

**SPECIFIC-PURPOSE COMMITTEE
CAMPAIGN FINANCE REPORT**

7268

**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:
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3 COMMITTEE NAME <i>Bass for Texas Committee</i>	OFFICE USE ONLY
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4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE <i>8511 N. Capital of Texas Highway #2023, Austin, TX 78759</i>	Date Received <i>RECEIVED TEXAS ETHICS COMMISSION JAN 28 2010</i>
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5 CAMPAIGN TREASURER NAME	MS / MRS / DR FIRST MI <i>Debra May</i>	Receipt # Amount <i>5 50</i>
	NICKNAME LAST SUFFIX	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 <i>18106 Angel Valley Dr., Leander, TX 78641</i>
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7 CAMPAIGN TREASURER'S MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE <i>18106 Angel Valley Dr., Leander, TX 78641</i>
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8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(512) 565-5001</i>
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9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Dissolution (attach PAC-DR) <input type="checkbox"/> Runoff <input type="checkbox"/> 10th day after campaign treasurer termination
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10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <i>01 / 01 / 2010 THROUGH 01 / 21 / 2010</i>
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11 ELECTION	ELECTION DATE Month Day Year <i>03 / 02 / 2010</i>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special
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**SPECIFIC-PURPOSE COMMITTEE REPORT:
PURPOSE AND TOTALS**

**FORM SPAC
COVER SHEET PG 2**

12 COMMITTEE NAME <i>Bass for Texas Committee</i>	ACCOUNT # (Ethics Commission filers)
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13 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.)	<input checked="" type="checkbox"/> CANDIDATE <input type="checkbox"/> OFFICEHOLDER <input type="checkbox"/> MEASURE	CANDIDATE / OFFICEHOLDER NAME <i>S. Glenn Bass</i> OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) <i>Justice of the Peace, Precinct 2</i>
<input checked="" type="checkbox"/> SUPPORT (Candidate or Measure)		BALLOT IDENTIFICATION / #
<input type="checkbox"/> OPPOSE (Candidate or Measure)		ELECTION DATE Month Day Year / /
<input type="checkbox"/> ASSIST (Officeholder)		DESCRIPTION

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)	\$ 30.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 147
	4. TOTAL POLITICAL EXPENDITURES	\$ 250.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 44.89
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.

[Signature]

Signature of campaign treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said S. Glenn Bass, this the 15th day of February, 20 10, to certify which, witness my hand and seal of office.

[Signature]

Signature of officer administering oath

Debbie Rathcke

Printed name of officer administering oath

Notary

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 Schedule A: **1 of 1**

2 FILER NAME
Bass for Texas Committee

3 ACCOUNT # (Ethics Commission filers)

4 Date
11/6/10

5 Full name of contributor out-of-state PAC (ID#: _____)
Sean Downing

7 Amount of contribution (\$) **10.-**

8 In-kind contribution description (if applicable)

6 Contributor address: City: State: Zip Code
**40 N. IH 35, #12C4
Austin, Tx. 78701**

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)
Trainer

10 Employer (See Instructions)
BancVue, Ltd.

Date
11/4/10

Full name of contributor out-of-state PAC (ID#: _____)
Grant Gerthoff

Amount of contribution (\$) **20.-**

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code
**40 N. IH 35 #12C4
Austin, Tx. 78701**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Associate Consultant

Employer (See Instructions)
BancVue, Ltd.

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

(If travel outside of Texas, complete Schedule T)

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 of 1

2 FILER NAME *Bass for Texas Committee* 3 ACCOUNT # (Ethics Commission filers)

4 Date <i>11/11/10</i>	5 Payee name <i>Verizon Wireless</i>	7 Amount (\$) <i>250.-</i>
6 Payee address; City; State; Zip Code <i>P.O. Box 66108 Dallas, Tx. 75266</i>		

8 Purpose of payment (See instructions regarding type of information required.) <i>Communications Telephone Service Equip.</i> <small>(If travel outside of Texas, complete Schedule T)</small>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.) <small>(If travel outside of Texas, complete Schedule T)</small>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.) <small>(If travel outside of Texas, complete Schedule T)</small>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.) <small>(If travel outside of Texas, complete Schedule T)</small>	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