

**JUDICIAL CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

6156

**FORM JC/OH
COVER SHEET PG 1**

The JC/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers) 00021113	2 Total pages filed: 1 of 13
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR MR. NICKNAME CHARLIE	FIRST CHARLES LAST BAIRD	MI F. SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: 4909 Interlachen Ln Austin TX 78747		APT / SUITE #: CITY: STATE: ZIP CODE
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (512)	PHONE NUMBER 233-4955	EXTENSION
6 CAMPAIGN TREASURER NAME	MS/MRS/MR MR. NICKNAME CHARLIE	FIRST CHARLES LAST BAIRD	MI F. SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): same as above APT / SUITE #: CITY: STATE: ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE ()	PHONE NUMBER same as above	EXTENSION
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 JC/OH - FR)		
10 PERIOD COVERED	Month Day Year 01/01/2006 THROUGH 01/26/2006		
11 ELECTION	ELECTION DATE Month Day Year 07/07/2006	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any):	13 OFFICE SOUGHT (if known) DISTRICT JUDGE, 299 DISTRICT	
14 NOTICE OF 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		

OFFICE USE ONLY

Date Received: **SEP 15 2006**
 Date Hand-delivered: **SEP 15 2006**
 Date Processed:
 Date Imaged:

RECEIVED
 CLERK OF COURTS
 TRAVIS COUNTY TEXAS

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH
COVER SHEET PG 2

15 C/OH NAME **BAIRD, CHARLES F. (Mr.)** 16 ACCOUNT # (Ethics Commission file) **00021113**

17 NOTICE FROM POLITICAL COMMITTEE(S)

** This box is for notice of 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. **

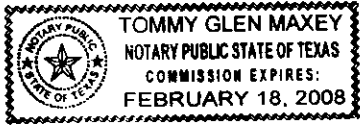
COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

Attached pages

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) UNLESS ITEMIZED	\$ 385.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 18,551.40
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS UNLESS ITEMIZED	\$ 26.58
	4. TOTAL POLITICAL EXPENDITURES	\$ 14,471.19
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 50,403.06
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

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.



Charles F. Baird
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Charles F. Baird this the 6 day of Feb, 20 06, to certify which, witness my hand and seal of office.

D. Semple Signature of officer administering oath
 T Glen Maxey Print name of officer administering oath
 Notary Public Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 1/5 Report: 3/13	
2 FILER NAME Baird, Charles F. (Mr.)				3 ACCOUNT # (Ethics Commission files) 00021113	
4 Date 01/19/2006	5 Full name of contributor Alvarenga, Selena (Ms.) <input type="checkbox"/> out-of-state PAC: C# _____	6 Contributor address: City: State: Zip Code 5613 Burrough Cove Austin, TX 78745		7 Amount of contribution (\$) \$150.00	8 In-kind contribution description (if applicable)
9 Contributor's principal occupation Attorney at Law			10 Contributor's job title Attorney at Law		
11 Contributor's employer/law firm Self			12 Law firm of contributor's spouse (if any)		
13 If contributor is a child, law firm of parent(s) (if any) X					
Date 01/20/2006	Full name of contributor Andrews, Paul F. (Mr.) <input type="checkbox"/> out-of-state PAC: C# _____	Contributor address: City: State: Zip Code 2803 French Pl Austin, TX 78722		Amount of contribution (\$) \$60.00	In-kind contribution description (if applicable)
Contributor's principal occupation Computer Programmer			Contributor's job title Computer Programmer		
Contributor's employer/law firm Self			Law firm of contributor's spouse (if any)		
If contributor is a child, law firm of parent(s) (if any) X					
Date 01/20/2006	Full name of contributor Arriola, Richard (Mr.) <input type="checkbox"/> out-of-state PAC: C# _____	Contributor address: City: State: Zip Code P.O. Box 1627 Austin, TX 78767		Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor's principal occupation Retired			Contributor's job title Retired		
Contributor's employer/law firm Retired			Law firm of contributor's spouse (if any)		
If contributor is a child, law firm of parent(s) (if any) X					

