

SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

5807

**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 <p style="font-size: 1.2em; text-align: center;">CONCERNED CITIZENS OF WEBBERVILLE</p>		OFFICE USE ONLY Date Received: JUL 15 2004 Date hand-delivered of Date Postmarked: JUL 15 2004 3:26 PM Receipt # _____ Amount: _____ Date Processed _____ Date Imaged _____	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE <p style="font-size: 1.2em;">18410 FM 969, MANOR, TX 78653</p>		
5 CAMPAIGN TREASURER NAME <input type="checkbox"/> Change of Address	MS / MRS / MR FIRST MI <p style="font-size: 1.2em;">Mr JAMES D.</p> NICKNAME LAST SUFFIX <p style="font-size: 1.2em;">BURKE</p>		Receipt # _____ Amount: _____ Date Processed _____ Date Imaged _____
6 CAMPAIGN TREASURER'S STREET ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE <p style="font-size: 1.2em;">18410 FM 969, MANOR, TX 78653</p>		
7 CAMPAIGN TREASURER'S MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE <p style="font-size: 1.2em;">Same</p>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <p style="font-size: 1.2em;">(512) 276-9777</p>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Exceeded \$500 limit <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 9th day before election <input type="checkbox"/> Dissolution (attach PAC-DR) <input type="checkbox"/> Runoff <input type="checkbox"/> 10th day after campaign treasurer termination		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <p style="font-size: 1.2em;">1 / 1 / 04 THROUGH 6 / 30 / 04</p>		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input checked="" type="checkbox"/> Special <p style="font-size: 1.2em;">2 / 1 / 03</p>		

GO TO PAGE 2

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC COVER SHEET PG 2

12 COMMITTEE
NAME

ACCOUNT #
(Ethics Commission filers)

CONCERNED CITIZENS OF WEBBERVILLE

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

CANDIDATE / OFFICEHOLDER NAME

CANDIDATE

OFFICE SOUGHT (cand.date) / OFFICE HELD (officeholder)

SUPPORT
(Candidate or Measure)

OFFICEHOLDER

OPPOSE
(Candidate or Measure)

BALLOT IDENTIFICATION / #

ELECTION DATE
Month Day Year

2 / 1 / 03

ASSIST
(Officeholder)

MEASURE

DESCRIPTION

OPPOSITION TO THE INCORPORATION OF WEBBERVILLE

14 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)

\$ 10,000.00

EXPENDITURE
TOTALS

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

\$ 33.00

4. TOTAL POLITICAL EXPENDITURES

\$ 10,033.00

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD

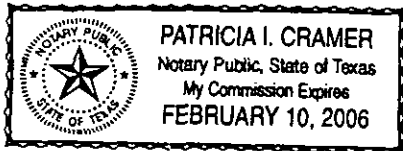
\$ 27,300.00

OUTSTANDING
LOAN TOTALS

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

\$ 0

15 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 July, 2004, to certify which, witness my hand and seal of office.

Patricia I. Cramer
Signature of officer administering oath

Printed name of officer administering oath

NOTARY PUBLIC
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A: 1	
2 FILER NAME CONCERNED CITIZENS OF WEBBERVILLE		3 ACCOUNT # (Ethics Commission filers)	
4 Date 4-27-04	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jim Sansom	7 Amount of contribution (\$) \$5,000.00	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code P.O. Box 476, Mansfield, TX 78653			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 7-6-04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jim Sansom	Amount of contribution (\$) \$5,000.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code P.O. Box 476, Mansfield, TX 78653			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
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 / Job title (See Instructions)		Employer (See Instructions)	
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 / Job title (See Instructions)		Employer (See Instructions)	
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 / Job title (See Instructions)		Employer (See Instructions)	

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 4-27-04	5 Payee name CHRIS PHILLIPS 6 Payee address: City: State: Zip Code 111 CONGRESS AVE., AUSTIN, TX 78701	7 Amount (\$) \$ 5,000.00
8 Purpose of payment (See instructions regarding type of information required.) ATTORNEY FEE PAYMENT		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 7-6-04	Payee name CHRIS PHILLIPS Payee address: City: State: Zip Code 111 CONGRESS AVE., AUSTIN, TX 78701	Amount (\$) \$ 5,000.00
Purpose of payment (See instructions regarding type of information required.) ATTORNEY FEE PAYMENT		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Payee name Payee address: City: State: Zip Code	Amount (\$)
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 Payee address: City: State: Zip Code	Amount (\$)
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

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