

**JUDICIAL CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

6522

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

The JC/OH Instruction Guide explains how to complete this form.		1 ACCOUNT# (Ethics Commission filers) <b>00021113</b>	2 Total pages filed: <b>7</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <b>CHARLES F.</b>	<div style="border: 1px solid black; padding: 5px;"> <b>OFFICE USE ONLY</b>                      Date Received: <b>2007 JUL - 5</b>                      Date Hand-delivered: <b>PH 1:27</b>                      Date Processed:                      Date Imaged:                      RECEIVED FOR RECORD                      CLERK                      COUNTY CLERK                      TRAVIS COUNTY TEXAS                 </div>	
	NICKNAME LAST SUFFIX <b>CHARLIE BAIRD</b>		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE <b>P. O. Box 1242 AUSTIN, TX 78767-1242</b>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>(512) 854-9442</b>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <b>SELF</b>		
	NICKNAME LAST SUFFIX		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE <b>SAME AS ABOVE</b>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>( ) SAME AS ABOVE</b>		
9 REPORT TYPE	<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)		
10 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year <b>1 / 1 / 07    6 / 30 / 07</b>		
11 ELECTION	ELECTION DATE Month Day Year <b>/ /</b>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <b>JUDGE, 299<sup>TH</sup> DIST. CT.</b>	13 OFFICE SOUGHT (if known)	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	** 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 <b>NONE</b>		
	Address / PO Box: Apt. / Suite #: City: State: Zip Code		
<b>GO TO PAGE 2</b>			

**JUDICIAL CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS**

**FORM JC/OH  
COVER SHEET PG 2**

15 C/OH NAME **JUDGE CHARLES F. BAIRD** 16 ACCOUNT # (Ethics Commission Filers) **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. \*\**

additional pages

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

18 CONTRIBUTION TOTALS	1. TOTAL <del>POLITICAL</del> CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED <b>ACCOUNT INTEREST</b>	\$ 449.49
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 700 --
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 120 --
	4. TOTAL POLITICAL EXPENDITURES	\$ 2901.79
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 29,516.21
OUTSTANDING LOAN TOTALS	6. 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.

*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 2 day of July, 20 07, to certify which, witness my hand and seal of office

*Art. Guerrero*  
Signature of officer administering oath

**ART. GUERRERO**  
Print name of officer administering oath



**ART GUERRERO**  
My Commission Expires  
September 8, 2009

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

**SCHEDULE A (J)**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J): <b>1</b>	
2 FILER NAME <b>JUDGE CHARLES F. BAIRD</b>		3 ACCOUNT # (Ethics Commission filers) <b>000 21113</b>	
4 Date <b>11/15/07</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>DANIEL F. PRASHNER</b>	7 Amount of contribution (\$) <b>\$ 200 -</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>PO BOX 5024 AUSTIN, TX 78763</b>		(If travel outside of Texas, complete Schedule T)	

9 Contributor's principal occupation <b>ATTORNEY</b>	10 Contributor's job title <b>ATTORNEY</b>
11 Contributor's employer/law firm <b>SELF</b>	12 Law firm of contributor's spouse (if any) <b>N/A</b>
13 If contributor is a child, law firm of parent(s) (if any) <b>N/A</b>	

Date <b>11/19/07</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>BRIAN BERNARD</b>	Amount of contribution (\$) <b>\$ 500 -</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>1203 BAYLOR ST AUSTIN, TX 78703</b>		(If travel outside of Texas, complete Schedule T)	

Contributor's principal occupation <b>ATTORNEY</b>	Contributor's job title <b>ATTORNEY</b>
Contributor's employer/law firm <b>SELF</b>	Law firm of contributor's spouse (if any) <b>BERNARD &amp; ASSOCIATES</b>
If contributor is a child, law firm of parent(s) (if any) <b>N/A</b>	

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	

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)	

