

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

4342

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)

2 Total pages filed:

3 CANDIDATE / OFFICEHOLDER NAME

TITLE: CONSTABLE
FIRST: BRUCE
MI:
NICKNAME: ELFANT
LAST:
SUFFIX:

OFFICE USE ONLY

Date Received: 12 13 12 53 PM '99
FILED

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX; APT / SUITE #: 1205 FAIRWOOD
CITY: AUSTIN, TX
STATE: TX
ZIP CODE: 78722

Change of Address

5 CAMPAIGN TREASURER NAME

TITLE:
FIRST: BEVERLY
MI: G
NICKNAME:
LAST: REEVES
SUFFIX:

Receipt #

HD / PM

Amount

Date Processed

Date Imaged

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: 700 CONGRESS
CITY: AUSTIN, TX
STATE: TX
ZIP CODE: 78701

7 CAMPAIGN TREASURER PHONE

AREA CODE: (512)
PHONE NUMBER: 498-8534
EXTENSION:

8 REPORT TYPE

January 15
 30th day before election
 Runoff
 15th day after campaign treasurer appointment (officeholder only)
 July 15
 8th day before election
 Exceeded \$500 limit
 Final report (Attach C/OH - FR)

9 PERIOD COVERED

Month / Day / Year: 1 / 1 / 99 THROUGH Month / Day / Year: 7 / 15 / 99

10 ELECTION

ELECTION DATE: Month / Day / Year: / /
ELECTION TYPE:
 Primary
 Runoff
 General
 Special

11 OFFICE

OFFICE HELD (if any)

CONSTABLE

12 OFFICE SOUGHT (if known)

13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **

Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code

additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

15 ACCOUNT # (Ethics Commission filers)

16 SUPPORTING POLITICAL COMMITTEE(S)

** This listing includes political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 NO REPORTABLE ACTIVITY

Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 5250⁰⁰

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 2250⁰⁹

4. TOTAL POLITICAL EXPENDITURES

\$ 5250⁰⁰

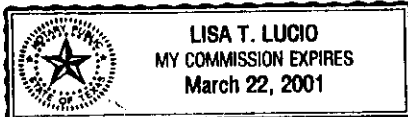
OUTSTANDING LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ - 0 -

19 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.



Bruce Elfant
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Bruce Elfant, this the 13 day of July

19 99 to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

LISA T. Lucio
Print name of officer administering oath

[Signature]
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.				1 Total pages this Schedule A1:	
2 FILER NAME <i>BRUCE ELFANT</i>				3 ACCOUNT # (Ethics Commission files)	
4 Date	5 Full name of contributor <i>SEE ATTACHMENT</i> 6 Contributor address; City; State; Zip Code	<input type="checkbox"/> out of state PAC	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
9 Principal occupation (Optional)			10 Employer (Optional)		
Date	Full name of contributor Contributor address; City; State; Zip Code	<input type="checkbox"/> out of state PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)	
Principal occupation (Optional)			Employer (Optional)		
Date	Full name of contributor Contributor address; City; State; Zip Code	<input type="checkbox"/> out of state PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)	
Principal occupation (Optional)			Employer (Optional)		
Date	Full name of contributor Contributor address; City; State; Zip Code	<input type="checkbox"/> out of state PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)	
Principal occupation (Optional)			Employer (Optional)		
Date	Full name of contributor Contributor address; City; State; Zip Code	<input type="checkbox"/> out of state PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)	
Principal occupation (Optional)			Employer (Optional)		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

PLEGGED CONTRIBUTIONS

SCHEDULE B1 (FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.			1 Total pages this Schedule B1:	
2 FILER NAME			3 ACCOUNT # (Ethics Commission filers)	
4 TOTAL OF UNITEMIZED PLEDGES: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒				\$
5 Date	6 Full name of pledgor <input type="checkbox"/> out of state PAC	8 Amount of pledge (\$)	9 In-kind description (if applicable)	
7 Pledgor address; City; State; Zip Code				
10 Principal occupation (optional)		11 Employer (optional)		
Date	Full name of pledgor <input type="checkbox"/> out of state PAC	Amount of pledge (\$)	In-kind description (if applicable)	
Pledgor address; City; State; Zip Code				
Principal occupation (optional)		Employer (optional)		
Date	Full name of pledgor <input type="checkbox"/> out of state PAC	Amount of pledge (\$)	In-kind description (if applicable)	
Pledgor address; City; State; Zip Code				
Principal occupation (optional)		Employer (optional)		
Date	Full name of pledgor <input type="checkbox"/> out of state PAC	Amount of pledge (\$)	In-kind description (if applicable)	
Pledgor address; City; State; Zip Code				
Principal occupation (optional)		Employer (optional)		
Date	Full name of pledgor <input type="checkbox"/> out of state PAC	Amount of pledge (\$)	In-kind description (if applicable)	
Pledgor address; City; State; Zip Code				
Principal occupation (optional)		Employer (optional)		
Date	Full name of pledgor <input type="checkbox"/> out of state PAC	Amount of pledge (\$)	In-kind description (if applicable)	
Pledgor address; City; State; Zip Code				
Principal occupation (optional)		Employer (optional)		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Elfant

