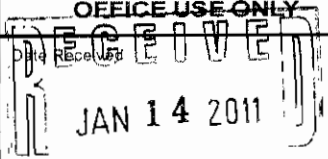


# SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

## 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: <b>4</b>
3 COMMITTEE NAME <b>Georgetown Business Partnership Committee</b>		<b>OFFICE USE ONLY</b>  Date Hand-delivered or Postmarked Receipt # _____ Amount _____ Date Processed _____ Date Imaged _____	
4 COMMITTEE ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX, APT / SUITE #, CITY STATE ZIP CODE <b>1309 S. College St Georgetown TX 78626</b>		
5 CAMPAIGN TREASURER NAME <input type="checkbox"/> change of address	MS / MRS / MR FIRST MI <b>Mrs Ruth Lumpkin</b> NICKNAME LAST SUFFIX		
6 CAMPAIGN TREASURER'S STREET ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE #, CITY STATE ZIP CODE <b>1309 S. College St Georgetown TX 78626</b>		
7 CAMPAIGN TREASURER'S MAILING ADDRESS <input type="checkbox"/> change of address	STREET OR PO BOX, APT / SUITE #, CITY STATE ZIP CODE <b>same</b>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>(512) 864-1887</b>		
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 checked="" 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 <b>11 / 03 / 10    THROUGH    12 / 31 / 10</b>		
11 ELECTION	ELECTION DATE Month Day Year <b>11 / 02 / 10</b>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	

**GO TO PAGE 2**



# 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 <i>Georgetown Business Partnership Committee</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>11/05/10</i>	5 Payee name <i>John Marler</i>
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6 Amount (\$) <i>\$483.34</i>	7 Payee address: City: State; Zip Code <i>735 Westbury Lane Georgetown, TX 78633</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description (If travel outside of Texas complete Schedule T) <i>Poll signs</i>
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9 Complete ONLY 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 T)
------------------------	--------------------------------------------------------------	--------------------------------------------------------------

Complete ONLY 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 T)
------------------------	--------------------------------------------------------------	--------------------------------------------------------------

Complete ONLY 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 T)
------------------------	--------------------------------------------------------------	--------------------------------------------------------------

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 COMMITTEE  
AFFIDAVIT OF DISSOLUTION**

**FORM PAC - DR**

The Instruction Guide explains how to complete this form.  
\*\* Complete only if "Report Type" on page 1 is marked "Dissolution" \*\*

1 COMMITTEE NAME

2 ACCOUNT # (Ethics Commission Filers)

Georgetown Business Partnership Committee

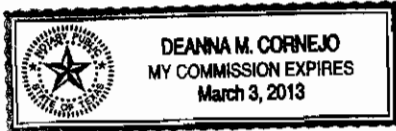
3 Affidavit of Dissolution

I, the undersigned campaign treasurer, do not expect the occurrence of any further reportable activity by this political committee for this or any other campaign or election for which reporting under the Election Code is required. I declare that all of the information required to be reported by me has been reported. I understand that designating a report as a dissolution report terminates the appointment of campaign treasurer. I further understand that a political committee may not make or authorize political expenditures or accept political contributions without having an appointment of campaign treasurer on file.

*Ruth Lumpkin*

Signature of Campaign Treasurer

DO NOT SIGN UNLESS  
POLITICAL COMMITTEE IS TO BE DISSOLVED



AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said RUTH LUMPKIN, this the 14 day of JAN, 20 11, to certify which, witness my hand and seal of office.

*Deanna M. Cornejo*

Signature of officer administering oath

DEANNA M CORNEJO

Printed name of officer administering oath

Title of officer administering oath