

**SPECIFIC-PURPOSE COMMITTEE
CAMPAIGN FINANCE REPORT**

8165

**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: 1 of 4
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3 COMMITTEE NAME Bass For Texas Committee	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 3001 Esperanza Crossing, #2065 Austin, Texas 78758	Date Received 2013 JUL 16 PM 10:00 Dana DeBorja County Clerk Travis County Texas FILED FOR RECORD
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5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Billy F.	NICKNAME LAST SUFFIX Peel
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6 CAMPAIGN TREASURER'S STREET ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 7713 Mesa Dr. Austin, Texas 78731
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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 3001 Esperanza Crossing, #2065 Austin, Texas 78758
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8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 345-4899
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9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Dissolution (attach PAC-DR) <input type="checkbox"/> 10th day after campaign treasurer termination
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10 PERIOD COVERED	Month Day Year 1 / 1 / 13 THROUGH 6 / 30 / 13
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11 ELECTION	ELECTION DATE Month Day Year 3 / 4 / 14 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 Bass For Texas Committee ACCOUNT # (Ethics Commission Filers)

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, Pct. 2 Travis County</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>1,300.</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>50.49</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>219.64</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>1,432.99</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.

Billy J. Peel
Signature of Campaign Treasurer

Sworn to and subscribed before me, by the said Billy Peel, this the 15th day of July, 20 13, to certify which, witness my hand and seal of office.

Cindy Muller
Signature of officer administering oath

CINDY MULLER
Printed name of officer administering oath

Notary Public
Title of officer administering oath

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	2 FILER NAME Bass For Texas Committee	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 3/20/13	5 Payee name PF Changs
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6 Amount (\$) 119.15	7 Payee address; City; State; Zip Code 10114 Jollyville Rd. Austin, Texas 78759
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food Expense	(b) Description (If travel outside of Texas, complete Schedule T) Harvest Youth Foundation Luncheon
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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 4/15/13	Payee name Cinco de Mayo Fiesta
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Amount (\$) 25.-	Payee address; City; State; Zip Code 700 Lavaca St. Austin, Texas 78701
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) May 2013 Event
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5/29/13	Payee name Juneteenth Celebration - Sam Brea Special Projects
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Amount (\$) 25.-	Payee address; City; State; Zip Code 700 Lavaca St. Austin, Texas 78701
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) June 2013 Event
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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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 ONLY 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

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **1**

2 FILER NAME

Bass For Texas Committee

3 ACCOUNT # (Ethics Commission Filers)

4 Date

6/19/13

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

Dr. Rosemary Edwards

7 Amount of contribution (\$)

50.-

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

**6528 Heron Dr.
Austin, Texas 78759**

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Party Chair

10 Employer (See Instructions)

Travis County Republican Party

Date

6/23/13

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

Kevin Pakenham

Amount of contribution (\$)

500.-

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

**1101 Swenson Farms Blvd.
Pflugerville, Texas 78660**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Independent Claims Adjuster

Employer (See Instructions)

Self

Date

6/26/13

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

Sean Downing

Amount of contribution (\$)

50.-

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

**40 IH35 N., Apt. 12C4
Austin, Texas 78701**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Sales Consultant

Employer (See Instructions)

BankVue, Ltd.

Date

6/30/13

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, Texas 78645**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Owner

Employer (See Instructions)

Happy Tails Pet Resort

Date

6/30/13

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

Shiney Daniel

Amount of contribution (\$)

200.-

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

**18770 LBJ Fwy.
Mesquite, Texas 75150**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Attorney / General Counsel

Employer (See Instructions)

Agape Home Healthcare

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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