Democrat For District Clerk

Campaign Contributors Report – July 1999

Randall Wood
P. O. Box 165001
Austin, TX 78716
\$250
Jun-99

AFSCME
1625 L. St. NW,
Washington, D. C. 20036
\$200
Jun-99

Brian East and Nina Butts
7800 Shoal Creek Blvd., # 171E
Austin, TX 78757
\$130
Jun-99

Chris and Carol Adams
2905 Glenview
Austin, TX 78703
\$100
Jun-99

Mort Berkowitz
1501 Broadway, #1808
New York, NY 10036
\$100
Jun-99

James Bond
2914 Aftonshire Way, # 11106
Austin, TX 78748
\$100
Jun-99

Katherine Hinson and Don Elfant
11720 Running Fox Trail
Austin, TX 78759
\$100
Jun-99

Denise Donnelly
P. O. Box 12241
Austin, TX 78711
\$100
Jun-99

Susan Goodwin
5702 Valkeith Dr.
Houston TX 77096
\$100
Jun-99

Ann Denkler and Jett Hanna
7006 Edgefield Dr.
Austin, TX 78731
\$100
Jun-99

Lynn Whitten Jim Butler and
1517 Alameda
Austin, TX 78704
\$100
Jun-99

Shannon Noble
1011 Alegria Rd.
Austin, TX 78757
\$100
Jun-99

Meyer Proler M. D.
24 Greenway Plaza, Suite 1000
Houston TX 77046
\$100
Jun-99

Brad Seals
4611 Madrona
Austin, TX 78731
\$100
Jun-99

Ted Smith
4003 Crescent Dr.
Austin, TX 78722
\$100
Jun-99

Lynn Denton
5211 Ave. G.
Austin, TX 78751
\$75
Jun-99

Scott Jenkins
3119 Eanes Cr.
Austin, TX 78746
\$75
Jun-99

Hoover Alexander Jr.
1303 Comal St.
Austin, TX 78702
\$50
Jun-99

Terrell Blodgett
1801 Lavaca #13 E
Austin, TX 78701
\$50
Jun-99

Rosa Walker and Boyce Breedlove
1616 Ridgehaven
Austin, TX 78723
\$50
Jun-99

Gary Cooper
4003 Ridgelea
Austin, TX 78731
\$50
Jun-99

Hon. Margaret Cooper
P. O. Box10277
Austin, TX 78766
\$50
Jun-99

Shudde Fath
1005 Bluebonnet
Austin, TX 78704
\$50
Jun-99

Phillip Friday
1207 W. 10th St.
Austin, TX 78703
\$50
Jun-99

Jeff Heckler
11006 Sierra Verde Tr.
Austin, TX 78759
\$50
Jun-99

Forest Hill
4100 Jackson Ave. Apt. 370
Austin, TX 78731
\$50
Jun-99

Robert Kamm
405 W. 14th St
Austin, TX 78701
\$50
Jun-99

Nicklas Krzyonik II
2005 Delwood Ct.
Austin, TX 78723
\$50
Jun-99

Fred and Dawn Lewis
4509 Edgemont
Austin, TX 78731
\$50
Jun-99

Hon. Elliott Naishtat
6401 Wilbur Dr.
Austin, TX 78757
\$50
Jun-99

William and Jane Nethercut
1003 The High Road
Austin, TX 78746
\$50
Jun-99

Virginia and George Nokes
1801 Lavaca
Austin, TX 78701
\$50
Jun-99

Ed Penak
5400 Woodrow Ave.
Austin, TX 78756
\$50
Jun-99

Joe and Janis Pinnelli
2001 Exposition Blvd.
Austin, TX 78703
\$50
Jun-99

Oliver and Denise Smith
8905 Rustic Cv.
Austin, TX 78717
\$50
Jun-99

Hon. Karen Sonleitner
P. O. Box 26524
Austin, TX 78755
\$50
Jun-99

Helen and Irwin Spear
2615 Pecos
Austin, TX 78703
\$50
Jun-99

Fred Thomas
3402 A Enfield Rd.
Austin, TX 78703
\$50
Jun-99

Deborah Tucker
4612 Shoal Creek Blvd.
Austin, TX 78756
\$50
Jun-99

Susan Wiederspahn
1914 Patton Ln
Austin, TX 78723
\$50
Jun-99

Bettie Naylor
1122 Colorado, #1607
Austin, TX 78701
\$35
Jun-99

Milbrey Raney
812 San Antonio, Suite 211
