

SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT 6100

FORM SPAC COVER SHEET PG 1

The SPAC INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission files)	2 Total pages filed: TR 7 7 AM 8:55 JIR ALLEN TEXAS REC'D
3 COMMITTEE NAME <i>CONCERNED CITIZENS OF WEBBERVILLE</i>		OFFICE USE ONLY	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>18410 Fm 969 MARLBOR, TX 78653</i>	Date Received:	Date Hand-delivered or Date Postmarked
5 CAMPAIGN TREASURER NAME <input type="checkbox"/> Change of Address	MS / MRS / MR FIRST MI <i>Mr JAMES O.</i> NICKNAME LAST SUFFIX <i>BURKE</i>	Receipt #	Amount
6 CAMPAIGN TREASURER'S STREET ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>Same as #4</i>	Date Processed	Date Imaged
7 CAMPAIGN TREASURER'S MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>Same as #4</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(512) 276-9997</i>		
9 REPORT TYPE	<input checked="" type="checkbox"/> Jan-July 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> July 15 <input type="checkbox"/> 6th 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 <i>7 / 1 / 05</i>	THROUGH	Month Day Year <i>12 / 31 / 05</i>
11 ELECTION	ELECTION DATE Month Day Year <i>2 / 1 / 03</i>	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 #)

13 COMMITTEE
PURPOSE

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

CANDIDATE

CANDIDATE / OFFICEHOLDER NAME

SUPPORT
(Candidate or Measure)

OFFICEHOLDER

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)

OPPOSE
(Candidate or Measure)

BALLOT IDENTIFICATION #

ELECTION DATE
Month Day Year

ASSIST
(Officeholder)

MEASURE

2 / 1 / 03

DESCRIPTION

Incorporating Webberville

14 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ *0*

EXPENDITURE
TOTALS

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

\$ *0*

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ *42.00*

CONTRIBUTION
BALANCE

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

\$ *346.02*

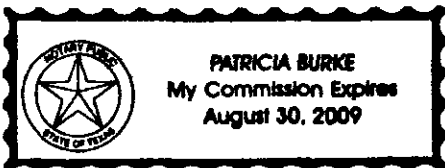
OUTSTANDING
LOAN TOTALS

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.



AFFIX NOTARY STAMP / SEAL ABOVE

James O. Burke
Signature of campaign treasurer

Sworn to and subscribed before me, by the said *JAMES O. BURKE*, this the *17th* day of *JANUARY*, 20*06*, 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