

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

6957

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>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS/MRS/MR	FIRST	MI
	NICKNAME	LAST	SUFFIX

BRUCE J  
ELFANT

**OFFICE USE ONLY**

Date Received: 2008 OCT -6 AM 9:59

Date Hand-delivered or Date Postmarked

Receipt # Amount

Date Processed

Date Imaged

**4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS**

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

P.O. BOX 49051 AUST TX 78765

Change of Address

**5 CANDIDATE / OFFICEHOLDER PHONE**

AREA CODE PHONE NUMBER EXTENSION

(512) 467-2504

<b>6 CAMPAIGN TREASURER NAME</b>	MS/MRS/MR	FIRST	MI
	NICKNAME	LAST	SUFFIX

BEVERLY G  
REEVES

**7 CAMPAIGN TREASURER ADDRESS** (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

**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    THROUGH    Month Day Year

7 / 16 / 08    10 / 4 / 08

**11 ELECTION**

ELECTION DATE    ELECTION TYPE

Month Day Year     Primary     Runoff     General     Special

11 / 4 / 08

**12 OFFICE**    OFFICE HELD (if any)    **13 OFFICE SOUGHT** (if known)

TRAVIS COUNTY CONSTABLE, PET 5    TRAVIS COUNTY CONSTABLE, PET 5

**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

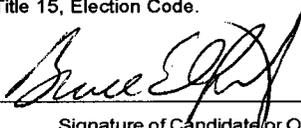
15 C/OH NAME	16 ACCOUNT # (Ethics Commission Filers)
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<b>17 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <input type="checkbox"/> additional pages	** This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **	
	COMMITTEE TYPE  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME ELIANT FOR CONSTITABLE CAMPAIGN
		COMMITTEE ADDRESS P.O. Box 48051 AUS TX 78665
		COMMITTEE CAMPAIGN TREASURER NAME BEVERLY G. REEVES
		COMMITTEE CAMPAIGN TREASURER ADDRESS 8911 N CAPITAL OF TX HWY AUS TX 78759

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 4449.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1879.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES ALL MADE FROM PERSONAL FUNDS	\$ 3266.85
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 30,986.21
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

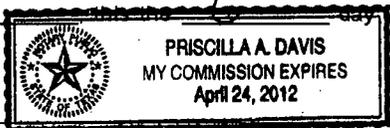
**19 AFFIDAVIT**

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.

  
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Bruce Eliant of October, 2008, to certify which, witness my hand and seal of office.

 Signature of officer administering oath	Priscilla A Davis Printed name of officer administering oath	 Title of officer administering oath
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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:	
2 FILER NAME <i>ELIANT FOR CONSTABLE</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>8/24/04</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>JOHN LIPSCOMB</i>	7 Amount of contribution (\$) <i>15</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>6600 MESA DR AUSTIN TX 78731</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>8/24/04</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>SNEILIA MARIA WHITE</i>	Amount of contribution (\$) <i>10</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>10 SYCAMORE CR. BURKBURNETT TX 76354</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>8/24/04</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>AMY AVERETT</i>	Amount of contribution (\$) <i>10</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2706 DANCY ST AUSTIN TX 78722</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>8/30/04</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>RICK NORIEGA FOR TEXAS</i>	Amount of contribution (\$) <i>375<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. BOX 231163 AUSTIN TX 78723</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>9/13/06</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>MARK STRAMA Campaign Acc</i>	Amount of contribution (\$) <i>100<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>12820 N. LAMAR BLVD AUSTIN TX 78753</i>		(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 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 <b>ELFANT FOR CONSTABLE</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>8/16/06</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>SALLIE ANN SATAGAI</b>	7 Amount of contribution (\$) <b>25</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>715 GRAPEVINE TRL. LOUNARTE TX 78664</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>9/22/06</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>GLEN MAYEY</b>	Amount of contribution (\$) <b>1344<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>54 RAJNEY ST. # 307 AJS TX 78701</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>8/8/06</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>DAVID BINTLIFF</b>	Amount of contribution (\$) <b>\$ 50</b>	In-kind contribution description (if applicable) <b>100 YARD CIGN STAKES</b>
Contributor address; City; State; Zip Code <b>6303 DANWOOD AUS TX 78259</b>		(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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**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 *ELFANT FOR CONSTABLE Campaign*

3 ACCOUNT # (Ethics Commission filers)

4 Date <i>7/6/04</i>	5 Payee name <i>TRAVIS COUNTY DEMOCRATIC PARTY</i>	8 Amount (\$) <i>2000</i>
	6 Payee address; City; State; Zip Code <i>1311 E 6TH ST AUSTIN, TX 78702</i>	
7 Purpose of expenditure (See instructions regarding type of information required.) <i>DONATION</i> (If travel outside of Texas, complete Schedule T)		<input type="checkbox"/> Reimbursement from political contributions intended

Date <i>8/15/04</i>	Payee name <i>TRAVIS COUNTY DEMOCRATIC PARTY</i>	Amount (\$) <i>250<sup>00</sup></i>
	Payee address; City; State; Zip Code <i>1311 E 6TH ST AUSTIN, TX 78702</i>	
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 <i>7/25/04</i>	Payee name <i>MITCH KUNN</i>	Amount (\$) <i>174.95</i>
	Payee address; City; State; Zip Code <i>5241 S. PEBBLECREEK RD WESTBLOOMFIELD, MI 48322</i>	
Purpose of expenditure (See instructions regarding type of information required.) <i>UNION BUTTONS</i> (If travel outside of Texas, complete Schedule T)		<input type="checkbox"/> Reimbursement from political contributions intended

Date <i>9/5/04</i>	Payee name <i>MITCH KUNN</i>	Amount (\$) <i>516.25</i>
	Payee address; City; State; Zip Code <i>5241 S. PEBBLECREEK RD WESTBLOOMFIELD, MI 48322</i>	
Purpose of expenditure (See instructions regarding type of information required.) <i>UNION BUTTONS</i> (If travel outside of Texas, complete Schedule T)		<input type="checkbox"/> Reimbursement from political contributions intended

Date <i>7/20/04</i>	Payee name <i>MITCH KUNN</i>	Amount (\$) <i>325.65</i>
	Payee address; City; State; Zip Code <i>5241 S. PEBBLECREEK RD WEST BLOOMFIELD, MI 48322</i>	
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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