

**SPECIFIC-PURPOSE COMMITTEE
CAMPAIGN FINANCE REPORT**

**FORM SPAC
COVER SHEET PG 1**
8435

The SPAC Instruction Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: 1 of 10
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3 COMMITTEE NAME
Bass For Texas Committee

4 COMMITTEE ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 81423 Austin, Tx. 78708-1423	OFFICE USE ONLY	
		Date Received	Date Hand-delivered or Postmarked

5 CAMPAIGN TREASURER NAME	MS / MRS / MR <input checked="" type="checkbox"/> FIRST MI John	Receipt #	Amount
	NICKNAME LAST SUFFIX Muller	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
**1520 Desert Quail Ln.
Austin, Tx. 78758**

7 CAMPAIGN TREASURER'S MAILING ADDRESS
STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
 change of address
**P.O. Box 81423
Austin, Tx. 78708-1423**

8 CAMPAIGN TREASURER PHONE
AREA CODE PHONE NUMBER EXTENSION
(512) 837-0802

9 REPORT TYPE

<input type="checkbox"/> January 15	<input checked="" 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 Month Day Year
7 / 1 / 14 THROUGH 9 / 25 / 14

11 ELECTION
ELECTION DATE ELECTION TYPE
Month Day Year
11 / 4 / 14

<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special
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GO TO PAGE 2

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

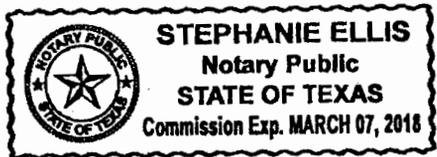
**FORM SPAC
COVER SHEET PG 2**

12 COMMITTEE NAME Bass For Texas Committee ACCOUNT # (Ethics Commission 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 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, Prec. 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>2,565.00</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>627.26</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>6,238.17</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>309.27</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



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.

John Muller
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said John Muller ~~Stephanie Ellis~~, this the 6th day of October, 2014, to certify which, witness my hand and seal of office.

Stephanie Ellis Stephanie Ellis 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 4	
2 FILER NAME Bass For Texas Committee		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9/25/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trevor Titman	7 Amount of contribution (\$) 30.-	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 2413 Pemberton Pl. Austin, Tx. 78703		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 9/20/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lisa Young	Amount of contribution (\$) 25.-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 504 Green Valley Cove Pflugerville, Tx. 78660		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/6/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sandra Henley	Amount of contribution (\$) 50.-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3022 N. Jossy Ln, Apt. 2202 Carrollton, Tx. 75007		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/5/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Randy Samuelson	Amount of contribution (\$) 100.-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 14419 Robert L. Walker Blvd. Austin, Tx. 78728		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/4/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James Ladas	Amount of contribution (\$) 20.-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 815A Brazos St., #256 Austin, Tx. 78701		(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 CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 2 of 4	
2 FILER NAME Buss For Texas Committee		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9/4/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rene Rodriguez	7 Amount of contribution (\$) 50.-	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 3204 S. 5th St. Austin, Tx. 78704		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 8/31/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James Dickey	Amount of contribution (\$) 20.-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7901 Cameron Rd., Ste. 3-202 Austin, Texas 78754		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 8/27/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erwin Ballarta	Amount of contribution (\$) 25.-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1013 Rutgers Dr. Pflugerville, Tx. 78660		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 8/23/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Hannah	Amount of contribution (\$) 25.-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 710 Largent Lufkin, Tx. 75904		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 8/13/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosemary Edwards	Amount of contribution (\$) 100.-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6528 Haron Dr. Austin, Tx. 78759		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		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 4	
2 FILER NAME Bass For Texas Comm Action		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 7/31/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James Dickey	7 Amount of contribution (\$) 20.-	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 7901 Cameron Rd, Ste. 3-202 Austin, Tx. 78754		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 7/19/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sandra Henley	Amount of contribution (\$) 50.-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3022 N. Josey Ln., Apt. 2202 Carrollton, Tx. 75007		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 7/2/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Central Texas Concealed Handgun Course LLC	Amount of contribution (\$) 250.-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 321 W. Ben White Blvd., Ste. 203 Austin, Tx. 78704		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/12/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Muller	Amount of contribution (\$) 600.-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1520 Desert Quail Ln Austin, Tx. 78758		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 8/26/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Austin Republican Women	Amount of contribution (\$) 1,000.-	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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 404	
2 FILER NAME Bass For Texas Committee		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 7/28/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ruth Foote	7 Amount of contribution (\$) 200.-	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 6309 Highland Hills Dr. Austin, Tx 78731		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B:	
2 FILER NAME <i>Bass For Texas Commitee</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒			\$
5 Date <i>9/16/14</i>	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Congressman Lamar Smith</i>	8 Amount of pledge (\$) <i>500.</i>	9 In-kind description (if applicable)
7 Pledgor address; City; State; Zip Code <i>221 S. IH-35, Ste. 106 Austin, TX. 78741</i>		(If travel outside of Texas, complete Schedule T)	
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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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 Candidate/Officeholder/Political Committee |
| Event Expense | Polling Expense | Travel Out Of District | OTHER (enter a category not listed above) |
| Fees | Printing Expense | Office Overhead/Rental Expense | |

