

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH
COVER SHEET PG 2

14 C/OH NAME Baird, Charles (Mr.)

15 ACCOUNT # (Ethics Commission files)
00021113

16 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. ..

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

additional pages

17 CONTRIBUTION TOTALS

| | | |
|---|----|------|
| 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ | 0.00 |
|---|----|------|

| | | |
|--|----|--------|
| 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ | 700.00 |
|--|----|--------|

EXPENDITURE TOTALS

| | | |
|--|----|--------|
| 3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED | \$ | 120.00 |
|--|----|--------|

| | | |
|---------------------------------|----|----------|
| 4. TOTAL POLITICAL EXPENDITURES | \$ | 3,021.79 |
|---------------------------------|----|----------|

CONTRIBUTION BALANCE

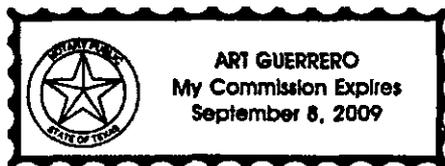
| | | |
|--|----|-----------|
| 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ | 29,516.21 |
|--|----|-----------|

OUTSTANDING LOAN TOTALS

| | | |
|---|----|------|
| 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ | 0.00 |
|---|----|------|

18 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 J. 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 11th day of JULY, 20 07, to certify which, witness my hand and seal of office.

Art Guerrero ART. GUERRERO NOTARY PUBLIC
Signature of officer administering oath Print name of officer administering oath 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: 1/1 Report: 3/7 | |
| 2 FILER NAME Baird, Charles (Mr.) | | 3 ACCOUNT # (Ethics Commission filers) 00021113 | |
| 4 Date 01/19/2007 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bernard, Brian (Mr.) 6 Contributor address; City; State; Zip Code 1203 Baylor Street Austin, TX 78703 | 7 Amount of contribution (\$) \$500.00 | 8 In-kind contribution description (if applicable) |
| 9 Contributor's principal occupation Attorney | | 10 Contributor's job title Attorney | |
| 11 Contributor's employer / law firm Self / Bernard & Associates | | 12 Law firm of contributor's spouse (if any) Bernard & Associates | |
| 13 If contributor is a child, law firm of parent(s) (if any) N/A | | N/A | |
| Date 01/15/2007 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Prashner, Daniel F. (Mr.) Contributor address; City; State; Zip Code P.O. Box 5024 Austin, TX 78763 | Amount of contribution (\$) \$200.00 | In-kind contribution description (if applicable) |
| Contributor's principal occupation Attorney | | Contributor's job title Attorney | |
| Contributor's employer / law firm Self | | Law firm of contributor's spouse (if any) N/A | |
| If contributor is a child, law firm of parent(s) (if any) N/A | | N/A | |

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 1/3 Report: 4/7**2** FILER NAME Baird, Charles (Mr.)**3** ACCOUNT # (Ethics Commission filers)
00021113

| | | |
|--|--|--|
| 4 Date 02/01/2007 | 5 Payee name Green Pastures Restaurant 6 Payee address: City: State: Zip Code 811 W. Live Oak Street Austin, TX 78704 | 7 Amount (\$) \$960.16 |
| 8 Purpose of payment (See instructions regarding type of information required.) Luncheon following investiture (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | | 9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held: |
| Date 02/24/2007 | Payee name Greg Hamilton Re-Election Campaign Payee address: City: State: Zip Code P.O. Box 5674 Austin, TX 78763 | Amount (\$) \$100.00 |
| Purpose of payment (See instructions regarding type of information required.) Contribution (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | | ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Hamilton, Greg (Mr.) Office sought: Travis County Sheriff Office held: Travis County Sheriff |
| Date 01/10/2007 | Payee name Guerrero, Art (Mr.) Payee address: City: State: Zip Code P.O. Box 1748 Austin, TX 78767 | Amount (\$) \$239.43 |
| Purpose of payment (See instructions regarding type of information required.) Refrig. Microwave. coffee maker for court (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | | ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held: |
| Date 05/17/2007 | Payee name Guerrero, Art (Mr.) Payee address: City: State: Zip Code P.O. Box 1748 Austin, TX 78767 | Amount (\$) \$49.00 |
| Purpose of payment (See instructions regarding type of information required.) Bottled water for jurors (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | | ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held: |

