

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

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

15 C/OH NAME BAKER, KENDALL 16 ACCOUNT # (Ethics Commission Filer) NA

17 NOTICE FROM POLITICAL COMMITTEE(S)

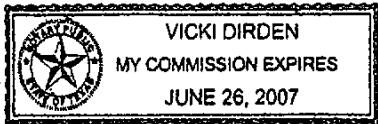
additional pages

.. 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	<u>N</u>
<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>180⁰⁰</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>2300⁰⁰</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>2769.42</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>297.50</u>
OUTSTANDING LOAN TOTALS	6. 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.

[Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Kendall Baker, this the 4th day of May, 2007, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Vicki Dirden
Printed name of officer administering oath

Branch Manager
Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

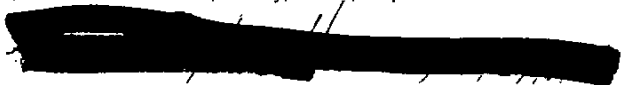

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 2	
2 FILER NAME BAKER, KENDALL		3 ACCOUNT # (Ethics Commission filers) N/A	
4 Date 5/2/07	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Manson, B. & Zelda Johnson	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED]		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4/30/07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Michael P. Williams	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/29/07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Reginal Van Lee	Amount of contribution (\$) \$1000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/15/07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jessie & Betty Joe Cauty	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] Houston		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/15/07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Dr. Sam Amaku	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**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 <i>BAKER, KENDALL</i>		3 ACCOUNT # (Ethics Commission filers) <i>N/A</i>	
4 Date <i>4/10/07</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>KELTON D. SAMS</i>	7 Amount of contribution (\$) <i>\$100.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>4/10/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Cody Gandy</i>	Amount of contribution (\$) <i>\$300.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
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)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
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)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
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)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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:

2

2 FILER NAME

KENDALL BAKER

3 ACCOUNT # (Ethics Commission filers)

N/A

4 Date

5/2/07

5 Payee name

PREMIUM GRAPHIX

6 Payee address; City; State; Zip Code

5200 Mitchelldale Ste 18
HOUSTON TX 77092

7 Amount (\$)

\$1022.42

8 Purpose of payment (See instructions regarding type of information required.)

CAMPAIGN SIGNS
(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

5/2/07

Payee name

D-MAKS

Payee address; City; State; Zip Code

9898 BISSONNET STE 570
HOUSTON, TX 77036

Amount (\$)

\$300.00

Purpose of payment (See instructions regarding type of information required.)

CAMPAIGN EMAIL BLASTS
(If travel outside of Texas, complete Schedule T)

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

Date

4/30/07

Payee name

KTSU RADIO

Payee address; City; State; Zip Code

3100 CLEBURNE STREET
HOUSTON, TX 77004

Amount (\$)

\$100.00

Purpose of payment (See instructions regarding type of information required.)

KTSU MEMBERSHIP DRIVE
(If travel outside of Texas, complete Schedule T)

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

KENDALL BAKER
City Council #3
KT-LAGE

Date

4/26/07

Payee name

AFRICAN AMERICAN NEWS & ISSUES

Payee address; City; State; Zip Code

6130 Wilmetteley St. Houston, TX 77091

Amount (\$)

\$150.00

Purpose of payment (See instructions regarding type of information required.)

Political Advertising
(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

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F:

2 FILER NAME *BAKER Kendall* 3 ACCOUNT # (Ethics Commission filers)
N/A

4 Date <i>4/15/07</i>	5 Payee name <i>AUGUSTINA Roberts</i>	7 Amount (\$) <i>\$292.00</i>
6 Payee address; City; State; Zip Code <i>4106 Boynton Houston, TX 77045</i>		

8 Purpose of payment (See instructions regarding type of information required.) <i>Campaign Meeting @ Houlihan's</i> <small>(If travel outside of Texas, complete Schedule T)</small>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	--

Date <i>4/11/07</i>	Payee name <i>Voter History</i>	Amount (\$) <i>\$300.00</i>
Payee address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.) <i>Voter History</i> <small>(If travel outside of Texas, complete Schedule T)</small>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	--

Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.) <small>(If travel outside of Texas, complete Schedule T)</small>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	--

Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.) <small>(If travel outside of Texas, complete Schedule T)</small>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	--

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The Instruction Guide explains how to complete this form. 1 Total pages Schedule C: 1

2 FILER NAME *Baker, Kendall* 3 ACCOUNT # (Ethics Commission filers) *n/a*

4 Date <i>4/26/07</i>	5 Payee name <i>AFRICAN AMERICAN NEWS & ISSUES</i> 6 Payee address; City; State; Zip Code <i>[REDACTED]</i>	8 Amount (\$) <i>\$30.00</i> <input type="checkbox"/> Reimbursement from political contributions intended
7 Purpose of expenditure (See instructions regarding type of information required.) <i>Political Advertising</i> (If travel outside of Texas, complete Schedule T)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date <i>4/3/07</i>	Payee name <i>M. PAC. MEDIA</i> Payee address; City; State; Zip Code <i>[REDACTED]</i>	Amount (\$) <i>\$575.00</i> <input type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) <i>Political Advertising</i> (If travel outside of Texas, complete Schedule T)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		<input type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED