

SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

**FORM SPAC
COVER SHEET PG 1**

The SPAC Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers) 7469	2 Total pages filed: 1 of 8
3 COMMITTEE NAME <p style="font-size: 1.5em; font-family: cursive;">Bass For Texas Committee</p>		OFFICE USE ONLY	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <p style="font-size: 1.2em; font-family: cursive;">P.O. Box 80584 Austin, Tx. 78708</p>	Date Received <p style="font-size: 1.5em; font-weight: bold;">FILED FOR RECORD</p> <p style="font-size: 1.2em; font-family: cursive;">OCT 26 10 38</p> Date Hand-Delivered or Date Postmarked	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <p style="font-size: 1.5em; font-family: cursive;">Debra May</p> NICKNAME LAST SUFFIX	Receipt # Amount TRAVIS COUNTY 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; font-family: cursive;">18106 Angel Valley Dr. Leander, Tx. 78641</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; font-family: cursive;">18106 Angel Valley Dr. Leander, Tx. 78641</p>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <p style="font-size: 1.2em; font-family: cursive;">(512) 565-5001</p>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> July 15 <input checked="" 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		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <p style="font-size: 1.5em; font-family: cursive;">9 / 24 / 10 THROUGH 10 / 23 / 10</p>		
11 ELECTION	ELECTION DATE Month Day Year <p style="font-size: 1.5em; font-family: cursive;">11 / 2 / 10</p>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" 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

Bass For Texas Committee

ACCOUNT # (Ethics Commission Filers)

13 COMMITTEE PURPOSE

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

CANDIDATE

CANDIDATE / OFFICEHOLDER NAME

S. Glenn Bass

SUPPORT (Candidate or Measure)

OFFICEHOLDER

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)

Justice of the Peace, Precinct 2

OPPOSE (Candidate or Measure)

BALLOT IDENTIFICATION / #

ELECTION DATE
Month Day Year

ASSIST (Officeholder)

MEASURE

DESCRIPTION

14 CONTRIBUTION TOTALS

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

\$ 315.-

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

\$ 3,141.-

EXPENDITURE TOTALS

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

\$ 157.21

4. TOTAL POLITICAL EXPENDITURES

\$ 2,414.69

CONTRIBUTION BALANCE

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

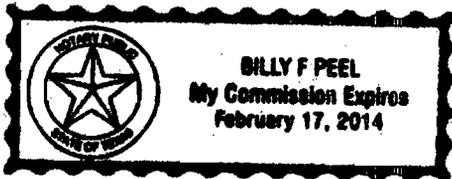
\$ 462.16

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 *25th* day of *Oct*, 20 *10*, to certify which, witness my hand and seal of office.

Billy F. Peel
Signature of officer administering oath

BILLY F. PEEL
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 3**

2 FILE NAME

Bass For Texas Committee

3 ACCOUNT # (Ethics Commission Filers)

4 Date

9/27/10

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

Beau Theriot

7 Amount of contribution (\$)

800.-

8 In-kind contribution description (if applicable)

**800.-
Food, wine & delivery for event**

6 Contributor address: City: State: Zip Code

**6638 Comanche Trail
Austin, Tx. 78732**

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Owner

10 Employer (See Instructions)

The Oasis

Date

9/27/10

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

Larrand, LLC

Amount of contribution (\$)

120.-

In-kind contribution description (if applicable)

**120.-
Wine for event**

Contributor address: City: State: Zip Code

**211 West 4th
Austin, Tx. 78701**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/27/10

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

Terr. Flow

Amount of contribution (\$)

25.-

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

**9417 Great Hills Trail, #3032
Austin, TX. 78759**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Associate Consultant

Employer (See Instructions)

BancVue, Ltd.

Date

9/27/10

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

Debra May

Amount of contribution (\$)

500.-

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

**18106 Angel Valley Dr.
Leander, Tx. 78641**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Home Maker

Employer (See Instructions)

Date

9/27/10

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

John Vay

Amount of contribution (\$)

100.-

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

**6654 White Marsh Valley Walk
Austin, Tx. 78742**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Self

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 2093	
2 FILER NAME Bass For Texas Committee		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9/27/10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Sharon Jones	7 Amount of contribution (\$) 100.-	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code 700 E. 41st St. Austin, TX. 78751		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Commercial Pilot		10 Employer (See Instructions) Southwest Airlines	
Date 9/27/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Lester Orlando	Amount of contribution (\$) 100.-	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 4936 Bay Creek Spicewood, TX. 78669		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Restaurant Owner		Employer (See Instructions) On The Rocks	
Date 9/27/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Patrick McGuinness	Amount of contribution (\$) 100.-	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 9310 Old Lampasas Trl. Austin, TX. 78750		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Freescala	
Date 9/27/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: David A. Stike	Amount of contribution (\$) 50.-	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 18022 Newgrange Dr. Pflugerville, TX. 78660		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) _____	
Date 9/28/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Claire Dees	Amount of contribution (\$) 105.-	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 3701 Dodson Scott Dr. Del Valle, TX. 78617		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Home Maker		Employer (See Instructions) _____	

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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: 3 of 3	
2 FILER NAME Bass For Texas Committee		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9/28/10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Grant Gerthoff	7 Amount of contribution (\$) 51 -	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code 40 N. IH-35, #1204 Austin, Tx. 78701		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Associate Consultant		10 Employer (See Instructions) Sanctus, Ltd.	
Date 10/14/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Robert Nash	Amount of contribution (\$) 100. -	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 112 Skyline Dr. Westlake Hills, Tx. 78746		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Public Relations Director		Employer (See Instructions) Sherry Matthews Advocacy Marketing	
Date 10/11/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Craig Davis	Amount of contribution (\$) 75. -	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 1601 Miriam Avenue #300 Austin, Tx. 78702		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Agent		Employer (See Instructions) Texas General Land Office	
Date 10/15/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Amy Word-Michalowski	Amount of contribution (\$) 100. -	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 4701 Medical Pkwy. #100 Austin, Tx. 78756		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Austin Apartment Assoc.		Employer (See Instructions) Government Relations	
Date 10/15/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Austin Republican Women PAC	Amount of contribution (\$) 500. -	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 5302 Scout Island Circle Austin, Tx. 78731		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages, Schedule F: 1 of 3	2 FILER NAME Bass For Texas Committee	3 ACCOUNT # (Ethics Commission Filers)
4 Date 9/27/10	5 Payee name Home Depot	
6 Amount (\$) 192.69	7 Payee address; City; State; Zip Code 10515 N. MoPac Austin, Tx, 78758	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) Sign Supplies
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 9/27/10	Payee name Wal-Mart	
Amount (\$) 120.29	Payee address; City; State; Zip Code 13201 Ranch Rd. 620 N. Austin, Tx, 78717	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) Supplies for event
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 9/29/10	Payee name Three Spires	
Amount (\$) 1,000.-	Payee address; City; State; Zip Code 2601 Golden Gate Park Austin, Tx, 78732	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting Expense	Description (If travel outside of Texas, complete Schedule T) Consulting Services
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/4/10	Payee name Intermedia	
Amount (\$) 38.80	Payee address; City; State; Zip Code 156 W. 56th St., #1601 New York, New York 10019	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) Exchange Server
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

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1 Total pages Schedule F: 2 of 3		2 FILER NAME Bass For Texas Committee		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/7/10		5 Payee name Verizon Wireless			
6 Amount (\$) 201.24		7 Payee address; City; State; Zip Code P.O. Box 660108 Dallas, Tx. 75266			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Communications		(b) Description (If travel outside of Texas, complete Schedule T) Telephone Svs. & Equip.	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/12/10		Payee name GoDaddy.com			
Amount (\$) 4.99		Payee address; City; State; Zip Code 14455 N. Hayden Rd. #219 Scottsdale, AZ 85260			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) Monthly Web Hosting	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/18/10		Payee name Ballot Book.Com			
Amount (\$) 100.-		Payee address; City; State; Zip Code 212 Deren Ln. Pflugerville, Tx. 78660			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) Advertising	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/18/10		Payee name Avvy			
Amount (\$) 524.49		Payee address; City; State; Zip Code 212 Deren Ln. Pflugerville, Tx. 78660			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) Printing	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 3 of 3	2 FILER NAME BASS For Texas Committee	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 10/19/10	5 Payee name Travis County Republican Party
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6 Amount (\$) 75.-	7 Payee address; City; State; Zip Code 7901 Cameron Rd, #3-202 Austin, Tx. 78754
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead	(b) Description (If travel outside of Texas, complete Schedule T) Rental Expense
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9 Complete ONLY 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 EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	

Complete ONLY 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 EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	

Complete ONLY 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 EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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