

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

|  |   |  |                      |
|--|---|--|----------------------|
| The C/OH Instruction Guide explains how to complete this form.                           |   | 1 Filer ID (Ethics Commission Filers)  | 2 Total pages filed: |
| 3 CANDIDATE / OFFICEHOLDER NAME  | MS / MRS / MR      FIRST      MI<br><div style="text-align: center; font-size: 1.2em;">BRUCE</div> <hr style="border-top: 1px dashed black;"/> NICKNAME      LAST      SUFFIX<br><div style="text-align: center; font-size: 1.2em;">ELFANT</div>  | <b>OFFICE USE ONLY</b>   |                      |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX;    APT / SUITE #;    CITY;    STATE;    ZIP CODE<br><div style="font-size: 1.2em; text-align: center;">P.O. Box 49051 AUSTIN TX 78765</div>   | Date Received  |                      |
| 5 CANDIDATE / OFFICEHOLDER PHONE   | AREA CODE      PHONE NUMBER      EXTENSION<br>(512)      467 2504   | Date Hand-delivered or Date Postmarked   |                      |
| 6 CAMPAIGN TREASURER NAME  | MS / MRS / MR      FIRST      MI<br><div style="text-align: center; font-size: 1.2em;">BEVERLY</div> <hr style="border-top: 1px dashed black;"/> NICKNAME      LAST      SUFFIX<br><div style="text-align: center; font-size: 1.2em;">REEVES</div>  | Receipt #  | Amount \$            |
| 7 CAMPAIGN TREASURER ADDRESS<br>(Residence or Business)                                  | STREET ADDRESS (NO PO BOX PLEASE);    APT / SUITE #;    CITY;    STATE;    ZIP CODE<br><div style="font-size: 1.2em; text-align: center;">221 E 6TH ST<br/>AUSTIN TX 78706</div>  |  |                      |
| 8 CAMPAIGN TREASURER PHONE   | AREA CODE      PHONE NUMBER      EXTENSION<br>(      )  |  |                      |
| 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)<br><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    Day    Year      THROUGH      Month    Day    Year<br><div style="font-size: 1.2em; text-align: center;">6 / 1 / 16      1 / 15 / 19</div>   |  |                      |
| 11 ELECTION  | ELECTION DATE<br>Month    Day    Year<br>/    /   | ELECTION TYPE<br><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> Other Description<br><input type="checkbox"/> General <input type="checkbox"/> Special |                      |
| 12 OFFICE  | OFFICE HELD (if any)<br><div style="font-size: 1.2em; text-align: center;">TAX ASSESSOR - COLLECTOR</div>   | 13 OFFICE SOUGHT (if known)  |                      |

**GO TO PAGE 2**

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

9313

**FORM C/OH  
COVER SHEET PG 2**

14 C/OH NAME ELFANT FOR TAX ASSESSOR COLLECTION LINE 15 Filer ID (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. ~~FOR INFORMATION OF THE PUBLIC, ALL CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.~~

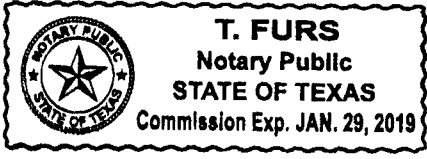
FILED FOR RECORD  
2019 JAN 11 AM 11:01  
Additional Pages

|   |   |
|---|---|
| COMMITTEE TYPE<br><input type="checkbox"/> GENERAL<br><input type="checkbox"/> SPECIFIC | COMMITTEE NAME<br><u>ELFANT FOR TAX ASSESSOR - COLLECTOR COMMITTEE</u>                      |
|   | COMMITTEE ADDRESS<br><u>P.O. BOX 49051 AUSTIN, TX 78765</u>                                 |
|   | COMMITTEE CAMPAIGN TREASURER NAME<br><u>BEVERLY G. REEVES</u>                               |
|   | COMMITTEE CAMPAIGN TREASURER ADDRESS<br><u>22, E 6<sup>TH</sup> ST #100 AUSTIN TX 78706</u> |

|                         |   |              |
|-------------------------|---|--------------|
| 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)                                  | \$ 0         |
| EXPENDITURE TOTALS      | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED   | \$ 0         |
|                         | 4. TOTAL POLITICAL EXPENDITURES   | \$ 0         |
| CONTRIBUTION BALANCE    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD                                    | \$ 24,632.79 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD                         | \$ 0         |

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.



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 11<sup>th</sup> day of January, 2019, to certify which, witness my hand and seal of office.

T. Furs      Admin. Associate  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

# SUBTOTALS - C/OH

# FORM C/OH COVER SHEET PG 3

| 19 FILER NAME                             |   | 20 Filer ID (Ethics Commission Filers) |
|---|---|--|
| 21 SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE |   | SUBTOTAL<br>AMOUNT                     |
| 1.  | <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                      | \$                                     |
| 2.  | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$                                     |
| 3.  | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$                                     |
| 4.  | <input type="checkbox"/> SCHEDULE E: LOANS  | \$                                     |
| 5.  | <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS              | \$                                     |
| 6.  | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$                                     |
| 7.  | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS             | \$                                     |
| 8.  | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      | \$                                     |
| 9.  | <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS             | \$ 250 <sup>00</sup>                   |
| 10.                                       | <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH        | \$                                     |
| 11.                                       | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS           | \$                                     |
| 12.                                       | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$                                     |

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|  |   |   |
|--|---|---|
| <b>1</b> Total pages Schedule G:   | <b>2</b> FILER NAME<br><i>BRUCE ELFANT</i>  | <b>3</b> Filer ID (Ethics Commission Filers)  |
| <b>4</b> Date<br><i>11/1/16</i>  | <b>5</b> Payee name<br><i>AUSTIN AFL-CIO</i>  |   |
| <b>6</b> Amount (\$) <i>250<sup>00</sup></i><br><input type="checkbox"/> Reimbursement from political contributions intended | <b>7</b> Payee address; City; State; Zip Code<br><i>AUSTIN AFL-CIO 1101 LAURICA ST AUS, TX. 78701</i> |   |
| <b>8</b> PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br><i>PROGRAM AD</i>                 | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH  | Candidate / Officeholder name<br><i>BRUCE ELFANT</i>  | Office sought<br><i>TAX ASSESSOR COLLECTOR</i>  |
|  |   | Office held<br><i>SOME</i>  |
| Date   | Payee name  |   |
| Amount (\$)  | Payee address; City; State; Zip Code  |   |
| <input type="checkbox"/> Reimbursement from political contributions intended   |   |   |
| PURPOSE OF EXPENDITURE   | Category (See Categories listed at the top of this schedule)  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   | Candidate / Officeholder name   | Office sought   |
|  |   | Office held   |
| Date   | Payee name  |   |
| Amount (\$)  | Payee address; City; State; Zip Code  |   |
| <input type="checkbox"/> Reimbursement from political contributions intended   |   |   |
| PURPOSE OF EXPENDITURE   | Category (See Categories listed at the top of this schedule)  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   | Candidate / Officeholder name   | Office sought   |
|  |   | Office held   |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED