

SPECIFIC-PURPOSE COMMITTEE REPORT OF CONTRIBUTIONS, EXPENDITURES, AND LOANS

3568 FORM SPAC

PG 1

See SPAC INSTRUCTION GUIDE for detailed instructions.		1 ACCOUNT #	2 Total pages filed: 3
3 COMMITTEE NAME	VOLLENTE INCORPORATION POLITICAL ACTION COMMITTEE		OFFICE USE ONLY FILED JUL 15 1 06 PM '97 CLERK OF COURTS TRAVIS COUNTY, TEXAS
4 COMMITTEE ADDRESS	ADDRESS / PO BOX: APT / SUITE #: CITY, STATE, ZIP CODE 15953 BOOTH CIRCLE VOLLENTE, TX 78641		
5 CAMPAIGN TREASURER NAME	TITLE FIRST MI NICKNAME LAST SUFFIX "WARDY" WOOD, JR.	BRANSON L.	Receipt # HD / PM Date Processed
6 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY, STATE, ZIP CODE 15915 BOOTH CIRCLE VOLLENTE, TX 78641		
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(512)	258-7231	
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> Dissolution report <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> 10th day after campaign treasurer termination		
9 PERIOD COVERED	Month Day Year 12 / 31 / 96 01 / 01 / 97		THROUGH Month Day Year 06 / 30 / 97
10 ELECTION	ELECTION DATE Month Day Year / / NA	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special N/A	

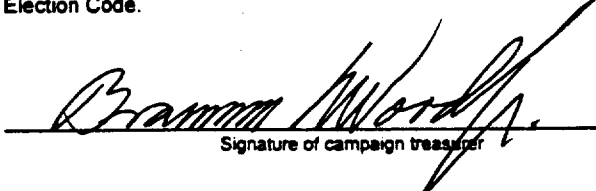
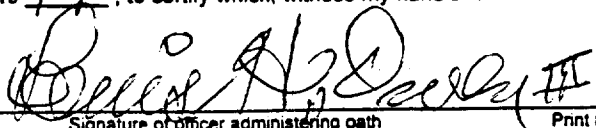
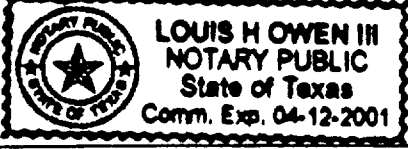
GO TO PAGE 2

SPECIFIC-PURPOSE COMMITTEE REPORT:

FORM SPAC

PURPOSE AND TOTALS

PG 2

11 COMMITTEE NAME <i>VOLENTE INCORPORATION POLITICAL ACTION COMMITTEE</i>		12 ACCOUNT #		
SPECIFIC COMMITTEE PURPOSE <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE <input type="checkbox"/> ASSIST (officeholders only)	<input type="checkbox"/> CANDIDATE <input type="checkbox"/> OFFICE-HOLDER <input checked="" type="checkbox"/> MEASURE <input checked="" type="checkbox"/> Identified <input type="checkbox"/> Unidentified	CANDIDATE / OFFICEHOLDER NAME <i>N/A</i> OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) <i>N/A</i> BALLOT IDENTIFICATION / # <i>NOT DETERMINED</i> ELECTION DATE Month Day Year <i>NOT DETERMINED YET</i> DESCRIPTION <i>BRING ABOUT THE INCORPORATION OF THE VOLENTE COMMUNITY</i>	OFFICE USE	
	14 NO REPORTABLE ACTIVITY <input type="checkbox"/> Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only)			
	15 CONTRIBUTION AND LOAN TOTALS EXPENDITURE TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED		\$ <i>-0-</i>
		2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ <i>-0-</i>
3. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ <i>-0-</i>		
4. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED		\$ <i>-0-</i>		
5. TOTAL POLITICAL EXPENDITURES		\$ <i>-0-</i>		
16 AFFIDAVIT I swear, or affirm, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. <div style="text-align: right; margin-right: 100px;">  Signature of campaign treasurer </div> AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said <i>Bronson Woodruff</i> this the <i>14th</i> day of <i>July</i> . 19 <i>97</i> , to certify which, witness my hand and seal of office. <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">  Signature of officer administering oath </div> <div style="width: 30%; text-align: center;">  Print name of officer administering oath </div> <div style="width: 30%; text-align: right;"> Title of officer administering oath </div> </div> <p style="text-align: center;">ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</p>				

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule H:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Business name

7 Amount (\$)

6 Business address, City, State, Zip Code

8 Purpose of payment

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

Date

Business name

Amount (\$)

Business address, City, State, Zip Code

Purpose of payment

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

Date

Business name

Amount (\$)

Business address, City, State, Zip Code

Purpose of payment

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

Date

Business name

Amount (\$)

Business address, City, State, Zip Code

Purpose of payment

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

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**NON-POLITICAL EXPENDITURES
MADE FROM POLITICAL CONTRIBUTIONS**

SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule I: <i>1 (over)</i>
2 FILER NAME <i>VOLENTE INCORPORATION PAC</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>07/10/96</i> <i>(late ENTRY)</i>	5 Payee name <i>1st Interstate Bank (Now Wells Fargo Bank)</i>	8 Amount (\$) <i>11.75</i>
6 Payee address: City: State: Zip Code <i>10401 Anderson Mill Rd, Austin, TX 78750</i>		
7 Purpose of expenditure <i>PRINT CHECKS</i>		
Date <i>01/10/97</i>	5 Payee name <i>HALL & JOHNSON PLLC (ATTORNEYS)</i>	8 Amount (\$) <i>600.00</i>
6 Payee address: City: State: Zip Code <i>602 West 11th St, Austin, TX 7870-2099</i>		
7 Purpose of expenditure <i>RETAINER (LEGAL)</i>		
Date <i>01/15/97</i>	5 Payee name <i>Williamson County Appraisal District</i>	8 Amount (\$) <i>25.00</i>
6 Payee address: City: State: Zip Code <i>510 West 9th, Georgetown, TX 78627</i>		
7 Purpose of expenditure <i>PROPERTY APPRAISAL LIST FOR AREA TO BE INCORPORATED</i>		
Date	5 Payee name	8 Amount (\$)
6 Payee address: City: State: Zip Code		
7 Purpose of expenditure		
Date	5 Payee name	8 Amount (\$)
6 Payee address: City: State: Zip Code		
7 Purpose of expenditure		

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