

**SPECIFIC-PURPOSE COMMITTEE
CAMPAIGN FINANCE REPORT**

5555

**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: 4
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COMMITTEE NAME CONCERNED CITIZENS OF WEBBERVILLE	OFFICE USE ONLY Date Received JAN 15 3:42 COUNTY CLERK TRAVIS COUNTY TEXAS RECORDED
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COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 18410 F.M. 969 MANOR, TX 78653	Date Hand-delivered by Date Postmarked Receipt # Amount Date Processed Date Imaged
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CAMPAIGN TREASURER NAME <input type="checkbox"/> Change of Address	TITLE FIRST MI JAMES O. NICKNAME LAST SUFFIX BURKE	Receipt # Amount Date Processed Date Imaged
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CAMPAIGN TREASURER'S STREET ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 18410 F.M. 969 MANOR, TX 78653
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CAMPAIGN TREASURER'S MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE Same
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CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 276-9777
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REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> July 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> 9th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Dissolution (attach PAC-DR) <input type="checkbox"/> 10th day after campaign treasurer termination
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PERIOD COVERED	Month Day Year 7 / 1 / 03 THROUGH 12 / 31 / 03
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ELECTION	ELECTION DATE Month Day Year 2 / 1 / 03	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input checked="" type="checkbox"/> Special
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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.)

CANDIDATE
 CANDIDATE / OFFICEHOLDER NAME

OFFICEHOLDER
 OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)

SUPPORT

OPPOSE

ASSIST (officeholders only)

MEASURE

BALLOT IDENTIFICATION / #

ELECTION DATE
 Month Day Year
 2 / 1 / 03

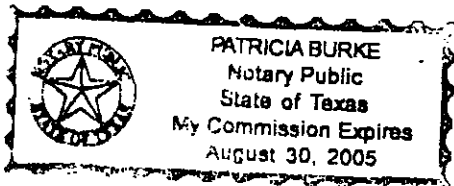
DESCRIPTION
 OPPOSITION TO THE INCORPORATION OF WEBBERVILLE

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)	\$ 17,300.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 50.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 23,364.01
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.

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 15th day of JANUARY, 2004, to certify which, witness my hand and seal of office.

Patricia Burke Patricia Burke Notary Public
 Signature of officer administering oath Printed name of officer administering oath 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: <u>1</u>	
2 FILER NAME <u>CONCERNED CITIZENS OF WEBBERVILLE</u>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <u>8/8/03</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>CLARA TETENS SANSON</u>	7 Amount of contribution (\$) <u>\$2,500.00</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>19500 FM 969 MANOR, TX 78653</u>			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date <u>8/9/03</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>JAMES R. SANSON</u>	Amount of contribution (\$) <u>\$2,500.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>2707 POST OAK ROAD MANOR, TX 78653</u>			
Principal occupation (Optional)		Employer (Optional)	
Date <u>9/1/03</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>ROGER LEMBERG</u>	Amount of contribution (\$) <u>\$300.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>9729 LARSTON ST. HOUSTON, TX 77055</u>			
Principal occupation (Optional)		Employer (Optional)	
Date <u>9-10-03</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>ROBERT COE</u>	Amount of contribution (\$) <u>7,000.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>2719 POST OAK ROAD MANOR, TX 78653</u>			
Principal occupation (Optional)		Employer (Optional)	
Date <u>10/21/03</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>ROBERT COE</u>	Amount of contribution (\$) <u>\$5,000.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>2719 POST OAK ROAD MANOR, TX 78653</u>			
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: CONCERNED CITIZENS OF WEBBERVILLE 3 ACCOUNT # (Ethics Commission filers)

4 Date <u>7-30-03</u>	5 Payee name ^{L.P.} <u>PHILLIP & PRIKYL - ATTYS</u>	7 Amount (\$) <u>\$ 5,000.00</u>
6 Payee address; City; State; Zip Code <u>515 CONGRESS AVE. SUITE 2600 AUSTIN, TX 78701</u>		

8 Purpose of payment (See instructions regarding type of information required.) <u>ATTORNEY FEES</u>	9 .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name: _____ Office sought: _____ Office held: _____
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Date <u>9-10-03</u>	Payee name <u>PHILLIPS & PRIKRYL, L.L.P. - ATTYS</u>	Amount (\$) <u>\$ 11,416.96</u>
Payee address; City; State; Zip Code <u>515 CONGRESS AVE. SUITE 2600 AUSTIN, TX 78701</u>		

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: _____
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Date <u>9-10-03</u>	Payee name <u>MCCOLLEY & ASSOCIATES - CERTIFIED SHORTHAND REPORTERS</u>	Amount (\$) <u>\$ 897.05</u>
Payee address; City; State; Zip Code <u>5710 OVERRIDGE DRIVE ARLINGTON, TX 76017</u>		

Purpose of payment (See instructions regarding type of information required.) <u>7/22/03 ORA - DEPOSITIONS</u>	9 .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name: _____ Office sought: _____ Office held: _____
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Date <u>10/21/03</u>	Payee name <u>PHILLIPS & PRIKYL, L.L.P. ATTYS</u>	Amount (\$) <u>\$ 6,000.00</u>
Payee address; City; State; Zip Code <u>515 CONGRESS AVE. SUITE 2600 AUSTIN, TX 78701</u>		

Purpose of payment (See instructions regarding type of information required.) <u>ATTORNEY FEES</u>	9 .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name: _____ Office sought: _____ Office held: _____
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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" **

COMMITTEE NAME	2 ACCOUNT # (Ethics Commission filers)
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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

worn 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
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