

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

8205

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: 3												
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: <u>MR</u> FIRST: <u>PAUL</u> MI: <u>A</u> NICKNAME: _____ LAST: <u>LABUDA</u> SUFFIX: _____	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">OFFICE USE ONLY</th> </tr> <tr> <td style="width:50%;">Date Received</td> <td style="width:50%; text-align: center;">2014 JAN 13 PM: 24</td> </tr> <tr> <td>Date Hand-delivered or Postmarked</td> <td style="text-align: center;">FILED FOR RECORD</td> </tr> <tr> <td>Receipt #</td> <td>Amount</td> </tr> <tr> <td>Date Processed</td> <td style="text-align: center;">24</td> </tr> <tr> <td>Date Imaged</td> <td></td> </tr> </table>		OFFICE USE ONLY		Date Received	2014 JAN 13 PM: 24	Date Hand-delivered or Postmarked	FILED FOR RECORD	Receipt #	Amount	Date Processed	24	Date Imaged	
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Receipt #	Amount														
Date Processed	24														
Date Imaged															
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX: <u>PO BOX 10894</u> APT / SUITE #: _____ CITY: <u>AUSTIN</u> STATE: <u>TX</u> ZIP CODE: <u>78766</u>														
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: <u>(512)</u> PHONE NUMBER: <u>300-7146</u> EXTENSION: _____														
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: <u>MS</u> FIRST: <u>DONNA</u> MI: <u>BETH</u> NICKNAME: _____ LAST: <u>MCCORMICK</u> SUFFIX: _____														
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE): <u>5703 SHALWOOD AVE.</u> APT / SUITE #: _____ CITY: <u>AUSTIN</u> STATE: <u>TX</u> ZIP CODE: <u>78756</u>														
8 CAMPAIGN TREASURER PHONE	AREA CODE: <u>(512)</u> PHONE NUMBER: <u>453-2696</u> EXTENSION: _____														
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input checked="" type="checkbox"/> Final report (Attach C/OH - FR)														
10 PERIOD COVERED	Month Day Year: <u>7 / 1 / 2013</u> THROUGH Month Day Year: <u>12 / 31 / 2013</u>														
11 ELECTION	ELECTION DATE Month Day Year: <u>5 / 29 / 2012</u>	ELECTION TYPE <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) <u>TRAVIS COUNTY CONSTABLE, PRECINCT 2</u>													

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

PAUL LABUDA

15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE 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

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

17 CONTRIBUTION
TOTALS

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

\$ -0-

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

\$

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES (loan for self partially repaid)

\$ 1469.69

CONTRIBUTION
BALANCE

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

\$ -0-

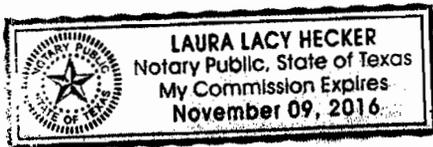
OUTSTANDING
LOAN TOTALS

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

\$ 530.31

18 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 Labuda

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said PAUL LABUDA, this the 13th day of JANUARY, 20 14, to certify which, witness my hand and seal of office.

Laura Lacy Hecker
Signature of officer administering oath

Laura Lacy Hecker
Printed name of officer administering oath

Notary
Title of officer administering oath

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.
 ** Complete only if "Report Type" on page 1 is marked "Final Report" **

1 C/OH NAME

PAUL LABUDA

2 ACCOUNT # (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.



Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

** Complete A & B below *only* if you are not an officeholder. **

A. CAMPAIGN FUNDS

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions.

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.



Signature of Candidate

5 OFFICEHOLDER

** Complete this section *only* if you are an officeholder **

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder