTIVITY  Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 250.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 250.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 44.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,944.00
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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.



AFFIX NOTARY STAMP / SEAL ABOVE

*Todd Barker*  
\_\_\_\_\_  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Todd Barker this the 16<sup>th</sup> day of January 2001, to certify which, witness my hand and seal of office.

*Barbara A. Alsworth*  
\_\_\_\_\_  
Signature of officer administering oath

BARBARA ALSWORTH  
\_\_\_\_\_  
Print name of officer administering oath

Notary  
\_\_\_\_\_  
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 filers)

4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC <b>Trey Salinas</b>	7 Amount of contribution (\$) <b>250.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>6102 Jumano Austin, TX 78749</b>			

9 Principal occupation 10 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)

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.

**PLEGDED CONTRIBUTIONS****SCHEDULE B**

The INSTRUCTION GUIDE explains how to complete this form.			1 Total pages Schedule B:	
2 FILER NAME			3 ACCOUNT # (Ethics Commission filers)	
4 TOTAL OF UNITEMIZED PLEDGES:      ⇨   ⇨   ⇨   ⇨   ⇨   ⇨			\$	
5 Date	6 Full name of pledgor <input type="checkbox"/> out of state PAC	8 Amount of pledge (\$)	9 In-kind description (if applicable)	
7 Pledgor address;      City; State; Zip Code				
10 Principal occupation		11 Employer (optional)		
Date	Full name of pledgor <input type="checkbox"/> out of state PAC	Amount of pledge (\$)	In-kind description (if applicable)	
Pledgor address;      City; State; Zip Code				
Principal occupation		Employer (optional)		
Date	Full name of pledgor <input type="checkbox"/> out of state PAC	Amount of pledge (\$)	In-kind description (if applicable)	
Pledgor address;      City; State; Zip Code				
Principal occupation		Employer (optional)		
Date	Full name of pledgor <input type="checkbox"/> out of state PAC	Amount of pledge (\$)	In-kind description (if applicable)	
Pledgor address;      City; State; Zip Code				
Principal occupation		Employer (optional)		
Date	Full name of pledgor <input type="checkbox"/> out of state PAC	Amount of pledge (\$)	In-kind description (if applicable)	
Pledgor address;      City; State; Zip Code				
Principal occupation		Employer (optional)		

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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

TODD BAXTER

3 ACCOUNT # (Ethics Commission filers)

4 Date

11/2/00

5 Payee name

Travis County Republican Party

7

Amount  
(S)

1,500.00

6 Payee address; City; State; Zip Code

1300 W. Koenig Ln.  
Austin, TX 78754

8 Purpose of expenditure

Contribution

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

Office sought / held

Date

8/28/00

Payee name

Ron Paul Campaign

Amount  
(S)

100.00

Payee address; City; State; Zip Code

Purpose of expenditure

Contribution

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

Office sought / held

Date

12/21/00

Payee name

Dawn DeLong

Amount  
(S)

150.00

Payee address; City; State; Zip Code

314 W. 11th  
Austin TX 78701

Purpose of expenditure

Christmas Bonus

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

Office sought / held

Date

12/21/00

Payee name

Barbara Aisworth

Amount  
(S)

150.00

Payee address; City; State; Zip Code

314 W. 11th  
Austin TX 78701

Purpose of expenditure

Christmas Bonus

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

Office sought / held

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