

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5536

FORM C/OH
COVER SHEET PG 1

<p>The C/OH INSTRUCTION GUIDE explains how to complete this form.</p>		<p>1 ACCOUNT # (Ethics Commission filers)</p>	<p>2 Total pages filed:</p>
<p>3 CANDIDATE / OFFICEHOLDER NAME</p>	<p>MS / MRS / MR: _____ FIRST: BRUCE MI: <input checked="" type="checkbox"/> NICKNAME: _____ LAST: ELFANT SUFFIX: _____</p>	<p>OFFICE USE ONLY</p> <p>Date Received: 2008 JAN 15 COUNTY: TRAVIS CLERK: _____ TEXAS: _____</p> <p>Date Hand-delivered to Clerk: _____ Date Paid: _____ Date Processed: _____ Date Imaged: _____</p> <p>Receipt # _____ Amount _____</p>	
<p>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address</p>	<p>ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE 1205 FAIRWOOD AVE TX 78722</p>		
<p>5 CANDIDATE / OFFICEHOLDER PHONE</p>	<p>AREA CODE PHONE NUMBER EXTENSION (512) 467-2504</p>		
<p>6 CAMPAIGN TREASURER NAME</p>	<p>MS / MRS / MR: _____ FIRST: BEVERLY MI: G NICKNAME: _____ LAST: REEVES SUFFIX: _____</p>		
<p>7 CAMPAIGN TREASURER ADDRESS (Residence or business)</p>	<p>STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE 2801 VIA FORTUNA SUITE 100 AVE TX 78746</p>		
<p>8 CAMPAIGN TREASURER PHONE</p>	<p>AREA CODE PHONE NUMBER EXTENSION () 542-538</p>		
<p>9 REPORT TYPE</p>	<p><input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)</p>		
<p>10 PERIOD COVERED</p>	<p>Month Day Year THROUGH Month Day Year 7 / 15 / 03 THROUGH 1 / 1 / 04</p>		
<p>11 ELECTION</p>	<p>ELECTION DATE: Month Day Year ELECTION TYPE 10 / 2 / 04 <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special</p>		
<p>12 OFFICE</p>	<p>OFFICE HELD (if any) CONSTABLE Pct 5</p>	<p>13 OFFICE SOUGHT (if known) CONSTABLE PCT 5</p>	
<p>14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages</p>	<p>** 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. **</p> <p>Name _____</p> <p>Address / PO Box: Apt. / Suite # City State Zip Code _____</p>		
<p>GO TO PAGE 2</p>			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

16 ACCOUNT # (Ethics Commission files)

17 NOTICE FROM POLITICAL COMMITTEE(S)

** This box is for notice of 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

GENERAL

SPECIFIC

COMMITTEE NAME

ELFANT FOR UNSTABLE CAMPAIGN

COMMITTEE ADDRESS

1205 FAIRWOOD AVE TX 78722
BEVERLY G. REEVES

COMMITTEE CAMPAIGN TREASURER NAME

2801 VIA FORTUNA AVE TX 78748

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

18 CONTRIBUTION TOTALS

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

\$ 195⁰⁰

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

\$ 470⁰⁰

EXPENDITURE TOTALS

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

\$ 275⁰⁰

4. TOTAL POLITICAL EXPENDITURES

\$ 192⁰⁰

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 13,857

OUTSTANDING LOAN TOTALS

6. 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 14 day of Jan 2004 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

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Files)	
4 Date 10/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) WALLY AND RUTH ELLINGER 6 Contributor address: City: State: Zip Code 2905 RICHARD LN AUSTX 78703	7 Amount of contribution (\$) 50 ⁰⁰	8 In-kind contribution description (if applicable)
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions)	
Date 11/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) DONALD AND GARYN GOODSON Contributor address: City: State: Zip Code 3521 STARLINE DR AUSTX 78759	Amount of contribution (\$) 20 ⁰⁰	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 10/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) VEVA PRICE Contributor address: City: State: Zip Code 1601 RIDGEMONT DR AUSTX 78723	Amount of contribution (\$) 75 ⁰⁰	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 12/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) PAUL RAVEY Contributor address: City: State: Zip Code 1300 NORWOOD RD AUSTX 78722	Amount of contribution (\$) 50 ⁰⁰	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
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 \ Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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	7 Amount (\$)
6/21/03	AFL-CIO 6 Payee address: City: State: Zip Code 1100 LAVALA AVE TX 78701	45 ⁰⁰
8 Purpose of payment (See instructions regarding type of information required.) AD		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
10/22	POSTMASTER 6 Payee address: City: State: Zip Code Ⓚ	37.00
Purpose of payment (See instructions regarding type of information required.) POSTAGE		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
12/1	POSTMASTER 6 Payee address: City: State: Zip Code	110 ⁰⁰
Purpose of payment (See instructions regarding type of information required.) POSTAGE		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Payee name 6 Payee address: City: State: Zip Code	Amount (\$)
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

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