

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

7619 **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 PAGE #**  
1 of 7

**3 CANDIDATE / OFFICEHOLDER NAME**

MS / MRS / MR Mr. FIRST Charles MI  
NICKNAME CHARLIE LAST BAIRD SUFFIX

**OFFICE USE ONLY**

Date Received: JUL 15 AM 11:19  
DANA DEAN  
COUNTY CLERK  
TARRANT COUNTY TEXAS  
FILED FOR REPORT

**4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS**

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
P.O. Box 1242  
Austin, TX 78767-1242

Date Hand-delivered or Date Postmarked

Change of Address

Receipt # Amount

**5 CAMPAIGN TREASURER NAME**

MS / MRS / MR Mr. FIRST Charles MI  
NICKNAME CHARLIE LAST BAIRD SUFFIX

Date Processed

Date Imaged

**6 CAMPAIGN TREASURER ADDRESS**  
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
P.O. Box 1242  
Austin, TX 78767-1242

**7 CAMPAIGN TREASURER PHONE**

AREA CODE PHONE NUMBER EXTENSION  
(512) 854-9442

**8 REPORT TYPE**

January 15  30th day before election  Runoff  15th day after campaign treasurer appointment (officeholder only)  
 July 15  8th day before election  Exceeded \$500 limit  Final report (Attach C/OH - FR)

**9 PERIOD COVERED**

Month Day Year THROUGH Month Day Year  
01/01/2011 07/12/2011

**10 ELECTION**

ELECTION DATE ELECTION TYPE  
Month Day Year  Primary  Runoff  General  Special

**11 OFFICE**

OFFICE HELD (if any)  
District Judge District 299

**12 OFFICE SOUGHT (if known)**

**13 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

additional pages

**GO TO PAGE 2**

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

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

15 ACCOUNT # (Ethics Commission filers)  
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. ..

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

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)

\$ 0.00

EXPENDITURE TOTALS

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

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 1,328.81

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0.00

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 7/15/11*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Print name of officer administering oath

Title of officer administering oath

**CANDIDATE/OFFICEHOLDER REPORT:  
DESIGNATION OF FINAL REPORT****FORM C/OH - FR**

The Instruction Guide explains how to complete this form.  
 \*\* Complete only if 'Report Type' on page 1 is marked 'Final Report' \*\*

Page 7 of 7

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

2 ACCOUNT # (Ethics Commission filers)

00021113

**3 SIGNATURE**

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

\_\_\_\_\_  
Signature of Candidate / Officeholder**4 FILER WHO IS NOT AN OFFICEHOLDER**

\*\* Complete A &amp; B below only if you are not an officeholder \*\*

**A. CAMPAIGN FUNDS**

Check only one:

 I do not have unexpended contributions or unexpended interest or income earned from political contributions. I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.**B. ASSETS**

Check only one:

 I do not retain assets purchased with political contributions or interest or other income from political contributions. I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.\_\_\_\_\_  
Signature of Candidate**5 OFFICEHOLDER**

\*\* Complete this section only if you are an officeholder \*\*

 I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.\_\_\_\_\_  
Signature of Officeholder

