Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

6135

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:

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt # Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR | FIRST: BRUCE | MI: J

NICKNAME | LAST: ELFANT | SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

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

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE: (512) | PHONE NUMBER: 467-2504 | EXTENSION:

6 CAMPAIGN TREASURER NAME

MS / MRS / MR | FIRST: BEVERLY | MI: G

NICKNAME | LAST: REEVES | SUFFIX

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): 8911 CAP OF TX NWY | APT / SUITE #: #3210 | CITY: AUS | STATE: TX | ZIP CODE: 78759

8 CAMPAIGN TREASURER PHONE

AREA CODE: ( ) | PHONE NUMBER: | EXTENSION:

9 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)

10 PERIOD COVERED

Month Day Year: 7 / 15 / 05 THROUGH Month Day Year: 12 / 31 / 05

11 ELECTION

ELECTION DATE: Month / Day / Year

ELECTION TYPE: ☐ Primary ☐ Runoff ☐ General ☐ Special

12 OFFICE

OFFICE HELD (if any): CONSTABLE

13 OFFICE SOUGHT (if known)

14 NOTICE OF 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

15 C/OH NAME

16 ACCOUNT # (Ethics Commission Filers)

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 CONSTABLE

COMMITTEE ADDRESS: 1205 FAIRWOOD RD

COMMITTEE CAMPAIGN TREASURER NAME: BEVERLY G. REEVES

COMMITTEE CAMPAIGN TREASURER ADDRESS: 8911 CAPITOL OF TX HWY 78759

☐ additional pages

18 CONTRIBUTION TOTALS

1.	TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$ Ø
2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 150.00

EXPENDITURE TOTALS

3.	TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ Ø
4.	**TOTAL POLITICAL EXPENDITURES**	$ Ø

CONTRIBUTION BALANCE

5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 22,466.97

OUTSTANDING LOAN TOTALS

6	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ Ø

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.

PRISCILLA A. DAVIS
MY COMMISSION EXPIRES
April 24, 2008

AFFIX NOTARY STAMP / SEAL ABOVE

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Bruce Elfant, this the 18th day of January, 20 06 to certify which, witness my hand and seal of office.

Signature of officer administering oath | Printed name of officer administering oath: Priscilla A Davis | Title of officer administering oath: Notary

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) 6 Contributor address: City: State: Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/12/05	MIKE NEMER 2400 WINTER HORSE DR 78759	100.00	

9 Principal occupation / Job title (See Instructions): ATTY

10 Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) Contributor address: City: State: Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
12/10/05	JUDGE FATIN 1005 BLUEBONNET 78704	50.00	

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) Contributor address: City: State: Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) Contributor address: City: State: Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

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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.