

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

4619

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
ELFANT
LAST
SUFFIX

OFFICE USE ONLY

Date Received

SANTA ANTONIO
COUNTY CLERK
TRAVIS COUNTY, TEXAS

FILED
JUN 14 1 55 PM '00

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE
1205 FAIRWOOD NUTIN TX 78122

Change of Address

5 CAMPAIGN TREASURER NAME

TITLE
BEVERLY
FIRST
MI
REEVES
LAST
SUFFIX

Receipt #

HD / PM

Amount

Date Processed

Date Imaged

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE
700 CONGRESS AUS TX 78101

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 498-8534

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 THROUGH Month Day Year
1 / 1 / 00 THROUGH 7 / 15 / 00

10 ELECTION

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

11 OFFICE

OFFICE HELD (if any)

CONSTABLE PCT 5

12 OFFICE SOUGHT (if known)

CONSTABLE PCT 5

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 files) _____

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. --

<input type="checkbox"/> GENERAL <input checked="" type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

Handwritten: BLAUNT FOR CONSTABLE CAMPAIGN COMMITTEE
 1205 FAIRWOOD NW TX 78722
 BEVERLY G. REEVES
 800 CONGRESS AVE TX 78701

TRAVIS COUNTY CLERK
 JAMES W. HANCOCK
 1000 W. WASHINGTON
 AUSTIN, TEXAS 78701
 JUN 14 11 49 AM '00
 FILED

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)	\$ 3320.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 3108.90
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 E. Hant

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Bruce E. Hant this the 14 day of July 2000, to certify which, witness my hand and seal of office.

Betty Copeland Betty Copeland Notary Public

Signature of officer administering oath _____ Print name of officer administering oath _____ Title of officer administering oath _____

LOANS

SCHEDULE E

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

out of state PAC

9 Loan Amount (\$)

6 Is lender a financial institution?

8 Lender address; City; State; Zip Code

10 Interest rate

Y N

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?

Lender address; City; State; Zip Code

Interest rate

Y N

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.

POLITICAL EXPENDITURES

SCHEDULE **B6**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

3 ACCOUNT # (Ethics Commission (iers))

4 Date

5 Payee name

7 Amount (\$)

3/7/00

AUSTIN PROGRESSIVE COALITION

300.00

6 Payee address: City: State: Zip Code

3211 N IH35 78122

8 Purpose of expenditure

FEE TO BE ON DOORHANGER

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount (\$)

4/3/00

NERR3 BUNATS

125.00

Payee address: City: State: Zip Code

1302 WEST AVE AUSTX 78701

Purpose of expenditure

REIMBURSEMENT FOR CONFERENCE
EXPENSE MATERIALS

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount (\$)

4/24/00

HANCOCK REC CENTER

200.00

Payee address: City: State: Zip Code

811 E 41ST ST
AUSTX 78757

Purpose of expenditure

FUNDRAISER DEPOSIT

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount (\$)

