

# SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

8501

## 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: 1073
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 3201 Esperanza Crossing, #226 Austin, Tx. 78758		Date Received
			Date Hand-delivered or Postmarked
5 CAMPAIGN TREASURER NAME MS / MRS / MR <input checked="" type="checkbox"/> FIRST MI NICKNAME LAST SUFFIX	Billy F. Peel		Receipt #
			Amount
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, Tx. 78731		Date Processed
			Date Imaged
7 CAMPAIGN TREASURER'S MAILING ADDRESS <input checked="" type="checkbox"/> change of address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 3201 Esperanza Crossing, #226 Austin, Tx. 78758		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(512)	345 - 4899	
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
	10	26	14
	THROUGH		
	12	31	14
11 ELECTION	ELECTION DATE Month Day Year		ELECTION TYPE
	11 / 4 / 14		<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.)

SUPPORT (Candidate or Measure)  
 OPPOSE (Candidate or Measure)  
 ASSIST (Officeholder)

CANDIDATE  
 OFFICEHOLDER  
 MEASURE

CANDIDATE / OFFICEHOLDER NAME  
S. Glenn Bass

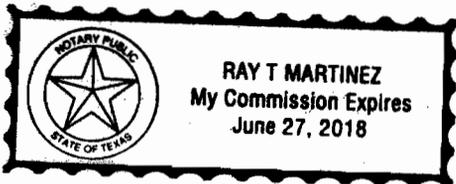
OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)  
Justice of the Peace, Pct. 2

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>1,290.-</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>362.92</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>6,318.17</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>530.22</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.

Billy F. Peel  
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

Ray T. Martinez Signature of officer administering oath  
Ray T. Martinez 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 1**

2 FILER NAME

**Bass For Texas Commitee**

3 ACCOUNT # (Ethics Commission Filers)

4 Date

**10/28/14**

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

**Austin Board of Realtors PAC**

6 Contributor address; City; State; Zip Code

**4106 Medical Parkway  
Austin, Tx. 78756**

7 Amount of contribution (\$)

**500.00**

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

**10/28/14**

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

**Tito Beveridge**

Contributor address; City; State; Zip Code

**P.O. Box 17067  
Austin, Tx. 78760**

Amount of contribution (\$)

**250.00**

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

**President/CEO**

Employer (See Instructions)

**Tito's**

Date

**11/3/14**

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

**Austin Republican Women PAC**

Contributor address; City; State; Zip Code

**1808 Congressional Circle  
Austin, Tx. 78746**

Amount of contribution (\$)

**500.00**

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**10/31/14**

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

**James Dickey**

Contributor address; City; State; Zip Code

**7901 Cameron Rd, Ste 3-202  
Austin, Tx. 78754**

Amount of contribution (\$)

**20.00**

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**11/30/14**

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

**James Dickey**

Contributor address; City; State; Zip Code

**7901 Cameron Rd, Ste 3-202  
Austin, Tx. 78754**

Amount of contribution (\$)

**20.00**

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

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 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.

<b>1</b> Total pages Schedule F: 6+2	<b>2</b> FILER NAME Bass For Texas Committee	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date 10/29/14	<b>5</b> Payee name Quick Print
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<b>6</b> Amount (\$) 151.73	<b>7</b> Payee address; City; State; Zip Code 8311 Shoal Creek Blvd. Austin, TX 78757
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Printing Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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<b>Date</b> 10/27/14	<b>Payee name</b> FedEx/Kinkos
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<b>Amount (\$)</b> 108.25	<b>Payee address; City; State; Zip Code</b> 9222 Burnet Rd., Ste 01 Austin, TX 78758
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<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Printing Expense	(b) 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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<b>Date</b> 11/6/14	<b>Payee name</b> Facebook
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<b>Amount (\$)</b> 260.70	<b>Payee address; City; State; Zip Code</b> 1601 Willow Road Menlo, CA 94025
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<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) 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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<b>Date</b>	<b>Payee name</b>
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<b>Amount (\$)</b>	<b>Payee address; City; State; Zip Code</b>
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<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule)	(b) 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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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 2	2 FILER NAME Bass For Texas Committee	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 12/6/14	5 Payee name Potts & Reilly, LLP
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6 Amount (\$) 300. ✓	7 Payee address; City; State; Zip Code P.O. Box 4037 Horseshoe Bay, Tx. 78657
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<b>8 PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Legal Services	(b) Description (If travel outside of Texas, complete Schedule T) <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 11/10/14	Payee name Steven LaBratta
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Amount (\$) 4,100. ✓	Payee address; City; State; Zip Code 1600 Wickarsham, Apt. 3045 Austin, Tx. 78741
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Contract Labor/Consulting	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 11/4/14	Payee name Potts & Reilly, LLP
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Amount (\$) 540. ✓	Payee address; City; State; Zip Code P.O. Box 4037 Horseshoe Bay, Tx. 78657
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Legal Services	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 10/20/14	Payee name Enterprise Rent-A-Car
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Amount (\$) 494.57	Payee address; City; State; Zip Code 8310 Research Blvd. Austin, Tx. 78758
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Advertising Expense	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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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**