Austin, TX 78705
\$35
Jun-99

Hon. Gonzalo and Emma Barrientos
2906 Gem Circle
Austin, TX 78704
\$30
Jun-99

Shirley Bottoms
3903 Ridgelea Dr.
Austin, TX 78731
\$30
Jun-99

Nina Butts and Brian East
4400 Shoalwood Ave.
Austin, TX 78756
\$30
Jun-99

Michelle Brinkman
701 Hyde Park Ct.
Austin, TX 78748
\$30
Jun-99

Jack Cross
4001 Dry Creek Dr.
Austin, TX 78731
\$30
Jun-99

Donald and Carolyn Goldston
3521 Starline Dr.
Austin, TX 78759
\$30
Jun-99

Julia Hilder
1516-A Betty Jo Dr.
Austin, TX 78704
\$30
Jun-99

Donna Warndof
12349 Metric
Austin, TX 78758
\$30
Jun-99

John Worley
4106 Ave. A
Austin, TX 78751
\$30
Jun-99

Sherry Boyles
5417 S. MOPAC, Apt. 221
Austin, TX 78749
\$25
Jun-99

Jay Brim
2525 Wallingwood Dr., Bldg 14
Austin, TX 78746
\$25
Jun-99

Sarah Buel
9723 Sugar Hill Dr.
Austin, TX 78748
\$25
Jun-99

Cecelia Crossley
3100 Catalina Dr.
Austin, TX 78704
\$25
Jun-99

Hon. Ron Davis
5403 Chevy Circle
Austin, TX 78723
\$25
Jun-99

David Dlugach
5200 N. Lamar, Apt. M301
Austin, TX 78751
\$25
Jun-99

Bob and Cecile Elfant
9106 Bluegrass Dr.
Austin, TX 78759
\$25
Jun-99

Bill and Charlotte Flynn
7710 West Rim Dr.
Austin, TX 78731
\$25
Jun-99

Bertha Gonzalez
5413 Manchaca Rd.
Austin, TX 78745
\$25
Jun-99

John and Betty Grant
3801 Crowncrest Cv.
Austin, TX 78759
\$25
Jun-99

Dudley and Mari Houghton
3219 Bridle Path
Austin, TX 78703
\$25
Jun-99

Mrs. Wilma Kloppe
6807 Duquesne
Austin, TX 78723
\$25
Jun-99

Anne Kohler
3902 Idlewild
Austin, TX 78731
\$25
Jun-99

Louis Malfaro
8911 Little Walnut Pkwy.
Austin, TX 78758
\$25
Jun-99

Bill and Anne McAfee
4831 Timberline
Austin, TX 78746
\$25
Jun-99

Hon. Luke Mercer
3815 Grayson Ln.
Austin, TX 78722
\$25
Jun-99

Le Roy Nellis
P. O. Box 1748
Austin, TX 78767
\$25
Jun-99

Helen and Herman Nelson
2005 Delwood Ct.
Austin, TX 78723
\$25
Jun-99

Walter and Dorothy Richter
3901 Ave G.
Austin, TX 78751
\$25
Jun-99

David Smith
611 Oakland Ave.
Austin, TX 78703
\$25
Jun-99

Barrett Sundberg
5327 Wellington Dr.
Austin, TX 78723
\$25
Jun-99

Scott Tatum
P. O. Box 10241
Austin, TX 78766
\$25
Jun-99

Janelle Buchanan and Ted Siff
1809 Palma Plaza
Austin, TX 78703
\$25
Jun-99

Russ Tidwell
P. O. Box 5061
Austin, TX 78763
\$25
Jun-99

LaRu and Fred Woody
1801 Santa Clara
Austin, TX 78757
\$25
Jun-99

Margaret Gardner
3207 Kerbey Ln.
Austin, TX 78703
\$20
Jun-99

Gail Rice
1802 Whitney Way
Austin, TX 78741
\$20
Jun-99

Steve Speir
1225 Corona
Austin, TX 78723
\$20
Jun-99

Mary Clare Barry
1505 Brentwood
Austin, TX 78757
\$15
Jun-99

Phyllis Brinkley
6106 Rickey Dr.
Austin, TX 78757
\$15
Jun-99

Katheryn Clark
4308 Ave. D.
Austin, TX 78751
\$15
Jun-99

Mark Coats
6303 Weeks Cv.
Austin, TX 78727
\$15
Jun-99

Alan Guttman
5830 Wigton
Houston TX 77096
\$15
Jun-99

Ann Hartley
2111 Aireole Way
Austin, TX 78704
\$15
Jun-99

Hon. Willie Lewis
