

SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

5341

FORM SPAC COVER SHEET PG 1

The SPAC INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)

2 Total pages filed:

3 COMMITTEE NAME

CONCERNED CITIZENS OF WEBBERVILLE

OFFICE USE ONLY

4 COMMITTEE
ADDRESS

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

18410 FIM 969 MANOR, TX 78653

Change of Address

Date Received

03 JAN 21

Date Hand-delivered or Date Postmarked

Receipt #

Amount

Date Processed

Date Imaged

5 CAMPAIGN
TREASURER
NAME

TITLE

FIRST

JAMES

MI

O.

NICKNAME

LAST

BURKE

SUFFIX

6 CAMPAIGN
TREASURER'S
STREET ADDRESS
(Residence or business)

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

18410 FIM 969 MANOR, TX 78653

7 CAMPAIGN
TREASURER'S
MAILING ADDRESS

STREET OR PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE

18410 FIM 969 MANOR, TX 78653

Change of Address

8 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION

(512) 276-9777

9 REPORT TYPE

January 15
 July 15

30th day before election
 8th day before election
 Runoff

Exceeded \$500 limit
 Dissolution (attach PAC-DR)
 10th day after campaign treasurer termination

10 PERIOD COVERED

Month Day Year

1 / 7 / 03

THROUGH

Month Day Year

1 / 22 / 03

11 ELECTION

ELECTION DATE
Month Day Year

2 / 1 / 03

ELECTION TYPE

Primary Runoff General Special

GO TO PAGE 2

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME CONCERNED CITIZENS OF WEBBERVILLE

ACCOUNT #
(Ethics Commission filers)

13 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.) <input type="checkbox"/> SUPPORT <input checked="" type="checkbox"/> OPPOSE <input type="checkbox"/> ASSIST (officeholders only)	<input type="checkbox"/> CANDIDATE	CANDIDATE / OFFICEHOLDER NAME
	<input type="checkbox"/> OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)
	<input checked="" type="checkbox"/> MEASURE	BALLOT IDENTIFICATION / # ELECTION DATE Month Day Year <u>2 / 1 / 03</u> DESCRIPTION <u>OPPOSITION TO THE INCORPORATION OF WEBBERVILLE</u>

14 NO REPORTABLE ACTIVITY Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

15 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>50.00</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>3,594.10</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>1,219.79</u> <u>+ 1,263.97</u> <u>2,483.76</u>
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

16 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.

James O. Burke
Signature of campaign treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said JAMES O. BURKE, this the 24th day of JANUARY, 20 03, to certify which, witness my hand and seal of office.

Patricia Burke Signature of officer administering oath
Patricia Burke Printed name of officer administering oath
Notary Public Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1:	
2 FILER NAME <i>CONCERNED CITIZENS OF WEDGEBERVILLE</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>1/7/03</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>JAMES R. SANSON</i>	7 Amount of contribution (\$) <i>\$1,500.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>2707 POST OAK RD MANDOR, TX 78653</i>			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date <i>1-7-03</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>CHARLES FRITCH</i>	Amount of contribution (\$) <i>\$500.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>16500 FM 969 MANDOR, TX 78653</i>			
Principal occupation (Optional)		Employer (Optional)	
Date <i>1-14-03</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>CECIL ADOLPH OWEN</i>	Amount of contribution (\$) <i>\$1,000.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2635 POST OAK LA A MANDOR, TX 78653</i>			
Principal occupation (Optional)		Employer (Optional)	
Date <i>1-22-03</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>WAYNE MYERS</i>	Amount of contribution (\$) <i>\$250.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. Box 758, 124 E. Main St suite B EDNA, TX 77957</i>			
Principal occupation (Optional)		Employer (Optional)	
Date <i>1-17-03</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>RICKY & DIANE TURNER</i>	Amount of contribution (\$) <i>\$344.10</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>7023 BURLESON - MANDOR RD MANDOR, TX</i>			
Principal occupation (Optional)		Employer (Optional)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

PLEGGED CONTRIBUTIONS

SCHEDULE B1

(FOR FORMS C/OH, SC-C/OH, SC-SPAC, & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule B1:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)	
4 TOTAL OF UNITEMIZED PLEDGES: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒			\$
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	8 Amount of pledge (\$)	9 In-kind description (if applicable)
7 Pledgor address; City; State; Zip Code			
10 Principal occupation (optional)		11 Employer (optional)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address; City; State; Zip Code			
Principal occupation (optional)		Employer (optional)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address; City; State; Zip Code			
Principal occupation (optional)		Employer (optional)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address; City; State; Zip Code			
Principal occupation (optional)		Employer (optional)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address; City; State; Zip Code			
Principal occupation (optional)		Employer (optional)	

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

CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE C

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule C:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Corporation / Labor Organization name	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	6 Corporation / Labor Organization address; City; State; Zip Code		

Date	Corporation / Labor Organization name	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Corporation / Labor Organization address; City; State; Zip Code		

Date	Corporation / Labor Organization name	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Corporation / Labor Organization address; City; State; Zip Code		

Date	Corporation / Labor Organization name	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Corporation / Labor Organization address; City; State; Zip Code		

Date	Corporation / Labor Organization name	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Corporation / Labor Organization address; City; State; Zip Code		

Date	Corporation / Labor Organization name	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Corporation / Labor Organization address; City; State; Zip Code		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

PLEGGED CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS

SCHEDULE D

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule D:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)	
4 Date	5 Corporation / Labor Organization name 6 Corporation / Labor Organization address; City; State; Zip Code	7 Amount of pledge (\$)	8 In-kind description (if applicable)
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$

