

**SPECIFIC-PURPOSE COMMITTEE
CAMPAIGN FINANCE REPORT**

5345

**FORM SPAC
COVER SHEET PG 1**

The SPAC INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Enter Commission filer)

2 Total pages filed:

5

3 COMMITTEE NAME
Village of Webberville
Political Action Committee

OFFICE USE ONLY

Date Received: [Stamp]
OFFERS

Date Handled, voided or Date Re-marked: [Stamp]

Receipt # [Stamp] Amount [Stamp]

Date Processed [Stamp]

Date Imaged [Stamp]

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

20700 Fm 969
Elgin, Tx 78621

Change of Address

5 CAMPAIGN TREASURER NAME
TITLE FIRST MI NICKNAME LAST SUFFIX
Mrs. Helen H. Weber

6 CAMPAIGN TREASURER'S STREET ADDRESS (Residence or business)
STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

20100 Belinda Lane
Manor, Tx 78653

7 CAMPAIGN TREASURER'S MAILING ADDRESS
STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

Same

Change of Address

8 CAMPAIGN TREASURER PHONE
AREA CODE PHONE NUMBER EXTENSION

(512) 576-9251

9 REPORT TYPE
 January 15 33th day before election Excluded \$500 limit
 July 15 8th day before election Dissolution (attach PAC-OR)
 Runoff 10th day after campaign treasurer termination

10 PERIOD COVERED
Month Day Year Month Day Year
1 / 23 / 03 THROUGH 2 / 11 / 03

11 ELECTION
ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff General Special
02 / 01 / 03

GO TO PAGE 2

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME

Village of Webberville
Political Action Committee

ACCOUNT #
(Ethics Commission filers)

13 COMMITTEE PURPOSE

(Attach lists on plain paper to complete this report if necessary.)

CANDIDATE

CANDIDATE / OFFICEHOLDER NAME

OFFICEHOLDER

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)

SUPPORT

OPPOSE

ASSIST (officeholders only)

MEASURE

BALLOT IDENTIFICATION / #

ELECTION DATE
Month Day Year

02/01/03

DESCRIPTION

Incorporation of Community of Webberville into a class C municipality

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

\$ 0

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 28.14

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 0

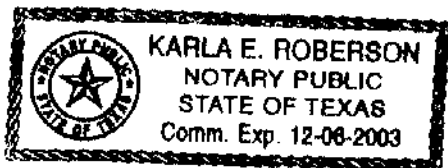
OUTSTANDING LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0

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.



Helene Weber

Signature of campaign treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said HELENE WEBER this the 13th day of FEBRUARY, 2003, to certify which, witness my hand and seal of office.

Karla E. Roberson
Signature of officer administering oath

KARLA E. ROBERSON
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: 1	
2 FILER NAME Helen Weber			3 ACCOUNT # (Ethics Commission filers)	
4 Date 1/24/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jackie Dana	7 Amount of contribution (\$) \$20.74	8 In-kind contribution description (if applicable) copies for mailout, poster board for sign	
6 Contributor address; City; State; Zip Code P.O. Box 8266 Austin, TX 78713		9 Principal occupation (Optional)		
10 Employer (Optional)				
Date 1/24/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Thomas Trantham	Amount of contribution (\$) \$7.40	In-kind contribution description (if applicable) postage for mailout	
Contributor address; City; State; Zip Code 5421 Post Oak Manor, TX 78653		Principal occupation (Optional)		
Employer (Optional)				
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			
Principal occupation (Optional)		Employer (Optional)		
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			
Principal occupation (Optional)		Employer (Optional)		
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			
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.

POLITICAL EXPENDITURES

SCHEDULE F

The **INSTRUCTION GUIDE** explains how to complete this form.

1 Total pages Schedule F:
1

2 FILER NAME

Helen Weber

3 ACCOUNT # (Ethics Commission files)

4 Date

5 Payee name

7 Amount (\$)

6 Payee address; City; State; Zip Code

0

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

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

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

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 --

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