5708 Springdale Rd.
Austin, TX 78723
\$15

Jun-99
Jane Laessle
3210 Oakmont Blvd.
Austin, TX 78703
\$15
Jun-99

Wynelle Leeth
3200 South First St., #1015
Austin, TX 78704
\$15
Jun-99

Patti Edelman Leonard
7400 Stonecliff Cove
Austin, TX 78731
\$15
Jun-99

Lisa Lucio
2910 Ellon Rd.
Del Valle, TX 78617
\$15
Jun-99

Ron Meyerson
5904 Shoal Creek Blvd.
Austin, TX 78757
\$15
Jun-99

Beth Placek
2311 Indian Tr.
Austin, TX 78703
\$15
Jun-99

Bill and Susan Reid
1104 Wayside Dr.
Austin, TX 78703
\$15
Jun-99

Kristi Willis
1408 Kirkwood Rd
Austin, TX 78722
\$15
Jun-99

Ruthe Winegarten
701 Keasby
Austin, TX 78751
\$15
Jun-99

Wally and Ruth Ellinger
2905 Richard Ln.
Austin, TX 78703
\$10
Jun-99

Donna Hoffman
P. O. Box 2222
Austin, TX 78768
\$10
Jun-99

Victoria Worsham
5800 Highland Terr.
Austin, TX 78731
\$10
Jun-99

Becky Helton
710 W. 34th St
Austin, TX 78705
\$ 15
Jun-99

Virginia Schilz
3616 Claburn Dr.
Austin, TX 78759
\$15
Jun-99

Mark Coats
6303 Weeks Ave.
Austin, TX 78727
\$15
Jun-99

Martin Elfant
5702 Valkeith
Houston, TX 77096
\$500
Jun-99

Bruce Elfant
10205 Fairwood
Austin, TX 78722
\$300
Jun-99

LOANS

SCHEDULE E

NONE

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule E:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)	
4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒			\$
5 Date of loan	7 Name of lender <input type="checkbox"/> out of state PAC	9 Loan Amount (\$)	
6 Is lender a financial institution? Y N	8 Lender address; City; State; Zip Code	10 Interest rate	
		11 Maturity date	
12 Description of Collateral <input type="checkbox"/> none			
13 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	14 Name of guarantor		16 Amount Guaranteed (\$)
		15 Guarantor address; City; State; Zip Code	
17 Principal Occupation		18 Employer	
Date of loan	Name of lender <input type="checkbox"/> out of state PAC	Loan Amount (\$)	
Is lender a financial institution? Y N	Lender address; City; State; Zip Code	Interest rate	
		Maturity date	
Description of Collateral <input type="checkbox"/> none			
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor		Amount Guaranteed (\$)
		Guarantor address; City; State; Zip Code	
Principal Occupation		Employer	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
 If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule E:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$

5 Date of loan

7 Name of lender out of state PAC

9 Loan Amount (\$)

6 Is lender a financial institution?
Y N

8 Lender address; City; State; Zip Code

10 Interest rate

11 Maturity date

12 Description of Collateral

none

13 GUARANTOR INFORMATION

14 Name of guarantor

16 Amount Guaranteed (\$)

not applicable

15 Guarantor address; City; State; Zip Code

17 Principal Occupation

18 Employer

Date of loan

Name of lender out of state PAC

Loan Amount (\$)

