

**SPECIFIC-PURPOSE COMMITTEE REPORT:
PURPOSE AND TOTALS**

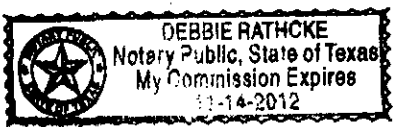
**FORM SPAC
COVER SHEET PG 2**

12 COMMITTEE NAME Bass For Texas Committee	ACCOUNT # (Ethics Commission filers)
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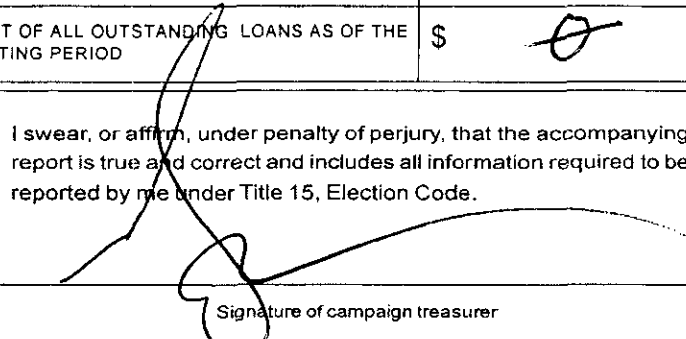
13 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.) <input checked="" type="checkbox"/> SUPPORT (Candidate or Measure) <input type="checkbox"/> OPPOSE (Candidate or Measure) <input type="checkbox"/> ASSIST (Officeholder)	<input checked="" type="checkbox"/> CANDIDATE <input type="checkbox"/> OFFICEHOLDER <input type="checkbox"/> MEASURE	CANDIDATE / OFFICEHOLDER NAME S. Glenn Bass OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) Justice of the Peace, Precinct 2 BALLOT IDENTIFICATION / # ELECTION DATE Month Day Year / / DESCRIPTION
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14 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OF GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 767.28
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 251.57
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 293.32
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

15 AFFIDAVIT

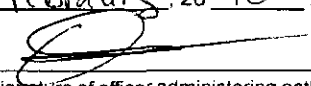


I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.


 Signature of campaign treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said S. Glenn Bass, this the 22nd day of February, 2010, to certify which, witness my hand and seal of office.

 Signature of officer administering oath	Debbie Rathcke Printed name of officer administering oath	Notary Title of officer administering oath
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**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 1/26/10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) S. Glenn Bass	7 Amount of contribution (\$) \$216.44	8 In-kind contribution description (if applicable) Phone bill portion to Verizon Wireless For Communication
6 Contributor address; City; State; Zip Code 8511 N. Capital of Texas Hwy, #2023 Austin, Tx. 78759		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) President / CEO		10 Employer (See Instructions) The Bass Group, Inc.	
Date 2/1/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) S. Glenn Bass	Amount of contribution (\$) 45.80	In-kind contribution description (if applicable) Paid to Internet Media Exchange Service for email communication
Contributor address; City; State; Zip Code 8511 N. Capital of Texas Hwy, #2023 Austin, Tx. 78759		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) President / CEO		Employer (See Instructions) The Bass Group, Inc.	
Date 2/1/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) S. Glenn Bass	Amount of contribution (\$) 4.99	In-kind contribution description (if applicable) Paid to GoDaddy.com for internet
Contributor address; City; State; Zip Code 8511 N. Capital of Texas Hwy, #2023 Austin, Tx. 78759		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) President / CEO		Employer (See Instructions) The Bass Group, Inc.	
Date 2/8/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Billy F. Peal	Amount of contribution (\$) 500.-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7713 Mesa Dr. Austin, Tx. 78731		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Funeral Director / Owner		Employer (See Instructions) Austin - Peal and Son Funeral Home.	
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		(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

2/9/10

5 Payee name

Verizon Wireless

7 Amount (\$)

237.57

6 Payee address; City; State; Zip Code

**P.O. Box 660108
Dallas, Tx. 75266**

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

Communications Telephone Service & Equip.
(If travel outside of Texas, complete Schedule T)

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

1/29/10

Payee name

J.P. Morgan Chase Bank

Amount (\$)

14. -

Payee address; City; State; Zip Code

**P.O. Box 260161
Baton Rouge, LA 70826-0161**

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

Monthly Service Charge / bank fee
(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED