

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

COMMITTEE NAME

GENERAL

ELFANT FOR CONSTABLE Campaign

SPECIFIC

COMMITTEE ADDRESS

P.O. Box 49051 Austin, TX 78765

additional pages

COMMITTEE CAMPAIGN TREASURER NAME

BEVERLY G. REEVES

COMMITTEE CAMPAIGN TREASURER ADDRESS

8911 Capitol Ave Texas Hwy NWS. TX 78759

18 CONTRIBUTION TOTALS

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

\$ 243

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

\$

EXPENDITURE TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 1846.47

CONTRIBUTION BALANCE

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

\$ 22,539.82

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

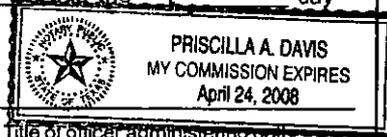
Sworn to and subscribed before me, by the said Bruce Elfant this the 15 day of January, 2008, to certify which, witness my hand and seal of office.

Priscilla A Davis

Signature of officer administering oath

Priscilla A Davis

Printed name of officer administering oath



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 <i>WORLEY PRINTING</i>	7 Amount (\$)
<i>7/6/07</i>	6 Payee address; City; State; Zip Code <i>3217 N IN 35 AUSTIN TX 78722</i>	<i>243.57</i>

8 Purpose of payment (See instructions regarding type of information required.) <i>PRINTING</i> (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name <i>WORLEY PRINTING</i>	Amount (\$)
<i>11/16/07</i>	Payee address; City; State; Zip Code <i>3217 N IN 35 AUSTIN, TX 78722</i>	<i>352.50</i>

Purpose of payment (See instructions regarding type of information required.) <i>PRINTING</i> (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name <i>TRAVIS COUNTY DEMOCRATIC PARTY</i>	Amount (\$)
<i>12/10/07</i>	Payee address; City; State; Zip Code <i>1311 E 6TH ST AUSTIN, TX 78702</i>	<i>1,250.00</i>

Purpose of payment (See instructions regarding type of information required.) <i>FUNDRAISER</i> (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	

Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED