

~~SPECIFIC-PURPOSE COMMITTEE~~ CAMPAIGN FINANCE REPORT

4723

FORM SPAC COVER SHEET PG 1

CANDIDATE/OFFICER/HOLDER CAMPAIGN FINANCE REPORT

The SPAC INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)

2 Total pages filed:

3 COMMITTEE NAME

ELFANI FOR CONSTABLE CAMPAIGN

OFFICE USE ONLY

Date Received

4 COMMITTEE ADDRESS

ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE

1205 FARWOOD

AUSTIN, TX 78722

Change of Address

Date Hand-delivered Date Postmarked

5 CAMPAIGN TREASURER NAME

TITLE FIRST MI NICKNAME LAST SUFFIX

BEVERLY

G

REEVES

Receipt # Amount

Date Processed

Date Imaged

OCT 31 12:25 PM '00

FILED

6 CAMPAIGN TREASURER'S STREET ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE

700 CONGRESS AUSTIN, TX 78701

7 CAMPAIGN TREASURER'S MAILING ADDRESS

STREET OR PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE

Change of Address

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

(512) 498-8538

9 REPORT TYPE

- January 15
- July 15
- 30th day before election
- 8th day before election
- Runoff
- Exceeded \$500 limit
- Dissolution (attach PAC-DR)
- 10th day after campaign treasurer termination

10 PERIOD COVERED

Month Day Year Month Day Year

OCT / 1 / 00

THROUGH

OCT / 31 / 00

11 ELECTION

ELECTION DATE Month Day Year

11 / 7 / 00

ELECTION TYPE

- Primary
- Runoff
- General
- Special

GO TO PAGE 2

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The **INSTRUCTION GUIDE** explains how to complete this form. 1 Total pages this Schedule A1:

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

| | | | |
|--|---|-------------------------------|--|
| 4 Date | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code | | | |

9 Principal occupation (Optional) 10 Employer (Optional)

| | | | |
|--|---|-----------------------------|--|
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code | | | |

Principal occupation (Optional) Employer (Optional)

| | | | |
|--|---|-----------------------------|--|
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code | | | |

Principal occupation (Optional) Employer (Optional)

| | | | |
|--|---|-----------------------------|--|
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code | | | |

Principal occupation (Optional) Employer (Optional)

| | | | |
|--|---|-----------------------------|--|
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| Contributor 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.

CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE C

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule C:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Corporation / Labor Organization name

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

6 Corporation / Labor Organization address; City; State; Zip Code

Date

Corporation / Labor Organization name

Amount of contribution (\$)

In-kind contribution description (if applicable)

Corporation / Labor Organization address; City; State; Zip Code

Date

Corporation / Labor Organization name

Amount of contribution (\$)

In-kind contribution description (if applicable)

Corporation / Labor Organization address; City; State; Zip Code

Date

Corporation / Labor Organization name

Amount of contribution (\$)

In-kind contribution description (if applicable)

Corporation / Labor Organization address; City; State; Zip Code

Date

Corporation / Labor Organization name

Amount of contribution (\$)

In-kind contribution description (if applicable)

Corporation / Labor Organization address; City; State; Zip Code

Date

Corporation / Labor Organization name

Amount of contribution (\$)

In-kind contribution description (if applicable)

Corporation / Labor Organization address; City; State; Zip Code

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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 (ID#: _____) 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 (ID#: _____) 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.

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 filers)

4 Date

5 Business name

7 Amount
(\$)

6 Business address; City; State; Zip Code

8 Purpose of payment (See instructions regarding type of information required.)

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

Business name

Amount
(\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

Business name

Amount
(\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

Business name

Amount
(\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL CONTRIBUTIONS RETURNED TO COMMITTEE

SCHEDULE J

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule J:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

| | | |
|------------------------|------------------------------|-------------------------------|
| 4 Date Returned | 5 Original payee name | 7 Amount Returned (\$) |
|------------------------|------------------------------|-------------------------------|

.....
6 Original payee address; City; State; Zip Code

Date Returned

Original payee name

Amount Returned (\$)

.....
 Original payee address; City; State; Zip Code

Date Returned

Original payee name

Amount Returned (\$)

.....
 Original payee address; City; State; Zip Code

Date Returned

Original payee name

Amount Returned (\$)

.....
 Original payee address; City; State; Zip Code

Date Returned

Original payee name

Amount Returned (\$)

.....
 Original payee address; City; State; Zip Code

Date Returned

Original payee name

Amount Returned (\$)

.....
 Original payee address; City; State; Zip Code

Date Returned

Original payee name

Amount Returned (\$)

.....
 Original payee address; City; State; Zip Code

ATTACH ADDITIONAL COPIES OF THIS FORM 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)

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.

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 _____, this the _____ day
of _____, 20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath