

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <div style="text-align: center; font-size: 1.5em;">2</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR	FIRST <div style="font-size: 1.5em; text-align: center;">Connie</div>	MI <div style="font-size: 1.5em; text-align: center;">D</div>
	NICKNAME	LAST <div style="font-size: 1.5em; text-align: center;">Baker</div>	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <div style="font-size: 1.2em;">3613 Fallmeadow St Denton TX 76207</div>		
	OFFICE USE ONLY		
5 CANDIDATE / OFFICEHOLDER PHONE		Date Received	
6 CAMPAIGN TREASURER NAME		<div style="border: 2px solid black; padding: 10px; margin: 0 auto; width: 80%;"> <p style="font-size: 1.2em; margin: 0;">RECEIVED</p> <p style="font-size: 1.2em; margin: 5px 0 0 20px;">NOV 30 2020</p> <p style="font-size: 0.8em; margin: 0;">City Manager's / City Secretary's Office</p> </div>	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		Date Hand-delivered or Date Postmarked	
8 CAMPAIGN TREASURER PHONE		Receipt # Amount \$	
9 REPORT TYPE		Date Processed	
10 PERIOD COVERED		Date Imaged	
11 ELECTION		Date Hand-delivered or Date Postmarked	
12 OFFICE		Receipt # Amount \$	
13 OFFICE SOUGHT (if known)		Date Processed	
14 NOTICE FROM POLITICAL COMMITTEE(S)		Date Imaged	

MS / MRS / MR MR FIRST

Connie

 MI

D

NICKNAME LAST

Baker

 SUFFIX

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

3613 Fallmeadow St Denton TX 76207

AREA CODE PHONE NUMBER EXTENSION

(940) 390-7189

MS / MRS / MR MR FIRST

Kerry

 MI

R

NICKNAME LAST

Goree

 SUFFIX

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

1304 Woodlake Dr Corinth TX 76210

AREA CODE PHONE NUMBER EXTENSION

(214) 762-1896

REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)
 July 15 8th day before election Exceeded Modified Reporting Limit Final Report (Attach C/OH - FR)

PERIOD COVERED

Month Day Year THROUGH Month Day Year

10/25/2020 THROUGH 11/25/2020

ELECTION

ELECTION DATE ELECTION TYPE

Month Day Year Primary Runoff Other Description

12/08/2020

 General Special

OFFICE HELD (if any) OFFICE SOUGHT (if known)

Denton, TX City Council Dist 2

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 COMMITTEE ADDRESS

SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

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**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

15 C/OH NAME Connie D Baker 16 Filer ID (Ethics Commission Filers)

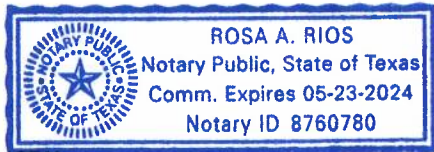
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>0</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>0</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>1381.45</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

18 SIGNATURE 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.

Connie D. Baker
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Connie D. Baker this the 30th day of November

20 20, to certify which, witness my hand and seal of office.

Rosa A. Rios Rosa A. Rios Notary Public
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)