5 Date of loan

7 Name of lender out-of-state PAC (ID#: _____)

9 Loan Amount (\$)

6 Is lender a financial Institution?
Y N

8 Lender address; City; State; Zip Code

10 Interest rate

11 Maturity date

12 Description of Collateral

none

13 GUARANTOR INFORMATION

14 Name of guarantor

16 Amount Guaranteed (\$)

not applicable

15 Guarantor address; City; State; Zip Code

17 Principal Occupation

18 Employer

Date of loan

Name of lender out-of-state PAC (ID#: _____)

Loan Amount (\$)

Is lender a financial Institution?
Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Description of Collateral

none

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

not applicable

Guarantor address; City; State; Zip Code

Principal Occupation

Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If lender 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 FILER NAME

CONCERNED CITIZENS WEBBERVILLE

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

JAMES E. GARON

7 Amount (\$)

1-21-03

6 Payee address; City; State; Zip Code

924 MAINSTRET
BASTROP, TX 78602

\$75.00

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

ESTIMATE FOR COST OF SURVEY OF WEBBERVILLE.

9 .. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name Office sought Office held

Date

Payee name

RICKY & DIANE TURNER

Amount (\$)

1/17/03

Payee address; City; State; Zip Code

7023 BURLESON - MANOR RD
MANOR, TX 78653

\$344.10

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

FOOD & SUPPLIES FOR THE FISH FRY

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name Office sought Office held

Date

Payee name

BANNER'S SIGN & GRAPHICS

Amount (\$)

1/10/03

Payee address; City; State; Zip Code

630 Canyon St
AUSTIN, TX 78752

\$1,263.97

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

.. 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.)

.. 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
CONCERNED CITIZENS OF WEBBERVILLE

3 ACCOUNT # (Ethics Commission filers)

4 Date
1-9-03

5 Payee name
AUSTIN ADVER-SIGN (SIGN RENTAL)

7 Amount (\$)
\$85.00

6 Payee address; City; State; Zip Code
*1500 ULLRICH
AUSTIN, TX 78653*

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

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

Date
1/10/03

Payee name
WELDON JOHNSON (HE.B. - FOOD)

Amount (\$)
\$266.34

Payee address; City; State; Zip Code
*19050 FM 769
MANOR, TX 78653*

Purpose of payment (See instructions regarding type of information required.)
*PURCHASE OF FOOD & SUPPLIES for
PARK MEETING AT HEB*

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

Date
1-17-03

Payee name
KINKO'S

Amount (\$)
\$149.00

Payee address; City; State; Zip Code
*16951 FM 1325
AUSTIN, TX 78728*

Purpose of payment (See instructions regarding type of information required.)
COPYING, Envelopes & Laminating

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

Date
1-21-03

Payee name
THE MANOR MESSENGER

Amount (\$)
\$300.00

Payee address; City; State; Zip Code
*P.O. Box 304
MANOR, TX 78653*

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

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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 (See instructions regarding type of information required.)

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

Date

Business name

Amount (\$)

Business address; City; State; Zip Code

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

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

Date

Business name

Amount (\$)

Business address; City; State; Zip Code

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

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

Date

Business name

Amount (\$)

Business address; City; State; Zip Code

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

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The **INSTRUCTION GUIDE** explains how to complete this form. **1** Total pages Schedule I:

2 FILER NAME **3** ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	8 Amount (\$)
	6 Payee address; City; State; Zip Code	
	7 Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL CONTRIBUTIONS RETURNED TO COMMITTEE

SCHEDULE J

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule J:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date Returned

5 Original payee name

7 Amount Returned (\$)

6 Original payee address; City; State; Zip Code

Date Returned

Original payee name

Amount Returned (\$)

Original payee address; City; State; Zip Code

Date Returned

Original payee name

Amount Returned (\$)

Original payee address; City; State; Zip Code

Date Returned

Original payee name

Amount Returned (\$)

Original payee address; City; State; Zip Code

Date Returned

Original payee name

Amount Returned (\$)

Original payee address; City; State; Zip Code

Date Returned

Original payee name

Amount Returned (\$)

Original payee address; City; State; Zip Code

Date Returned

Original payee name

Amount Returned (\$)

Original payee address; City; State; Zip Code

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CREDITS (optional)

SCHEDULE K

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule K:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payor name	8 Amount (\$)
	6 Payor address; City; State; Zip Code	
	7 Reason for credit	
	Payor name	
	Payor address; City; State; Zip Code	
	Reason for credit	
	Payor name	
	Payor address; City; State; Zip Code	
	Reason for credit	
	Payor name	
	Payor address; City; State; Zip Code	
	Reason for credit	
	Payor name	
	Payor address; City; State; Zip Code	
	Reason for credit	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL COMMITTEE AFFIDAVIT OF DISSOLUTION

FORM PAC - DR

The Instruction Guide explains how to complete this form.

-- Complete only if "Report Type" on page 1 is marked "Dissolution" --

1 COMMITTEE NAME

2 ACCOUNT #
(Ethics Commission filers)

3

Affidavit of Dissolution

I, the undersigned campaign treasurer, do not expect the occurrence of any further reportable activity by this political committee for this or any other campaign or election for which reporting under the Election Code is required. I declare that all of the information required to be reported by me has been reported. I understand that designating a report as a dissolution report terminates the appointment of campaign treasurer. I further understand that a political committee may not make or authorize political expenditures or accept political contributions without having an appointment of campaign treasurer on file.

Signature of campaign treasurer

**DO NOT SIGN UNLESS
POLITICAL COMMITTEE IS TO BE DISSOLVED**

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

Printed name of officer administering oath

Title of officer administering oath