The instruction Guide explains how to complete this form.

1 Total pages Schedule F: <u>1 of 3</u>		2 FILER NAME <u>Base For Texas Committee</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>9/22/14</u>		5 Payee name <u>Quick Print</u>			
6 Amount (\$) <u>64.18</u>		7 Payee address; City; State; Zip Code <u>8311 Shoal Creek Blvd. Austin, Tx. 78757</u>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <u>Advertising Expense</u>		(b) Description (If travel outside of Texas, complete Schedule T) <u>Printing</u> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <u>9/5/14</u>		Payee name <u>Home Depot</u>			
Amount (\$) <u>24.83</u>		Payee address; City; State; Zip Code <u>10515 N. Mopac Expy. Austin, Tx. 78759</u>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <u>Advertising Expense</u>		Description (If travel outside of Texas, complete Schedule T) <u>Sign Supply</u> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <u>9/2/14</u>		Payee name <u>Home Depot</u>			
Amount (\$) <u>510.64</u>		Payee address; City; State; Zip Code <u>10515 N. Mopac Expy. Austin, Tx. 78759</u>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <u>Advertising Expense</u>		Description (If travel outside of Texas, complete Schedule T) <u>Sign Supply</u> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <u>8/25/14</u>		Payee name <u>Hank's Signs / Ampro Signs</u>			
Amount (\$) <u>3,700.-</u>		Payee address; City; State; Zip Code <u>7202 Smokey Hill Dr. Austin, Tx. 78736</u>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <u>Advertising Expense</u>		Description (If travel outside of Texas, complete Schedule T) <u>Signs</u> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
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 Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	OTHER (enter a category not listed above)
Fees	Printing Expense	Office Overhead/Rental Expense	

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 2 of 3	2 FILER NAME Buss For Texas Committee	3 ACCOUNT # (Ethics Commission Filers)
4 Date 8/22/14	5 Payee name Home Depot	
6 Amount (\$) 44.27	7 Payee address; City; State; Zip Code 10515 N. Mo Pac Expy. Austin, Tx. 78759	
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 <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 8/18/14	Payee name Quick Print	
Amount (\$) 502.47	Payee address; City; State; Zip Code 8311 Shoal Creek Blvd. Austin, Tx. 78757	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Printing <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 7/28/14	Payee name Quick Print	
Amount (\$) 59.54	Payee address; City; State; Zip Code 8311 Shoal Creek Blvd. Austin, Tx. 78757	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Printing <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 8/17/14	Payee name North West Austin Republican Women's Club	
Amount (\$) 30.00	Payee address; City; State; Zip Code 9333 Research Blvd. Austin, Tx. 78759	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) Event Expense <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	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 Candidate/Officeholder/Political Committee |
| Event Expense | Polling Expense | Travel Out Of District | OTHER (enter a category not listed above) |
| Fees | Printing Expense | Office Overhead/Rental Expense | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 3083	2 FILER NAME Bass For Texas Committee	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 7/1/14	5 Payee name Republican Club of Austin
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6 Amount (\$) 125/-	7 Payee address; City; State; Zip Code 811 W. Live Oak St. Austin, TX 78704
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Contribution	(b) Description (If travel outside of Texas, complete Schedule T) Membership Dues <input type="checkbox"/> Check if Austin, TX, officeholder living 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
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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) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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