**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: <b>3</b>
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>1/10/07</b>	5 Payee name <b>ART GUERRERO</b> 6 Payee address; City: State; Zip Code <b>P.O. Box 1748, AUSTIN, TX 78767</b>	7 Amount (\$) <b>\$239.43</b>
8 Purpose of payment (See instructions regarding type of information required.) <b>REFRIG, MICROWAVE &amp; COFFEE MAKER</b> (If travel outside of Texas, complete Schedule T) <b>FOR COURT</b>		9 <small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held
Date <b>5/17/07</b>	Payee name <b>ART GUERRERO</b> Payee address; City: State; Zip Code <b>P. O. Box 1748, AUSTIN, TX 78767</b>	Amount (\$) <b>\$49-</b>
Purpose of payment (See instructions regarding type of information required.) <b>WATER FOR JURORS</b> (If travel outside of Texas, complete Schedule T)		<small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held
Date <b>1/10/07</b>	Payee name <b>AMY MANOR</b> Payee address; City: State; Zip Code <b>P. O. Box 1748, AUSTIN, TX 78767</b>	Amount (\$) <b>\$58.51</b>
Purpose of payment (See instructions regarding type of information required.) <b>COPIER FOR COURTROOM</b> (If travel outside of Texas, complete Schedule T)		<small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held
Date <b>2/1/07</b>	Payee name <b>GREEN PASTURES</b> Payee address; City: State; Zip Code <b>811 W. LIVE OAK ST. AUSTIN, TX 78704</b>	Amount (\$) <b>\$960.16</b>
Purpose of payment (See instructions regarding type of information required.) <b>LUNCHEON FOLLOWING INVESTITURE</b> (If travel outside of Texas, complete Schedule T)		<small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held
<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b>		

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: <b>3</b>
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>2/24/07</b>	5 Payee name <b>HOBBY LOBBY</b>	7 Amount (\$) <b>\$74.69</b>
6 Payee address; City; State; Zip Code <b>9600 South I-H 35, SUITE L AUSTIN, TX 78748</b>		
8 Purpose of payment (See instructions regarding type of information required.) <b>FRAMING</b> <small>(If travel outside of Texas, complete Schedule T)</small>		9 <small>.. Complete if direct expenditure to benefit C/OH ..</small> Candidate / Officeholder name      Office sought      Office held
Date <b>2/27/07</b>	Payee name <b>CARMEN RUMBANT</b>	Amount (\$) <b>\$400-</b>
Payee address; City; State; Zip Code <b>1417 RANCH Rd 12, SAN MARCOS, TX 78666</b>		
Purpose of payment (See instructions regarding type of information required.) <b>SPANISH TRANSLATION of Ct FORMS</b> <small>(If travel outside of Texas, complete Schedule T)</small>		<small>.. Complete if direct expenditure to benefit C/OH ..</small> Candidate / Officeholder name      Office sought      Office held
Date <b>5/15/07</b>	Payee name <b>LEON TRANSLATIONS</b>	Amount (\$) <b>\$300-</b>
Payee address; City; State; Zip Code <b>7200 ANAQUA DR, AUSTIN, TX 78750</b>		
Purpose of payment (See instructions regarding type of information required.) <b>SPANISH TRANSLATION of Ct FORMS</b> <small>(If travel outside of Texas, complete Schedule T)</small>		<small>.. Complete if direct expenditure to benefit C/OH ..</small> Candidate / Officeholder name      Office sought      Office held
Date <b>5/15/07</b>	Payee name <b>TRUE COURAGE ACTION NETWORK</b>	Amount (\$) <b>\$100-</b>
Payee address; City; State; Zip Code <b>611 S. CONGRESS AVE, SUITE 200-E AUSTIN, TX 78704</b>		
Purpose of payment (See instructions regarding type of information required.) <b>CONTRIBUTION</b> <small>(If travel outside of Texas, complete Schedule T)</small>		<small>.. Complete if direct expenditure to benefit C/OH ..</small> Candidate / Officeholder name      Office sought      Office held
<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b>		

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: **3**

2 FILER NAME  
**JUDGE CHARLES F BAIRD**

3 ACCOUNT # (Ethics Commission files)  
**0002113**

4 Date  
**2/17/07**

5 Payee name  
**TEXAS DEMOCRATIC PARTY**

7 Amount (\$)  
**\$120 -**

6 Payee address; City; State; Zip Code  
**707 RIO GRANDE, AUSTIN, TX 78701**

8 Purpose of payment (See instructions regarding type of information required.)  
**ANNUAL DUES**  
(If travel outside of Texas, complete Schedule T)

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

Date  
**3/15/07**

Payee name  
**TRAVIS CO. DEM. PARTY**

Amount (\$)  
**\$250 -**

Payee address; City; State; Zip Code  
**P.O. Box 684263, AUSTIN, TX 78768**

Purpose of payment (See instructions regarding type of information required.)  
**CONTRIBUTION**  
(If travel outside of Texas, complete Schedule T)

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

Date  
**2/11/07**

Payee name  
**TEXAS ETHICS COMMISSION**

Amount (\$)  
**\$250 -**

Payee address; City; State; Zip Code  
**P.O. Box 12070, CAPITOL STATION, AUSTIN, TX 78711-2070**

Purpose of payment (See instructions regarding type of information required.)  
**LATE FILING PENALTY FOR PFS**  
(If travel outside of Texas, complete Schedule T)

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

Date  
**2/24/07**

Payee name  
**GREG HAMILTON RE-ELECTION CAMPAIGN**

Amount (\$)  
**\$100 -**

Payee address; City; State; Zip Code  
**P.O. Box 5674, AUSTIN, TX 78763**

Purpose of payment (See instructions regarding type of information required.)  
**CONTRIBUTION**  
(If travel outside of Texas, complete Schedule T)

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The Instruction Guide explains how to complete this form.	1 Total pages Schedule I: <b>1</b>
2 FILER NAME <b>JUDGE CHARLES F. BAIRD</b>	3 ACCOUNT # (Ethics Commission filers) <b>000 21113</b>

4 Date <b>3/15/07</b>	5 Payee name <b>TRAVIS CO. SHERIFF'S MEMORIAL BENEVOLENT SOCIETY</b>	8 Amount (\$) <b>\$50-</b>
	6 Payee address; City; State; Zip Code <b>P.O. Box 2531, Pflugerville, Tx 78691</b>	
	7 Purpose of expenditure (See instructions regarding type of information required.) <b>CONTRIBUTION / DONATION</b>	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

**JUDGE CHARLIE BAIRD**

299<sup>TH</sup> DISTRICT COURT  
P. O. Box 1242, Austin, Texas 78767-1242  
Tel: 512-854-9442  
EMAIL: CHARLIE.BAIRD@CO.TRAVIS.TX.US

July 2, 2007

Hon. Dana DeBeauvoir  
Travis County Clerk  
P.O. Box 1748  
Austin, TX 78767-1748

In Re: Account No. 00021113; July 15 C/OH Campaign Finance Report

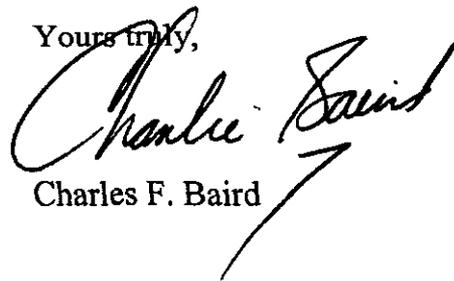
Dear Dana:

Enclosed please find the following document for filing with your office:

July 15, 2007 Candidate/Office Holder Campaign Finance Report.

Thanking you in advance for your courtesy and cooperation, I remain

Yours truly,

A handwritten signature in cursive script that reads "Charlie Baird". The signature is written in black ink and is positioned above the printed name "Charles F. Baird".

Charles F. Baird

Enclsoures

CFB/fb