

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

**1 ACCOUNT #**  
(Ethics Commission filers)  
00001234

**2 PAGE #**  
1 of 6

**3 CANDIDATE / OFFICEHOLDER NAME**

MS / MRS / MR  
Commissioner  
FIRST Paul  
LAST Elizondo  
NICKNAME  
SUFFIX

MI

**OFFICE USE ONLY**

Date Received

**4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS**

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
3451 W. Woodlawn  
San Antonio, TX 78228

Change of Address

Date Hand-delivered or Date Posted

**5 CANDIDATE / OFFICEHOLDER PHONE**

AREA CODE PHONE NUMBER EXTENSION

Receipt # Amount

**6 CAMPAIGN TREASURER NAME**

MS / MRS / MR  
Mr.  
FIRST Henry  
LAST Van de Putte  
NICKNAME Pete  
SUFFIX

MI

Date Processed

Date Imaged

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

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
1616 W. Mulberry  
San Antonio, TX 78201

**8 CAMPAIGN TREASURER PHONE**

AREA CODE PHONE NUMBER EXTENSION  
(210) 227-5039

**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  
07/01/2010 09/23/2010

**11 ELECTION**

ELECTION DATE Month Day Year ELECTION TYPE  
11/02/2010  Primary  Runoff  General  Special

**12 OFFICE**

OFFICE HELD (if any)  
County Commissioner District 2

**13 OFFICE SOUGHT (if known)**  
County Commissioner District 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** Elizondo, Paul (Commissioner)

**16 ACCOUNT #** (Ethics Commission filers)  
00001234

**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"/> <b>GENERAL</b>	COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> <b>SPECIFIC</b>		
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

**18 CONTRIBUTION TOTALS**

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED **\$ 0.00**

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) **\$ 13,100.00**

**EXPENDITURE TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED **\$ 0.00**

4. TOTAL POLITICAL EXPENDITURES **\$ 3,475.00**

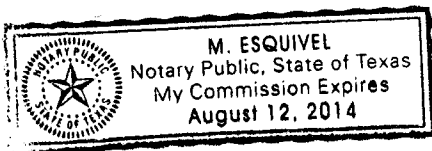
**CONTRIBUTION BALANCE**

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE 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**



AFFIX NOTARY STAMP / SEAL ABOVE

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 Elizondo*  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Paul Elizondo, this the 4th day of October, 2010, to certify which, witness my hand and seal of office.

*M. Esquivel*  
Signature of officer administering oath

M. Esquivel  
Print name of officer administering oath

Notary Public  
Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		1 PAGE # Schedule: 1/2 Report: 3/6	
2 FILER NAME Elizondo, Paul (Commissioner)		3 ACCOUNT # (Ethics Commission filers) 00001234	
4 Date  09/09/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Acosta, Richard (Mr.)  6 Contributor address; City; State; Zip Code 6818 Oakridge Dr. San Antonio, TX 78229	7 Amount of contribution (\$)  \$250.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  08/13/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Deputy Sheriff's Assn. Committee, PAC  Contributor address; City; State; Zip Code 816 Camaron St., Ste. 214 San Antonio, TX 78212-5106	Amount of contribution (\$)  \$5,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  08/13/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Deputy Sheriff's Assn. Committee, PAC  Contributor address; City; State; Zip Code 816 Camaron St., Ste. 214 San Antonio, TX 78212-5106	Amount of contribution (\$)  \$5,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  09/15/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mays, L. Lowry (Mr.)  Contributor address; City; State; Zip Code P.O. Box 659512 San Antonio, TX 78265	Amount of contribution (\$)  \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  07/15/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) PBSJ Corporation  Contributor address; City; State; Zip Code 4030 West Boy Scout Blvd., Ste. #700 Tampa, FL 33607	Amount of contribution (\$)  \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The **INSTRUCTION GUIDE** explains how to complete this form.

**1** PAGE #  
Schedule: 2/2 Report: 4/6

**2** FILER NAME Elizondo, Paul (Commissioner)

**3** ACCOUNT # (Ethics Commission filers)  
00001234

**4** Date  
**5** Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Reed, Jim (Mr.)

**7** Amount of contribution (\$) **8** In-kind contribution description (if applicable)

09/14/2010  
**6** Contributor address; City; State; Zip Code  
7317 Ashton  
San Antonio, TX 78229

\$100.00

**9** Principal occupation / Job title (See Instructions)

**10** Employer (See Instructions)

Date Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Saldana, Humberto (Mr.)

Amount of contribution (\$) In-kind contribution description (if applicable)

09/01/2010  
Contributor address; City; State; Zip Code  
723 S. Flores  
San Antonio, TX 78204

\$1,000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Winstead, P. C. PAC

Amount of contribution (\$) In-kind contribution description (if applicable)

09/20/2010  
Contributor address; City; State; Zip Code  
5400 Renaissance Tower  
1201 Elm St.  
Dallas, TX 75270

\$750.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 2/2 Report: 6/6

**2** FILER NAME Elizondo, Paul (Commissioner)

**3** ACCOUNT # (Ethics Commission filers)  
00001234

**4** Date  
  
09/02/2010

**5** Payee name  
San Antonio AFL/CIO

.....

**6** Payee address; City; State; Zip Code  
1017 N. Main, Ste 207  
San Antonio, TX 78212

**7** Amount  
(\$)  
  
\$225.00

**8** Purpose of payment (See instructions regarding type of information required.)  
Contribution

**9** \*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name:  
  
Office sought:  
Office held: