

SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

7640

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
1054

3 COMMITTEE NAME

Bass For Texas Committee

OFFICE USE ONLY

4 COMMITTEE ADDRESS

ADDRESS (PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE

3220 Feather Grass Court #9103
Austin, Tx. 78758

change of address

Date Received

Date Printed

Receipt #

Amount

Date Processed

Date Imaged

5 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI

NICKNAME LAST SUFFIX

Debra May

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

7 CAMPAIGN TREASURER'S MAILING ADDRESS

STREET OR PO BOX; APT / SUITE #; CITY STATE ZIP CODE

18106 Angel Valley Dr.
Leander, Tx. 78641

change of address

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

(512) 565-5001

9 REPORT TYPE

January 15
 July 15

30th day before election
 9th day before election
 Runoff

Exceeded \$500 limit
 Disruption (attach PAC-DR)
 10th day after campaign treasurer termination

10 PERIOD COVERED

Month Day Year
1 1 11

THROUGH

Month Day Year
6 30 11

11 ELECTION

ELECTION DATE
Month Day Year

ELECTION TYPE

Primary Runoff General Special

GO TO PAGE 2

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME Bass For Texas Committee ACCOUNT # (Ethics Commission Filer):

13 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.) <input type="checkbox"/> SUPPORT (Candidate or Measure) <input type="checkbox"/> OPPOSE (Candidate or Measure) <input checked="" type="checkbox"/> ASSIST (Officeholder)	<input type="checkbox"/> CANDIDATE	CANDIDATE / OFFICEHOLDER NAME <u>S. Glenn Bass</u>
	<input checked="" type="checkbox"/> OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) <u>Justice of the Peace, Pat. 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	\$ 20. -
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 20. -
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 279.21
	4. TOTAL POLITICAL EXPENDITURES	\$ 379.21
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 12.36
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 NOTIARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said S Glenn Bass, this the 15 day of July, 2011, to certify which, witness my hand and seal of office.

[Signature] CINDY MULLER Notary Public
 Signature of officer administering oath Printed name of officer administering oath 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

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

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 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

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In-kind contribution description (if applicable)

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(If travel outside of Texas, complete Schedule T)

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Date

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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

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	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filer)
1 of 1	Bass For Texas Committee	
4 Date	5 Payee name	
11/31/11	Maggianno's Italian Rest.	
6 Amount (\$)	7 Payee address: City, State, Zip Code	
50.-	10910 Domain Dr. Austin, Tx. 78758	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (if travel outside of Texas, complete Schedule F)
	Food/Beverage Expense	Volunteer Appreciation
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
1/10/11	T. J. Griffin	
Amount (\$)	Payee address: City, State, Zip Code	
50.-	3200 Newson Rd. Mesquite, Tx. 75181	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (if travel outside of Texas, complete Schedule F)
	Advertising Expense	Logo Re-design
Complete <u>ONLY</u> 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 EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (if travel outside of Texas, complete Schedule F)
Complete <u>ONLY</u> 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 EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (if travel outside of Texas, complete Schedule F)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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