**Committee Name:** Concerned Citizens of Webberville

**Address:**
- 18410 Fm. 969
- Manor, TX 78653

**Title:**
- James Burke

**Campaign Treasurer's Address:**
- 18410 Fm. 969
- Manor, TX 78653

**Campaign Treasurer's Mailing Address:**
- Same

**Campaign Treasurer Phone:**
- (512) 276-9272

**Report Type:**
- January 15

**Period Covered:**
- 7/1/03 THROUGH 12/31/03

**Election:**
- Election Date: 2/1/03
- Election Type: Special
SPECIFIC-PURPOSE COMMITTEE REPORT:
PURPOSE AND TOTALS

12 COMMITTEE NAME
CONCERNED CITIZENS OF WEBBEVILLE

13 COMMITTEE PURPOSE

☐ CANDIDATE

☐ OFFICEHOLDER

☐ SUPPORT

☒ OPPOSE

☐ ASSIST (officeholders only)

☐ MEASURE

CANDIDATE / OFFICEHOLDER NAME

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)

BALLOT IDENTIFICATION #

ELECTION DATE

Month Day Year

2/1/03

DESCRIPTION

OPPOSITION TO THE INCORPORATION OF WEBBEVILLE

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)

   $ 12,300.00

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

   $ 50.00

4. TOTAL POLITICAL EXPENDITURES

   $ 23,364.01

16 AFFIDAVIT

PATRICIA BURKE
Notary Public
State of Texas
My Commission Expires
August 30, 2005

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.

[Signature]

Signature of campaign treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

3 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.

[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-33, SC-C/OH, SC-SPAC, SPAC, & SPAC-33)

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#### FILER NAME

**Concerned Citizens of Wegeerville**

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#### Date  

**8/8/03**

**Full name of contributor**: Clara Teten Sansom

**Contributor address**: 19500 FM 969 Manor, TX 78653

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#### Date  

**8/9/03**

**Full name of contributor**: James R. Sansom

**Contributor address**: 2701 Post Oak Road Manor, TX 78653

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#### Date  

**9/1/03**

**Full name of contributor**: Roger Lemberg

**Contributor address**: 9729 Larnston St. Houston, TX 77055

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#### Date  

**9-10-03**

**Full name of contributor**: Robert Coe

**Contributor address**: 2719 Post Oak Road Manor, TX 78653

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#### Date  

**10/21/03**

**Full name of contributor**: Robert Coe

**Contributor address**: 2719 Post Oak Road Manor, TX 78653

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#### Total pages this Schedule A1: 1

#### Account # (Ethics Commission files)

**2,500.00**

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#### Amount of contribution ($)  

#### In-kind contribution description (if applicable)

---

#### Principal occupation (Optional)

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#### Employer (Optional)

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**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.

### 2 FILER NAME
CONCERNED CITIZENS OF WEBBERVILLE

### 3 ACCOUNT # (Ethics Commission files)

### 4 Date 5 Payee name 6 Payee address; City; State; Zip Code 7 Amount ($)

- **July 30, 2003**
  - **PHILLIP O PRIKYL - ATTY**
  - 515 Congress Ave. Suite 2600
  - Austin, TX 78701
  - $5,000.00

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

### 9 **Complete if direct expenditure to benefit C/O/H**
- Candidate / Officerholder name
- Office sought
- Office held

### Date 5 Payee name 6 Payee address; City; State; Zip Code 7 Amount ($)

- **September 10, 2003**
  - **PHILLIP O PRIKYL, L.L.P. - ATTY**
  - 515 Congress Ave. Suite 2600
  - Austin, TX 78701
  - $11,416.96

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

### Date 5 Payee name 6 Payee address; City; State; Zip Code 7 Amount ($)

- **September 10, 2003**
  - ** mmc colley & associates, certified public accountants**
  - 5010 Overridge Ave
  - Arlington, TX 76017
  - $897.05

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

### Date 5 Payee name 6 Payee address; City; State; Zip Code 7 Amount ($)

- **July 24, 2003**
  - **ora-derajations**
  - 515 Congress Ave. Suite 2600
  - Austin, TX 78701
  - $6,000.00

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

*ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED*
POLITICAL COMMITTEE
AFFIDAVIT OF DISSOLUTION

The Instruction Guide explains how to complete this form.
** Complete only if "Report Type" on page 1 is marked "Dissolution" **

COMMITTEE NAME

ACCOUNT #
(Ethics Commission files)

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

I, ________, do solemnly swear or affirm that the information contained herein is true and correct to the best of my knowledge and belief, to the best of my knowledge and belief.

____________________________
Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

Printed on recycled paper

Revised 04/10/2000