

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

6731

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. <b>5</b>
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3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <b>Mr.</b>	FIRST <b>Paul</b>	MI <b>A.</b>	OFFICE USE ONLY
	NICKNAME <b>Labuda</b>	LAST	SUFFIX	

FILED FOR RECORD

2008 FEB -4 PM 2:39

COUNTY CLERK  
TRAVIS COUNTY TEXAS

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Receipt # \_\_\_\_\_ Amount \_\_\_\_\_

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Date Processed \_\_\_\_\_

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Date Imaged \_\_\_\_\_

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: <b>P.O. Box 10894</b>	APT / SUITE #	CITY: <b>Austin, TX</b>	STATE: <b>TX</b>	ZIP CODE: <b>78766</b>
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5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <b>(512)</b>	PHONE NUMBER <b>989-8515</b>	EXTENSION
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6 CAMPAIGN TREASURER NAME	MS / MRS / MR <b>Ms.</b>	FIRST <b>Michelle</b>	MI <b>L.</b>	OFFICE USE ONLY
	NICKNAME <b>De France</b>	LAST	SUFFIX	

7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): <b>1101 E. Parmer Ln.</b>	APT / SUITE #: <b>111</b>	CITY: <b>Austin, TX</b>	STATE: <b>TX</b>	ZIP CODE: <b>78753</b>
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8 CAMPAIGN TREASURER PHONE	AREA CODE <b>(512)</b>	PHONE NUMBER <b>997-9654</b>	EXTENSION
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9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (of coholder 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)			

10 PERIOD COVERED	Month <b>1</b>	Day <b>1</b>	Year <b>2008</b>	THROUGH	Month <b>1</b>	Day <b>24</b>	Year <b>2008</b>
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11 ELECTION	ELECTION DATE			ELECTION TYPE			
	Month <b>3</b>	Day <b>4</b>	Year <b>2008</b>	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> General	<input type="checkbox"/> Special

12 OFFICE OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <b>Travis County Constable, Precinct 2</b>
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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 Paul A. Labuda 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. \*\**

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

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)	\$ 100.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 142.32
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

19 AFFIDAVIT

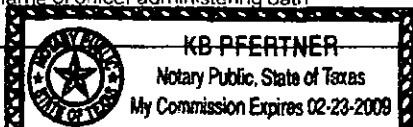
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*[Signature]*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Paul A. Labuda this the 4th day of Feb, 2008, to certify which, witness my hand and seal of office.

*[Signature]* Printed name of officer administering oath  
*[Signature]* Title of officer administering oath: Notary



**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: <b>1</b>
2 FILER NAME <b>Paul A. Labuda</b>		3 ACCOUNT # (Ethics Commission files)
4 Date <b>1/22/2008</b>	5 Payee name <b>FedEx Kinko's Office and Print Center</b>	7 Amount (\$) <b>1.61</b>
6 Payee address; City; State; Zip Code <b>9222 Burnet Rd Austin, TX 78758</b>		
8 Purpose of payment (See instructions regarding type of information required.) <b>fax to League of Women Voters for VotesGuide</b> <small>(If travel outside of Texas, complete Schedule T)</small>	9 <small>-- Complete if direct expenditure to benefit C/OH --</small> Candidate / Officeholder name Office sought Office held	
Date <b>1/22/2008</b>	Payee name <b>T-Mobile</b>	Amount (\$) <b>98.39</b>
Payee address; City; State; Zip Code <b>19710 Research Blvd. Austin, TX 78759 ste. 114</b>		
Purpose of payment (See instructions regarding type of information required.) <b>campaign phone</b> <small>(If travel outside of Texas, complete Schedule T)</small>	<small>-- Complete if direct expenditure to benefit C/OH --</small> Candidate / Officeholder name Office sought Office held	
Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		
Purpose of payment (See instructions regarding type of information required.) <small>(If travel outside of Texas, complete Schedule T)</small>		<small>-- Complete if direct expenditure to benefit C/OH --</small> Candidate / Officeholder name Office sought Office held
Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		
Purpose of payment (See instructions regarding type of information required.) <small>(If travel outside of Texas, complete Schedule T)</small>		<small>-- Complete if direct expenditure to benefit C/OH --</small> Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

The Instruction Guide explains how to complete this form. 1 Total pages Schedule G. |

2 FILER NAME **Paul A. Labuda** 3 ACCOUNT # (Ethics Commission Here)

4 Date	5 Payee name <b>T-Mobile</b>	8 Amount (\$)  <b>42.32</b>
	6 Payee address; City: State: Zip Code <b>10710 Research Blvd. Austin, TX 78759 Ste. 114</b>	
	7 Purpose of expenditure (See instructions regarding type of information required.) <b>Campaign phone</b> (If travel outside of Texas, complete Schedule T)	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City: State: Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City: State: Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City: State: Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City: State: Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	<input type="checkbox"/> Reimbursement from political contributions intended

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.				1 Total pages Schedule A. <u>1</u>	
2 FILER NAME <u>Paul A. Labuda</u>			3 ACCOUNT # (Ethics Commission filers)		
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>James Y. Bryce</u>		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	6 Contributor address: City; State; Zip Code <u>6103 Shoal Creek Blvd.; Austin, TX; 78757</u>		<u>100.00</u>		
			(If travel outside of Texas, complete Schedule T)		
9 Principal occupation / Job title (See Instructions) <u>lawyer</u>			10 Employer (See Instructions) <u>self-employed</u>		
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				
			(If travel outside of Texas, complete Schedule T)		
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				
			(If travel outside of Texas, complete Schedule T)		
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				
			(If travel outside of Texas, complete Schedule T)		
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				
			(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		

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