Is lender a financial institution?
Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Description of Collateral

none

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

not applicable

Guarantor address; City; State; Zip Code

Principal Occupation

Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

FROM POLITICAL BUSINESS OF

SCHEDULE H

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule H:
2 FILER NAME <i>BRUCE STANT</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>6/25/99</i>	5 Business name <i>UFEWORKS</i>	7 Amount (\$) <i>500.00</i>
6 Business address; City; State; Zip Code <i>6114 S. 1ST AVE TX 78745</i>		
8 Purpose of payment <i>DONATION</i>		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date <i>7/5/99</i>	Business name <i>WURLEY PRINTING</i>	Amount (\$) <i>377.79</i>
Business address; City; State; Zip Code <i>3200 IH35W AVE TX 78722</i>		
Purpose of payment <i>PRINTING</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date	Business name	Amount (\$)
Business address; City; State; Zip Code		
Purpose of payment		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date	Business name	Amount (\$)
Business address; City; State; Zip Code		
Purpose of payment		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule G:
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payee name <i>POST OFFICE</i>	8 Amount (\$) <i>300⁰⁰</i>
<i>5/25/99</i>	6 Payee address; City; State; Zip Code <i>CROSSCREEK DR</i>	<input type="checkbox"/> Reimbursement from political contributions intended
7 Purpose of expenditure <i>POSTAGE</i>		
Date	Payee name <i>OSCAR SNOWDEN</i>	Amount (\$) <i>38.00</i>
<i>4/11/99</i>	Payee address; City; State; Zip Code <i>300 CONGRESS BLD 78701</i>	<input type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure <i>RENTAL OF FREEZER</i>		
Date	Payee name <i>JINDIMS ICE CREAM</i>	Amount (\$) <i>34.30</i>
<i>6/11/99</i>	Payee address; City; State; Zip Code <i>615 E 7TH ST AUSTIN, TX 78701</i>	<input type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure <i>FUNDRAISER</i>		
Date	Payee name <i>AUSTIN CHILDRENS SHELTER</i>	Amount (\$) <i>500.00</i>
<i>4/25/99</i>	Payee address; City; State; Zip Code <i>P.O. BOX 684213 AUS TX 78768</i>	<input type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure <i>DONATION</i>		
Date	Payee name <i>AMM MENTORING PROGRAM</i>	Amount (\$) <i>500.00</i>
<i>6/25/99</i>	Payee address; City; State; Zip Code <i>2026 GUADALUPE AVE TX 78705</i>	<input type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure <i>DONATION</i>		
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payee name 6 Payee address; City; State; Zip Code	7 Amount (\$)
8 Purpose of expenditure		9 ⇒ Complete if direct expenditure to benefit C/OH ⇒ Candidate / Officeholder name Office sought / held
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of expenditure		⇒ Complete if direct expenditure to benefit C/OH ⇒ Candidate / Officeholder name Office sought / held
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of expenditure		⇒ Complete if direct expenditure to benefit C/OH ⇒ Candidate / Officeholder name Office sought / held
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of expenditure		⇒ Complete if direct expenditure to benefit C/OH ⇒ Candidate / Officeholder name Office sought / held
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of expenditure		⇒ Complete if direct expenditure to benefit C/OH ⇒ Candidate / Officeholder name Office sought / held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule F:
2 FILER NAME BRUCE EVANT		3 ACCOUNT # (Ethics Commission filers)
4 Date 6/25/99	5 Payee name Gift Works 6 Payee address; City; State; Zip Code 6117 S. 1ST ST AUSTIN TX 78745	7 Amount (\$) 500.00
8 Purpose of expenditure DONATION		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 7/5/99	Payee name WORLEY PRINTING Payee address; City; State; Zip Code 3200 IN 35-N AUSTIN TX 78722	Amount (\$) 377.79
Purpose of expenditure PRINTING		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of expenditure		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of expenditure		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule I:
2 FILER NAME <i>Bruce Bryant</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payee name 6 Payee address; City; State; Zip Code <i>None</i>	8 Amount (\$)
7 Purpose of expenditure		
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of expenditure		
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of expenditure		
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of expenditure		
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of expenditure		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CREDITS (optional)

SCHEDULE K

The **INSTRUCTION GUIDE** explains how to complete this form. 1 Total pages Schedule K:

2 FILER NAME **3 ACCOUNT #** (Ethics Commission filers)

4 Date	5 Payor name 6 Payor address; City; State; Zip Code 7 Reason for credit	8 Amount (\$)
---------------	--	----------------------

Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount (\$)
------	---	-------------

Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount (\$)
------	---	-------------

Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount (\$)
------	---	-------------

Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount (\$)
------	---	-------------

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED