CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction C	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST	MI	OFFICE USE ONLY
NAME	MAKIT	· M	Date Received
	NICKNAME LAST	Y L OR	Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	10000	CITY; STATE; ZIP CODE	JUL 1 5 2019 Northwest ISD Superintendent's Office
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (214) 729 - 7001	EXTENSION	Physica School Date Postmarked 7-12-19
6 CAMPAIGN	MS / MRS / MR FIRST	, MI	Receipt # Amount \$
TREASURER NAME	MR LLAYT	SUFFIX	Date Processed
	SMITT	1	Date Imaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SL	1. FORT TX	ZIP CODE 76131
(Residence or Business)		WORTH	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (940) 390 - 7201	EXTENSION	
9 REPORT TYPE	January 15 30th day before eld	ection Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 Sth day before elec	ction Exceeded \$500 limit	Final Report (Attach C/OH - FR)
10 PERIOD	Month Day Year	Month	Day Year
COVERED	04/25/2019	THROUGH 04/	30/2019
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year Primary 05/04/2019 General	Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any)	PLACE	RUSTEE T ISO
	GO ТО		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

MART	INVE	BAYLOR	Filer ID (Ethics Commission Filers)			
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE 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					
	SPECIFIC	COMMITTEE ADDRESS				
Additional Pages	COMMITTEE CAMPAIGN TREASURER NAME					
		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 \$					
	2. TOTAL (OTHER	\$ _0-				
EXPENDITURE TOTALS	POLITICAL EXPENDITURES OF \$100 OR LESS, ITEMIZED	\$ 20.50				
	4. TOTAL	\$ 320.50				
CONTRIBUTION BALANCE	5. TOTAL P OF REP	AY \$744.69				
OUTSTANDING LOAN TOTALS	6. TOTAL P LAST DA	\$ _ O -				
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.						
Signature of Candidate or Officeholder						
AFFIX NOTARY STAMP/SEALABOVE						
Sworn to and subscri	1/0	y the said MAY DAY JAC o certify which, witness my hand and seal of office.	, this the			
Butta Sorpsick Notary Public						
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath						

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME	20 Filer ID (Ethics Commission Filers)
	MARTEN V BAYLOR	
21	SUBTOTAL AMOUNT	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS \$300.00
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS \$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUI	NDS \$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH \$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	INTRIBUTIONS \$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT RETURNED TO FILER	IONS \$

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Foot/Beverage Expense Gitt/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Candidate/Officeholder/Politica		Legal Services		j Expense s/Wages/Contract Labor	Travel Out Of	District category not listed above)
Credit Card Payment		The Instruction Gu		o complete this form		oatogory not issee above)
1 T-4-1 0 1 1 1 T-4			THE CAPIBILIS HOW I	o complete tins form		
1 Total pages Schedule F1:	2 FILER N	IAME /	1001	0	3 Filer ID	(Ethics Commission Filers)
	IVLH	KTINI	/ BAYL	-0K		
4 Date	5 Payee na	ame	0 (0		
05/20/2019	MI	LRTIN	BAYL	-OR		
6 Amount (\$)	7 Payee a	ddress; City;	State; Zip Code			
	9711	DROVERS	FORT T	x 76	131	
300.00			YORTH	•		
8		y (See Categories listed at th		(b) Description	1	
PURPOSE	ROAM	1 KEPAYN	LENI/	Check if to	ravel outside of Texas. Cor	nplete Schedule T.
OF EXPENDITURE	0	/ REPAYN EIMBURS	5 11 2 1 1 1	Check if	Austin, TX, officeholde	
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				on 4/2	1/19	
9 Complete ONLY if direct	Candio	date / Officeholder nam	ne	Office sough	ht	Office held
expenditure to benefit C/OI	Н					
				1		
Date	Payee na	ime				
Amount (\$)	Payee ad	ddress; City;	State; Zip Code		males and all the first of the second of the first of the second of the	
	Category	(See Categories listed at th	e top of this schedule)	Description		
PURPOSE				Check if tra	avel outside of Texas. Com	plete Schedule T.
OF EXPENDITURE				Check if	Austin, TX, officeholder	living expense
EXI ENDITORE						
Complete ONLY if direct	Candid	late / Officeholder nam	ne	Office sough	nt	Office held
expenditure to benefit C/OF	1			•		
Date	Payee na	ame	***************************************	***************************************		
Amount (\$)	Payee ac	drace: City:	State: Zin Code			
7 till dank (\$\psi\$)	rayee at	idless, City,	State; Zip Code			
	Category	(See Categories listed at the	e top of this schedule)	Description		
PURPOSE		98 98	,			alaka Dala dala T
OF					avel outside of Texas. Com	
EXPENDITURE				L Check if	Austin, TX, officeholder	living expense
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Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholder nar	ne	Office sough	ht	Office held
EMPORTAGE TO DOMESTIC O/OF						
	g name	TAGILARDINA	000120000			
l .	AT	TACH ADDITIONAL	COPIES OF THI	S SCHEDULE AS	NEEDED	

DROVERS VIEW TRL. WORTH, TX 76131 SAYLOR

EXPECTED DELIVERY DAY: 07/13/19

1005

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B003

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LLIDI XT ETSOB FROJ P. 6. BOX 77070 Angela Scott

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