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/5 Report: 4/13	
2 FILER NAME Baird, Charles F. (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00021113	
4 Date 01/24/2006	5 Full name of contributor Barnes, Ben (Mr.) <input type="checkbox"/> out-of-state PAC/ID# _____ 6 Contributor address: City: State: Zip Code 98 San Jacinto Blvd Ste 250 Austin, TX 78701	7 Amount of contribution (\$) \$1,000.00	8 In-kind contribution description (if applicable)
9 Contributor's principal occupation Businessman		10 Contributor's job title Businessman	
11 Contributor's employer/law firm Self		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any) X			
Date 01/10/2006	Full name of contributor Carter, Eric G. Jr. (Mr.) <input type="checkbox"/> out-of-state PAC/ID# _____ Contributor address: City: State: Zip Code 2910 Elsbury Lane Pearland, TX 77584	Amount of contribution (\$) \$1,500.00	In-kind contribution description (if applicable)
Contributor's principal occupation Attorney at Law		Contributor's job title Attorney at Law	
Contributor's employer/law firm Self		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any) X			
Date 01/09/2006	Full name of contributor Chambers and Associates <input type="checkbox"/> out-of-state PAC/ID# _____ Contributor address: City: State: Zip Code 1104 Nueces St Austin, TX 78701-2128	Amount of contribution (\$) \$81.40	In-kind contribution description (if applicable) Postage
Contributor's principal occupation		Contributor's job title	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 3/5 Report: 5/13
2 FILER NAME Baird, Charles F. (Mr.)				3 ACCOUNT # (Ethics Commission File) 00021113
4 Date 01/17/2006	5 Full name of contributor Degeurin, Laura (Ms.) <input type="checkbox"/> out-of-state PAC ID# _____ 6 Contributor address: City: State: Zip Code 4534 W. Alabama St. Houston, TX 77027	7 Amount of contribution (\$) \$300.00	8 In-kind contribution description (if applicable)	
9 Contributor's principal occupation Attorney at Law		10 Contributor's job title Attorney at Law		
11 Contributor's employer/law firm DeGuerin Foreman and Nugent		12 Law firm of contributor's spouse (if any)		
13 If contributor is a child, law firm of parent(s) (if any) X				
Date 01/25/2006	Full name of contributor Greene, Hilary (Ms.) <input type="checkbox"/> out-of-state PAC ID# _____ Contributor address: City: State: Zip Code 12130 Meadow Lake Dr Houston, TX 77077	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)	
Contributor's principal occupation Attorney at Law		Contributor's job title Attorney at Law		
Contributor's employer/law firm Self		Law firm of contributor's spouse (if any)		
If contributor is a child, law firm of parent(s) (if any) X				
Date 01/20/2006	Full name of contributor Hughes, Stuart (Mr.) <input type="checkbox"/> out-of-state PAC ID# _____ Contributor address: City: State: Zip Code 1139 Elkins Lake Huntsville, TX 77340	Amount of contribution (\$) \$75.00	In-kind contribution description (if applicable)	
Contributor's principal occupation Attorney at Law		Contributor's job title Attorney at Law		
Contributor's employer/law firm Bryan College Station District Attorney		Law firm of contributor's spouse (if any)		
If contributor is a child, law firm of parent(s) (if any) X				

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 4/5 Report: 6/13	
2 FILER NAME Baird, Charles F. (Mr.)				3 ACCOUNT # (Ethics Commission files) 00021113	
4 Date 01/09/2006	5 Full name of contributor Mihaly, Gregory S. (Mr.) <input type="checkbox"/> out-of-state PAC ID# _____	6 Contributor address: City: State: Zip Code 1103 Texas Ave. League City, TX 77573		7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Contributor's principal occupation: Attorney at Law			10 Contributor's job title: Attorney at Law		
11 Contributor's employer/law firm: Self			12 Law firm of contributor's spouse (if any)		
13 If contributor is a child, law firm of parent(s) (if any) X					
Date 01/24/2006	Full name of contributor Moriarty, James (Mr.) <input type="checkbox"/> out-of-state PAC ID# _____	Contributor address: City: State: Zip Code 1150 Bissonnet St Houston, TX 77005		Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor's principal occupation: Attorney at Law			Contributor's job title: Attorney at Law		
Contributor's employer/law firm: Self			Law firm of contributor's spouse (if any)		
If contributor is a child, law firm of parent(s) (if any) X					
Date 01/19/2006	Full name of contributor Morrill, George III (Mr.) <input type="checkbox"/> out-of-state PAC ID# _____	Contributor address: City: State: Zip Code 4725 McKinney St Houston, TX 77023-1229		Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor's principal occupation: Attorney at Law			Contributor's job title: Attorney at Law		
Contributor's employer/law firm: Haynes and Boone			Law firm of contributor's spouse (if any)		
If contributor is a child, law firm of parent(s) (if any) X					

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 5/5 Report: 7/13	
2 FILER NAME Baird, Charles F. (Mr.)			3 ACCOUNT # (Ethics Commission files) 00021113		
4 Date 01/19/2006	5 Full name of contributor Torres, Jesse (Mr.) <input type="checkbox"/> out-of-state PAC/ID# _____	6 Contributor address City, State, Zip Code 2301 E. Cesar Chavez Austin, TX 78702	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)	
9 Contributor's principal occupation Real Estate			10 Contributor's job title Real Estate		
11 Contributor's employer/law firm Self			12 Law firm of contributor's spouse (if any)		
13 If contributor is a child, law firm of parent(s) (if any) X					
Date 01/11/2006	Full name of contributor Weber, Tom (Mr.) <input type="checkbox"/> out-of-state PAC/ID# _____	Contributor address; City, State, Zip Code 8214 Briarwood Austin, TX 78757	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)	
Contributor's principal occupation Attorney at Law			Contributor's job title Attorney at Law		
Contributor's employer/law firm Self			Law firm of contributor's spouse (if any)		
If contributor is a child, law firm of parent(s) (if any) X					

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/6 Report: 8/13
2 FILER NAME Baird, Charles F. (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00021113
4 Date 01/03/2006	5 Payee name Ace Printing 6 Payee address: City: State: Zip Code P.O. Box 13522 Austin, TX 78711-3522	7 Amount (S) \$1,840.25
8 Purpose of payment (See instructions regarding type of information required.) Signs		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Baird, Charles F. (Mr.) Office sought: Office held:
Date 01/26/2006	Payee name Austin Chronicle Payee address: City: State: Zip Code P.O. Box 49066 Austin, TX 78765-9066	Amount (S) \$861.00
Purpose of payment (See instructions regarding type of information required.) Advertising		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Baird, Charles F. (Mr.) Office sought: Office held:
Date 01/10/2006	Payee name B.M.P. Radio Payee address: City: State: Zip Code 2211 S. IH 35 Austin, TX 78741	Amount (S) \$800.00
Purpose of payment (See instructions regarding type of information required.) Radio Advertisement		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Baird, Charles F. (Mr.) Office sought: Office held:
Date 01/02/2006	Payee name Bintliff, David (Mr.) Payee address: City: State: Zip Code 6303 Danwood Dr Austin, TX 78759	Amount (S) \$441.43
Purpose of payment (See instructions regarding type of information required.) Sign Installation		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Baird, Charles F. (Mr.) Office sought: Office held:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/6 Report: 9/13
2 FILER NAME Baird, Charles F. (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00021113
4 Date 01/19/2006	5 Payee name Bintliff, David 6 Payee address; City: State: Zip Code 6303 Danwood Dr Austin, TX 78759	7 Amount (\$) \$1,288.62
8 Purpose of payment (See instructions regarding type of information required.) Sign installation		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Baird, Charles F. (Mr.) Office sought: Office held:
Date 01/09/2006	Payee name Butts, David Payee address; City: State: Zip Code 1914 Patton Ln. Austin, TX 78723	Amount (\$) \$750.00
Purpose of payment (See instructions regarding type of information required.) Consulting		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Baird, Charles F. (Mr.) Office sought: Office held:
Date 01/03/2006	Payee name Capital Area Progressive Democrats Payee address; City: State: Zip Code P.O. Box 142175 Austin, TX 78714-2175	Amount (\$) \$20.00
Purpose of payment (See instructions regarding type of information required.) Membership		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Baird, Charles F. (Mr.) Office sought: Office held:
Date 01/19/2006	Payee name Champion, Mario Payee address; City: State: Zip Code 504 Lockhart Dr Austin, TX 78704	Amount (\$) \$200.00
Purpose of payment (See instructions regarding type of information required.) Website		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Baird, Charles F. (Mr.) Office sought: Office held:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 3/6 Report: 10/13

2 FILER NAME Baird, Charles F. (Mr.)

3 ACCOUNT # (Ethics Commission files)
00021113

4 Date	5 Payee name CheckMark Typesetting	7 Amount (\$)
01/09/2006	6 Payee address; City: State: Zip Code 3217 N IH 35 Austin, TX 78722	\$114.75

8 Purpose of payment (See instructions regarding type of information required.) Typesetting	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Baird, Charles F. (Mr.) Office sought: Office held:
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Date	Payee name CheckMark Typesetting	Amount (\$)
01/10/2006	Payee address; City: State: Zip Code 3217 N IH 35 Austin, TX 78722	\$3,357.90

