

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

6808

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

5

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

Mr.
NICKNAME

Paul
LAST
Labuda

A.
SUFFIX

OFFICE USE ONLY

Date Received

RECORDED
FEB 25 PM 4:08
TRAVIS COUNTY TEXAS

Date Hand Delivered or Date Postmarked

Receipt #

Date Processed

Date Imaged

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX:

APT / SUITE #:

CITY:

STATE:

ZIP CODE

P.O. Box 10894 Austin, TX 78766

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(512) 989-8515

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

Ms.
NICKNAME

Michelle
LAST
DeFrance

L.
SUFFIX

7 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE):

APT / SUITE #:

CITY:

STATE:

ZIP CODE

1101 E. Farmer Ln. 111 Austin, TX 78753

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(512) 997-9654

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 THROUGH Month Day Year
1 / 25 / 2008 2 / 23 / 2008

11 ELECTION

ELECTION DATE ELECTION TYPE

Month Day Year Primary Runoff General Special

3 / 4 / 2008

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Travis County Constable, Precinct 2

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 Filer)

17 NOTICE FROM POLITICAL COMMITTEE(S)

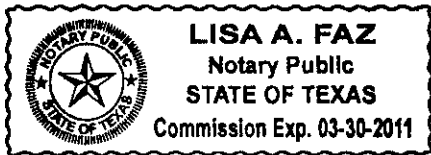
additional pages

.. 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
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	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)	\$ 1,379.11
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ —
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,638.40
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 50.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ —

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.

Paul A. Labuda

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Paul Andrew Labuda, this the 25 day of February 08 to certify which, witness my hand and seal of office.

Lisa A. Faz
Signature of officer administering oath

LISA A. FAZ
Printed name of officer administering oath

Secretary
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 Schedule A 1	
2 FILER NAME Paul A. Lobuda		3 ACCOUNT # (Ethics Commission files)	
4 Date 1/26/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Clint Zehner	7 Amount of contribution (\$) 800.00	8 In-kind contribution description (if applicable) web site design
6 Contributor address; City; State; Zip Code 2800 Barton's Bluff Ln #2208; Austin, TX; 78746		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) webmaster		10 Employer (See Instructions) self-employed	
Date 1/31/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Glen Maxey	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable) database access
Contributor address; City; State; Zip Code P.O. Box 2505; Austin, TX; 78768		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) consultant		Employer (See Instructions) self-employed	
Date 2/6/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Susan Skelton	Amount of contribution (\$) 29.11	In-kind contribution description (if applicable) yard sign materials
Contributor address; City; State; Zip Code 9716 Oak Hollow Dr; Austin, TX; 78758		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) technical writer		Employer (See Instructions) Guaranty Bank	
Date 2/16/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tanice Lobuda	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 11815 Vance Jackson #3602; San Antonio, TX; 78230		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) instructor		Employer (See Instructions) SW School of Business and Technical Careers	
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)	

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
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The Instruction Guide explains how to complete this form.		1 Total pages Schedule G 2
2 FILER NAME Paul A. Labuda		3 ACCOUNT # (Ethics Commission file #)
4 Date 1/29/2008	5 Payee name Worley Printing Company	8 Amount (\$) 578.00
	6 Payee address; City; State; Zip Code 3217 N. IH 35; Austin, TX; 78722	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
	7 Purpose of expenditure (See instructions regarding type of information required.) printed materials (If travel outside of Texas, complete Schedule T)	
Date 1/31/2008	Payee name CheckMark Typesetting	Amount (\$) 1,136.86
	Payee address; City; State; Zip Code 3217 N. IH 35; Austin, TX; 78722	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) yard signs (If travel outside of Texas, complete Schedule T)	
Date 2/1/2008	Payee name Lowe's	Amount (\$) 10.68
	Payee address; City; State; Zip Code 8000 Shoal Creek Blvd; Austin, TX; 78757	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) yard sign materials (If travel outside of Texas, complete Schedule T)	
Date 2/11/2008	Payee name Lowe's	Amount (\$) 51.47
	Payee address; City; State; Zip Code 8000 Shoal Creek Blvd; Austin, TX; 78757	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) yard sign materials (If travel outside of Texas, complete Schedule T)	
Date 2/11/2008	Payee name Office Depot	Amount (\$) 12.98
	Payee address; City; State; Zip Code 8752 Research Blvd; Austin, TX; 78758	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) mailing labels (If travel outside of Texas, complete Schedule T)	

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**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The Instruction Guide explains how to complete this form.		1 Total pages Schedule G: 2
2 FILER NAME Paul A. Labuda		3 ACCOUNT # (Ethics Commission files)
4 Date 17 PHL 2/19/2008	5 Payee name US Postmaster General	8 Amount (\$) 26¢.00
6 Payee address; City; State; Zip Code 10250 John Saunders Rd; San Antonio, TX; 78246		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
7 Purpose of expenditure (See instructions regarding type of information required.) postage (If travel outside of Texas, complete Schedule T)		
Date 2/13/2008	Payee name CAMP Asian American Progress PAC	Amount (\$) 25¢.00
Payee address; City; State; Zip Code P.O. Box 4560; Austin, TX; 78765		<input type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) fundraiser (If travel outside of Texas, complete Schedule T)		
Date 2/19/2008	Payee name US Postmaster General	Amount (\$) 26¢.00
Payee address; City; State; Zip Code 1822 W Broker Ln; Austin, TX; 78758		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) postage (If travel outside of Texas, complete Schedule T)		
Date 2/19/2008	Payee name Office Depot	Amount (\$) 7¢.35
Payee address; City; State; Zip Code 8752 Research Blvd; Austin, TX; 78758		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) mailing lbls (If travel outside of Texas, complete Schedule T)		
Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		<input type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		

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