5/5/00

POSTMASTER

200.00

Payee address: City: State: Zip Code

0

Purpose of expenditure

MAILING

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

FIRST	LAST	ADDRESS	CITY	ST	ZIP	Contribution	DATE
Jim	Arnold	406 Sterzing	Austin,	TX	78704		25 May, 2000
Mary and Bill	Arnold	3404 Southhill Cr.	Austin,	TX	78703		25 May, 2000
Mary Clare	Barry	1505 Brentwood	Austin,	TX	78757		15 May, 2000
Carolyn	Blasdeil	2400 White Horse Trl.	Austin,	TX	78757		50 May, 2000
Shirley	Bottoms	3903 Ridgelea Dr.	Austin,	TX	78731		15 May, 2000
Nina Butts and	Brian East	4400 Shoalwood Ave.	Austin,	TX	78756		70 May, 2000
Bree	Buchanan	2909 French Place	Austin,	TX	78722		30 May, 2000
Sally	Butts	4506 Rosedale Dr.	Austin,	TX	78756		15 May, 2000
Darlene	Byrne	36 Sundown Pkwy.	Austin,	TX	78746		30 May, 2000
John	Campbell	805 W. 10th St., Third Floor	Austin,	TX	78701		100 May, 2000
Katheryn	Clark	4308 Ave. D.	Austin,	TX	78751		25 May, 2000
Gary and Charlotte	Cooper	4003 Ridgelea	Austin,	TX	78731		50 May, 2000
James	Cousar	1110 W. 7th St.	Austin,	TX	78703		50 May, 2000
Cecelia	Crossley	3100 Catalina Dr.	Austin,	TX	78704		25 May, 2000
Pat	Crow	1914 Patton Ln.	Austin,	TX	78723		25 May, 2000
Lynn	Derton	5211 Ave. G.	Austin,	TX	78751		75 May, 2000
Jayne and Joe	Dibrell	2107 Griswold Ln.	Austin,	TX	78703		50 May, 2000
Denise	Donnelly	P. O. Box 12241	Austin,	TX	78711		100 May, 2000
Bob and Cecile	Elfant	9106 Bluegrass Dr.	Austin,	TX	78759		25 May, 2000
Martin	Elfant	5702 Valkeith	Houston,	TX	77096		100 May, 2000
Christopher	Elliott	8140 N. MOPAC EXPWY, Westpark 2	Austin,	TX	78759		100 May, 2000
Shudde	Fath	1005 Bluebonnet	Austin,	TX	78704		50 May, 2000
Bill and Charlotte	Flynn	7710 West Rim Dr.	Austin,	TX	78731		25 May, 2000
Phillip	Friday	1207 W. 10th St.	Austin,	TX	78703		50 May, 2000
John and Betty	Grant	3801 Crowncrest Cv.	Austin,	TX	78759		25 May, 2000
Ray and Pam	Grill	812 San Antonio	Austin,	TX	78701		25 May, 2000
Forest	Hill	4100 Jackson Ave. Apt. 370	Austin,	TX	78731		50 May, 2000
Margret	Hofmann	2706 Nottingham Ln.	Austin,	TX	78704		15 May, 2000
John and Nancy	Hohengarten	4114 Ave. A	Austin,	TX	78751		25 May, 2000
Dudley and Mari	Houghton	3219 Bridle Path	Austin,	TX	78703		25 May, 2000
Karrie	Key	5400 Woodview Ave.	Austin,	TX	78756		25 May, 2000
Virginia	Koch Schilz	3616 Clabum Dr.	Austin,	TX	78759		30 May, 2000
Anne	Kohler	3902 Idlewild	Austin,	TX	78731		25 May, 2000
Tony	Korloth	P. O. Box 161000	Austin,	TX	78716		50 May, 2000
Nicklas	Krivoniak	1700 Westmoor Dr.	Austin,	TX	78723		25 May, 2000

FIRST	LAST	ADDRESS	CITY	ST	ZIP	Contribution	DATE
Jane	Laessle	3210 Oakmont Blvd.	Austin,	TX	78703	15	May, 2000
Wynelle	Leeth	1102 Southwood	Austin,	TX	78704	15	May, 2000
Nancy	Lehmann-Carrsow	1025 Quail Park Dr.	Austin,	TX	78758	50	May, 2000
Patti Edelman	Leonard	7400 Stonecliff Cove	Austin,	TX	78731	15	May, 2000
Milton	Lower	11702 Knollpark Dr.	Austin,	TX	78758	15	May, 2000
Oscar and Anne	Mauzy	5000 Crestway	Austin,	TX	78731	25	May, 2000
Bill and Anne	McAfee	4831 Timberline	Austin,	TX	78746	25	May, 2000
Connie	McClendon	4822 Twin Valley Dr.	Austin,	TX	78731	30	May, 2000
Donna Beth	McCormick	5703 Shoalwood	Austin,	TX	78756	25	May, 2000
Mark	McCulloch	5303 Summer Drive	Austin,	TX	78741	30	May, 2000
Vickie	McFadden	8500 Stillwood	Austin,	TX	78757	25	May, 2000
Hon. Elliott	Naishtat	8401 Wilbur Dr.	Austin,	TX	78757	50	May, 2000
Bettie	Naylor	1122 Colorado, #1607	Austin,	TX	78701	25	May, 2000
Le Roy	Nellis	P. O. Box 1748	Austin,	TX	78767	25	May, 2000
William and Jane	Nethercut	1003 The High Road	Austin,	TX	78746	50	May, 2000
Virginia and George	Nokes	1801 Lavaca	Austin,	TX	78701	50	May, 2000
Scott	Ozmun	P. O. Box 1802	Austin,	TX	78767	250	May, 2000
Rolando	Pina	807-B Cumberland Rd.	Austin,	TX	78704	15	May, 2000
Joe and Janis	Pinnelli	2001 Exposition Blvd.	Austin,	TX	78703	100	May, 2000
Beth	Placek	2311 Indian Tr.	Austin,	TX	78703	15	May, 2000
Velva	Price	1801 Ridgemont Dr.	Austin,	TX	78723	25	May, 2000
Midge	Rainey	2804 Greenlee Dr.	Austin,	TX	78703	15	May, 2000
Milbrey	Raney	812 San Antonio, Suite 211	Austin,	TX	78705	50	May, 2000
Bill and Susan	Reid	1104 Wayside Dr.	Austin,	TX	78703	25	May, 2000
Hon. Ann	Richards	1200 Baylor, #404	Austin,	TX	78703	250	May, 2000
Hon. Debra	Richardson	12231 Forsythe Dr.	Austin,	TX	78759	25	May, 2000
Walter and Dorothy	Richter	3901 Ave G.	Austin,	TX	78751	25	May, 2000
Peggy	Sackett	1402 Windsor Rd.	Austin,	TX	78703	25	May, 2000
Chris and Rhonda	Saunders	3713 Windsor Rd.	Austin,	TX	78703	100	May, 2000
Joanne	Savage	1402 Eva St.	Austin,	TX	78704	25	May, 2000
Catherine	Scholl, M. D.	2007 Robin Hood Trl.	Austin,	TX	78703	100	May, 2000
Eugene	Sepulveda	1805 Rutherford Ln.	Austin,	TX	78754	25	May, 2000
Joy	Smith	15026 Wells Port Dr.	Austin,	TX	78728	15	May, 2000
David	Smith	P. O. Box 537	Austin,	TX	78767	25	May, 2000
Hon. Karen	Sonleitner	P. O. Box 26524	Austin,	TX	78755	25	May, 2000

FIRST	LAST	ADDRESS	CITY	ST	ZIP	Contribution	DATE
Helen and Irwin	Spear	2615 Pecos	Austin,	TX	78703	25	May, 2000
Steve	Speir	1225 Corona	Austin,	TX	78723	25	May, 2000
David and Barbara	Spielman	3301 Perry Ln.	Austin,	TX	78731	25	May, 2000
Alfred	Stanley	1409 Hardouin Ave.	Austin,	TX	78703	100	May, 2000
Deborah	Tucker	4612 Shoal Creek Blvd.	Austin,	TX	78756	50	May, 2000
Alicia	Vasquez Del Rio	7400 Ladle Ln.	Austin,	TX	78749	20	May, 2000
Donna	Wamdor	12123 Scribe Dr.	Austin,	TX	78759	25	May, 2000
Susan	Wills Faigman	7004 One Oak Rd.	Austin,	TX	78749	25	May, 2000

POLITICAL EXPENDITURES

SCHEDULE G

~~MAINTENANCE FUNDS~~

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>POSTMASTER</i>	8 Amount (\$)
<i>5/4/00</i>	6 Payee address: City: State: Zip Code	<i>33.00</i>
	7 Purpose of expenditure <i>POSTAGE</i>	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name <i>OSCAR SNOWDENS</i>	Amount (\$)
<i>5/19/00</i>	Payee address: City: State: Zip Code <i>413 CONGRESS AUSTIN TX 78701</i>	<i>20.00</i>
	Purpose of expenditure <i>ICE CREAM FREEZER</i>	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name <i>AUSTIN CHILDRENS SHELTER</i>	Amount (\$)
<i>5/25/00</i>	Payee address: City: State: Zip Code <i>P.O. BOX 684213 AUSTIN TX 78768</i>	<i>1000.00</i>
	Purpose of expenditure <i>CONTRIBUTION</i>	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name <i>LIKEWORKS</i>	Amount (\$)
<i>5/25/00</i>	Payee address: City: State: Zip Code <i>2525 WALLINGWOOD DR AUSTIN TX 78746</i>	<i>1000.00</i>
	Purpose of expenditure <i>CONTRIBUTION</i>	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name <i>WORLEY PRINTERS</i>	Amount (\$)
<i>6/1/00</i>	Payee address: City: State: Zip Code <i>3217 N IH35 AUSTIN TX 78722</i>	<i>230.90</i>
	Purpose of expenditure <i>PRINTING</i>	<input type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule H:
2 FILER NAME		3 ACCOUNT # (Ethics Commission files)
4 Date	5 Business name	7 Amount (\$)
6 Business address: City: State: Zip Code		
Purpose of payment		9 -- 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
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