POLITICAL EXPENDITURES**SCHEDULE F**

| | | |
|---|---|--|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 2/3 Report: 5/7 |
| 2 FILER NAME Baird, Charles (Mr.) | | 3 ACCOUNT # (Ethics Commission filers) 00021113 |
| 4 Date 02/24/2007 | 5 Payee name Hobby Lobby 6 Payee address; City; State; Zip Code 9600 South I-H 35, Suite L Austin, TX 78748 | 7 Amount (\$) \$74.69 |
| 8 Purpose of payment (See instructions regarding type of information required.) Framing (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | | 9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held: |
| Date 05/15/2007 | Payee name Leon Translations Payee address; City; State; Zip Code 7200 Anaqua Drive Austin, TX 78750 | Amount (\$) \$300.00 |
| Purpose of payment (See instructions regarding type of information required.) Spanish translation of court forms (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | | ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held: |
| Date 01/10/2007 | Payee name Manor, Frances (Amy) (Ms.) Payee address; City; State; Zip Code P.O. Box 1748 Austin, TX 78767 | Amount (\$) \$58.51 |
| Purpose of payment (See instructions regarding type of information required.) Copier for courtroom (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | | ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held: |
| Date 02/27/2007 | Payee name Rumbaut, Carmen (Ms.) Payee address; City; State; Zip Code 1417 Ranch Road 12 San Marcos, TX 78666 | Amount (\$) \$400.00 |
| Purpose of payment (See instructions regarding type of information required.) Spanish translation of court forms (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | | ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held: |

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 3/3 Report: 6/7**2 FILER NAME** Baird, Charles (Mr.)**3 ACCOUNT #** (Ethics Commission filers)
00021113

| 4 Date | 5 Payee name | 7 Amount (\$) |
|---------------|---|----------------------|
| 02/17/2007 | Texas Democratic Party 6 Payee address; City; State; Zip Code 707 Rio Grande Austin, TX 78701 | \$120.00 |

8 Purpose of payment (See instructions regarding type of information required.)
Annual dues**9 ** Complete if direct expenditure to benefit Candidate/Officeholder ****
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) Office sought:
Office held:

| Date | Payee name | Amount (\$) |
|-------------|--|--------------------|
| 02/11/2007 | Texas Ethics Commission Payee address; City; State; Zip Code P.O. Box 12070 Capitol Station Austin, TX 78711-2070 | \$250.00 |

Purpose of payment (See instructions regarding type of information required.)
Late filing penalty for PFS**** Complete if direct expenditure to benefit Candidate/Officeholder ****
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) Office sought:
Office held:

| Date | Payee name | Amount (\$) |
|-------------|--|--------------------|
| 03/15/2007 | Travis County Democratic Party Payee address; City; State; Zip Code P.O. Box 684263 Austin, TX 78768 | \$250.00 |

Purpose of payment (See instructions regarding type of information required.)
Contribution**** Complete if direct expenditure to benefit Candidate/Officeholder ****
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) Office sought:
Office held:

| Date | Payee name | Amount (\$) |
|-------------|--|--------------------|
| 05/15/2007 | True Courage Action Network Payee address; City; State; Zip Code 611 S. Congress Ave, Suite 200-E Austin, TX 78704 | \$100.00 |

Purpose of payment (See instructions regarding type of information required.)
Contribution**** Complete if direct expenditure to benefit Candidate/Officeholder ****
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) Office sought:
Office held:

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 1/1 Report: 7/7

2 FILER NAME Baird, Charles (Mr.)

3 ACCOUNT # (Ethics Commission filers)
00021113

4 Date

03/15/2007

5 Payee name
Travis County Sheriff's Memorial Benevolent Society

8 Amount (\$)

\$50.00

6 Payee address; City: State: Zip Code
P.O. Box 2531
Pflugerville, TX 78691

7 Purpose of expenditure (See instructions regarding type of information required.)
Contribution/donation