Purpose of payment (See instructions regarding type of information required.) Typesetting	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Baird, Charles F. (Mr.) Office sought: Office held:
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Date	Payee name Conchola, Maria	Amount (\$)
01/23/2006	Payee address; City: State: Zip Code 1900 East Side Dr Austin, TX 78704	\$20.00

Purpose of payment (See instructions regarding type of information required.) Fundraiser	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Baird, Charles F. (Mr.) Office sought: Office held:
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Date	Payee name Goin' Postal	Amount (\$)
01/14/2006	Payee address; City: State: Zip Code 13000 IH 35 N Bldg. 2 Ste. 400 Austin, TX 78753	\$51.53

Purpose of payment (See instructions regarding type of information required.) Mailing	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Baird, Charles F. (Mr.) Office sought: Office held:
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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 4/6 Report: 11/13

2 FILER NAME Baird, Charles F. (Mr.)

3 ACCOUNT # (Ethics Commission File #)
00021113

4 Date	5 Payee name Kolstad, Laura (Ms.)	7 Amount (\$)
01/01/2006	6 Payee address City State Zip Code 7108 Teaberry Dr. Austin, TX 78745	\$2,000.00

8 Purpose of payment (See instructions regarding type of information required.) Consulting	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Baird, Charles F. (Mr.) Office sought: Office held:
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Date	Payee name Maxey, Glen	Amount (\$)
01/09/2006	Payee address; City; State; Zip Code P.O.Box 2505 Austin, TX 78768	\$750.00

Purpose of payment (See instructions regarding type of information required.) Consulting	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Baird, Charles F. (Mr.) Office sought: Office held:
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Date	Payee name Musseiman, Karl-Thomas	Amount (\$)
01/23/2006	Payee address; City; State; Zip Code 2500 University Ave 226B Austin, TX 78705	\$105.00

Purpose of payment (See instructions regarding type of information required.) Advertising	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Baird, Charles F. (Mr.) Office sought: Office held:
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Date	Payee name PinkDome	Amount (\$)
01/26/2006	Payee address; City; State; Zip Code www.PinkDome.com Charlie Ray Austin, TX 78701	\$100.00

Purpose of payment (See instructions regarding type of information required.) Advertising	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Baird, Charles F. (Mr.) Office sought: Office held:
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POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 5/6 Report: 12/13**2** FILER NAME Baird, Charles F. (Mr.)**3** ACCOUNT # (Ethics Commission filers)
00021113

4 Date 01/10/2006	5 Payee name South Austin Democrats 6 Payee address; City; State; Zip Code 2304 South 1st St Austin, TX 78704	7 Amount (\$) \$10.00
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8 Purpose of payment (See instructions regarding type of information required.) Membership	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Baird, Charles F. (Mr.) Office sought: Office held:
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Date 01/07/2006	Payee name Southwest Airlines Payee address; City; State; Zip Code Customer Relations P.O. Box 36647 - 1CR Dallas, TX 75235-1647	Amount (\$) \$113.90
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Purpose of payment (See instructions regarding type of information required.) Flight home for screening	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Baird, Charles F. (Mr.) Office sought: Office held:
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Date 01/15/2006	Payee name Suits, Stacy Payee address; City; State; Zip Code P.O. Box 13522 Austin, TX 78711-3522	Amount (\$) \$878.00
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Purpose of payment (See instructions regarding type of information required.) Signs	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Baird, Charles F. (Mr.) Office sought: Office held:
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Date 01/04/2006	Payee name USPS Payee address; City; State; Zip Code Manchaca Station Manchaca, TX 78652	Amount (\$) \$131.88
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Purpose of payment (See instructions regarding type of information required.) Postage	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Baird, Charles F. (Mr.) Office sought: Office held:
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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 6/6 Report: 13/13

2 FILER NAME Baird, Charles F. (Mr.)

3 ACCOUNT # (Ethics Commission Users)
00021113

4 Date 01/09/2006	5 Payee name USPS 6 Payee address; City; State; Zip Code Manchaca Station Manchaca, TX 78652	7 Amount (\$) \$131.88
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8 Purpose of payment (See instructions regarding type of information required.) Postage	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Baird, Charles F. (Mr.) Office sought: Office held:
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Date 01/02/2006	Payee name Worley Printing Payee address; City; State; Zip Code 3217 N IH 35 Austin, TX 78722	Amount (\$) \$478.47
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Purpose of payment (See instructions regarding type of information required.) Printing	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Baird, Charles F. (Mr.) Office sought: Office held:
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