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 1/4 Report: 3/7	<b>2 FILER NAME</b> Baird, Charles (Mr.)	<b>3 ACCOUNT # (TEC filers)</b> 00021113
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<b>4 Date</b> 07/12/2011	<b>5 Payee name</b> Austin Tejano Democrats
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<b>6 Amount (\$)</b> \$100.00	<b>7 Payee address</b> City; State; Zip Code 2544 Stoutwood Circle Austin, TX 78745
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<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contribution to local political club
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<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office sought:	Office held:
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<b>Date</b> 01/20/2011	<b>Payee name</b> Black Austin Democrats
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<b>Amount (\$)</b> \$30.00	<b>Payee address</b> City; State; Zip Code P.O. Box 6276 Austin, TX 78762
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<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) OTHER - Membership Dues	<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Membership dues
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<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office sought:	Office held:
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<b>Date</b> 07/12/2011	<b>Payee name</b> Black Austin Democrats
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<b>Amount (\$)</b> \$100.00	<b>Payee address</b> City; State; Zip Code P.O. Box 6276 Austin, TX 78762
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<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contribution to local political club
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<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office sought:	Office held:
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<b>Date</b> 05/02/2011	<b>Payee name</b> Cap-D
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<b>Amount (\$)</b> \$100.00	<b>Payee address</b> City; State; Zip Code 3100 Catalina Austin, TX 78741
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<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Advertising Expense	<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Sponsorship
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<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office sought:	Office held:
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# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 2/4 Report: 4/7	<b>2 FILER NAME</b> Baird, Charles (Mr.)	<b>3 ACCOUNT # (TEC filers)</b> 00021113
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<b>4 Date</b> 06/05/2011	<b>5 Payee name</b> Circle C Area Democrats
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<b>6 Amount (\$)</b> \$15.00	<b>7 Payee address</b> City; State; Zip Code 6707 Oasis Drive Austin, TX 78749
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<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) OTHER - Membership Dues	<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> annual membership dues
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<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office sought:	Office held:
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<b>Date</b> 07/12/2011	<b>Payee name</b> Circle C Area Democrats
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<b>Amount (\$)</b> \$100.00	<b>Payee address</b> City; State; Zip Code 6707 Oasis Drive Austin, TX 78749
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<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contribution to local political club
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<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office sought:	Office held:
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<b>Date</b> 07/12/2011	<b>Payee name</b> Crime Victims First
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<b>Amount (\$)</b> \$100.00	<b>Payee address</b> City; State; Zip Code 6900 Scenic Brook Dr. Austin, TX 78736
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<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Donation to crime victim non-profit organization
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<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office sought:	Office held:
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<b>Date</b> 01/20/2011	<b>Payee name</b> Maria Canchoia Re-Election Campaign
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<b>Amount (\$)</b> \$25.00	<b>Payee address</b> City; State; Zip Code 4011 McKinney Falls Pkwy, Suite 1100 Austin, TX 78744
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<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Re-election campaign
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<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office sought:	Office held:
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**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

<b>1</b> PAGE # Schedule: 3/4 Report: 5/7	<b>2</b> FILER NAME Baird, Charles (Mr.)	<b>3</b> ACCOUNT # (TEC filers) 00021113
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<b>4</b> Date 07/12/2011	<b>5</b> Payee name Maria Canchola Re-Election Campaign
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<b>6</b> Amount (\$) \$100.00	<b>7</b> Payee address City; State; Zip Code 4011 McKinney Falls Pkwy, Ste. 1100 Austin, TX 78744
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> re-election fundraiser
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 07/12/2011	Payee name Richard McCain Re-Election Campaign
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Amount (\$) \$100.00	Payee address City; State; Zip Code 7100 Gove Crest Drive Austin, TX 78736
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Re-election fundraiser
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 02/09/2011	Payee name Smith, Christie (Ms.)
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Amount (\$) \$60.00	Payee address City; State; Zip Code 122 Retama Kyle, TX 78640
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Website update
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 01/11/2011	Payee name South Austin Democrats
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Amount (\$) \$10.00	Payee address City; State; Zip Code P.O. Box 152592 Austin, TX 78715
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) OTHER - Annual Membership Dues	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Membership dues
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 4/4 Report: 6/7	<b>2 FILER NAME</b> Baird, Charles (Mr.)	<b>3 ACCOUNT # (TEC filers)</b> 00021113
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<b>4 Date</b> 07/12/2011	<b>5 Payee name</b> South Austin Democrats
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<b>6 Amount (\$)</b> \$268.81	<b>7 Payee address City; State; Zip Code</b> P.O. Box 152592 Austin, TX 78715
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<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category (See Categories listed at the top of this schedule)</b> Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b) Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> Contribution to local political club
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<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office sought:	Office held:
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<b>Date</b> 06/09/2011	<b>Payee name</b> Texas Democracy Foundation
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<b>Amount (\$)</b> \$100.00	<b>Payee address City; State; Zip Code</b> 307 W. 7th St. Austin, TX 78701
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<b>PURPOSE OF EXPENDITURE</b>	<b>Category (See Categories listed at the top of this schedule)</b> Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> Contribution to local political club
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<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office sought:	Office held:
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<b>Date</b> 07/12/2011	<b>Payee name</b> Travis County Democratic Party
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<b>Amount (\$)</b> \$120.00	<b>Payee address City; State; Zip Code</b> 1311 East 6th Street Austin, TX 78702
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<b>PURPOSE OF EXPENDITURE</b>	<b>Category (See Categories listed at the top of this schedule)</b> OTHER - Membership dues	<b>Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> sustaining member membership dues
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<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office sought:	Office held:
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