

**SPECIFIC-PURPOSE COMMITTEE  
CAMPAIGN FINANCE REPORT**

7534

**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 1096
3 COMMITTEE NAME Bass For Texas Committee		OFFICE USE ONLY	
4 COMMITTEE ADDRESS <input checked="" type="checkbox"/> Change of Address		ADDRESS / PO BOX: APT / SUITE # CITY: STATE: ZIP CODE 3220 Feather Grass Court, Austin, Tx. 78758 #9103	Date Received
5 CAMPAIGN TREASURER NAME		MS / MRS / MR FIRST MI Debra MI NICKNAME LAST SUFFIX May SUFFIX	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER'S STREET ADDRESS (Residence or Business)		STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE # CITY: STATE: ZIP CODE 18106 Angel Valley Dr. Leander, Tx. 78641	Receipt # Amount
7 CAMPAIGN TREASURER'S MAILING ADDRESS <input type="checkbox"/> Change of Address		STREET OR PO BOX: APT / SUITE # CITY: STATE: ZIP CODE 18106 Angel Valley Dr. Leander, Tx. 78641	Date Processed
8 CAMPAIGN TREASURER PHONE		AREA CODE PHONE NUMBER EXTENSION (512) 565-5001	Date Imaged
9 REPORT TYPE			
<input checked="" type="checkbox"/> January 15 <input 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			
10 PERIOD COVERED			
Month Day Year      THROUGH      Month Day Year 10 / 24 / 10                12 / 31 / 10			
11 ELECTION			
ELECTION DATE      ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special 11 / 2 / 10			

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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.)  <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	CANDIDATE / OFFICEHOLDER NAME  <u>S. Glenn Bass</u>
	<input type="checkbox"/> OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) <u>Justice of the Peace, Precinct 2</u>
	<input type="checkbox"/> MEASURE	BALLOT IDENTIFICATION / # _____ ELECTION DATE Month Day Year / /
		DESCRIPTION

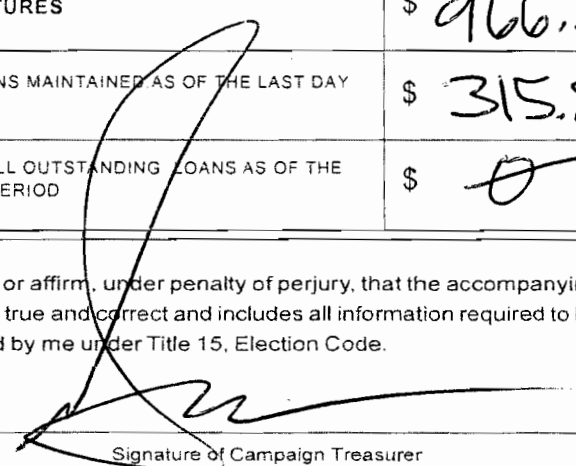
14 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>1,565.</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ <u>130.62</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>966.36</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>315.80</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

15 AFFIDAVIT



AFFIX NOTARY STAMP HERE ABOVE

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

Sworn to and subscribed before me, by the said S. Glenn Bass, this the 18 day of February, 2011, to certify which, witness my hand and seal of office.

Miller  
Signature of officer administering oath

CINDY MILLER  
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 Schedule A:  
1 of 2

2 FILER NAME  
Bass For Texas Committee

3 ACCOUNT # (Ethics Commission Filers)

4 Date  
10/25/10

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Carl Weston

7 Amount of contribution (\$) 8 In-kind contribution description (if applicable)

6 Contributor address: City: State: Zip Code  
11110 Crossland Dr.  
Austin, Tx. 78726

20. -

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)  
CPA

10 Employer (See Instructions)  
Self

Date  
10/25/10

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Ken Gates

Amount of contribution (\$) In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code  
7107 Oak Shores Dr.  
Austin, Tx. 78730

100. -

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
Frost Bank

Employer (See Instructions)  
Senior Vice President

Date  
10/27/10

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Bob Honts

Amount of contribution (\$) In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code  
1402 San Antonio, Ste. 102  
Austin, Tx. 78701

100. -

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
Developer

Employer (See Instructions)  
Self

Date  
10/28/10

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Christopher Toland

Amount of contribution (\$) In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code  
1403 Norwalk Ln., Apt. 102A  
Austin, Tx. 78703

50. -

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
U.S. Marines - Reserve

Employer (See Instructions)  
Major

Date  
12/5/10

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Barry J.W. Franklin

Amount of contribution (\$) In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code  
15000 Hog Eye Road  
Manor, Tx. 78653

500. -

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
Owner / Mortician

Employer (See Instructions)  
A Life Celebration By Franklin

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: <b>2 of 2</b>	
2 FILER NAME <b>Bass For Texas Committee</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>11/6/10</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Debra May</b>	7 Amount of contribution (\$) <b>650.-</b>	8 In-kind contribution description (if applicable) <b>Victory Party - Food + Drinks</b>
6 Contributor address: City: State: Zip Code <b>18106 Angel Valley Dr. Leander, Tx. 78641</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <b>Home maker</b>		10 Employer (See Instructions) <b>Self</b>	
Date <b>11/6/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Gina Chittum</b>	Amount of contribution (\$) <b>145.-</b>	In-kind contribution description (if applicable) <b>Tamales for Victory Party</b>
Contributor address: City: State: Zip Code <b>901 N. Mann Burnd, Tx. 78611</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Owner</b>		Employer (See Instructions) <b>Tamale King</b>	
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)	
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)	
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 SCHEDULE AS NEEDED**

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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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 1282		2 FILER NAME Bass For Texas Committee		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 11/11/10		5 Payee name Verizon Wireless			
6 Amount (\$) 208.38		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 11/4/10		Payee name Potts & Reilly, LLP			
Amount (\$) 250.-		Payee address; City; State; Zip Code 1621 W. 6th St. Austin, Tx. 78711			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Legal Services		Description (If travel outside of Texas, complete Schedule T) Legal Services	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/16/10		Payee name David Darrett			
Amount (\$) 75.-		Payee address; City; State; Zip Code 802 Evelyn St. Nacogdoches, Tx. 75964			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Website Development		Description (If travel outside of Texas, complete Schedule T) Website Development	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12/6/10		Payee name Verizon Wireless			
Amount (\$) 252.36		Payee address; City; State; Zip Code P.O. Box 660108 Dallas, Tx. 75266			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Communications		Description (If travel outside of Texas, complete Schedule T) Telephone Svs. & Equip.	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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.

<b>1</b> Total pages Schedule F: 2012	<b>2</b> FILER NAME Bass For Texas Committee	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date 12/15/10	<b>5</b> Payee name Travis County Republican Party
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<b>6</b> Amount (\$) 50.-	<b>7</b> Payee address; City; State; Zip Code 7901 Cameron Rd. # 3-202 Austin, TX 78754
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) Holiday Party
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Complete <u>ONLY</u> 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)
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Complete <u>ONLY</u> 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)
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Complete <u>ONLY</u> 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)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

DASS  
3220 - author Swiss Court, #9103  
Austin, Tx 78758

Travis County Clerk - Election Division  
P.O. Box 149325  
Austin, Tx. 78714-9325



AUSTIN PDCC TX 78710

TUE 18 JAN 2011 PM

