

**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"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		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 \$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 5,900.00

EXPENDITURE TOTALS

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

4. TOTAL POLITICAL EXPENDITURES \$ 48,330.21

CONTRIBUTION BALANCE

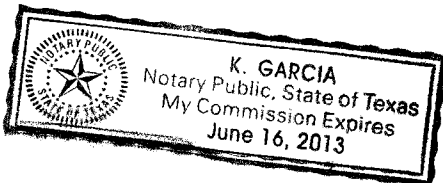
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.00

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.00

19 AFFIDAVIT

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

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Paul Elizondo, this the 1 day of February, 2010, to certify which, witness my hand and seal of office.

K Garcia
Signature of officer administering oath

Kelly Garcia
Print name of officer administering oath

Notary Public
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE 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 01/20/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Blue Ribbon Asset Management, LLC 6 Contributor address; City; State; Zip Code 7334 Blanco Rd., Ste 200 San Antonio, TX 78216	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 01/20/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) DS Chisolm General Partners Contributor address; City; State; Zip Code 7334 Blanco Rd., Ste. 200 San Antonio, TX 78216	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 01/17/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Ehrlich, Shirley (Ms.) Contributor address; City; State; Zip Code 11622 Caprock San Antonio, TX 78230	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 01/15/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Flores, Arnold (Mr.) Contributor address; City; State; Zip Code 7762 Crooked Rd. San Antonio, TX 78254-2613	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 01/15/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Kumar, Sam (Mr.) Contributor address; City; State; Zip Code 1628 Westlake Dr. Austin, TX 78746	Amount of contribution (\$) \$3,000.00	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 01/18/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Lee, Carolyn (Mrs.) 6 Contributor address; City; State; Zip Code 1256 E. Sunshine San Antonio, TX 78228	7 Amount of contribution (\$) \$400.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 01/17/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Salinas, Gloria Contributor address; City; State; Zip Code 3611 War Bow Dr. San Antonio, TX 78238-3415	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 01/19/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Starr, David (Mr.) Contributor address; City; State; Zip Code 102 Rustlers Butte San Antonio, TX 78231	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 01/17/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Yuchnitz, Michael (Mr.) Contributor address; City; State; Zip Code 7015 Oakridge San Antonio, TX 78229	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable)
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: 1/2 Report: 5/6**2** FILER NAME Elizondo, Paul (Commissioner)**3** ACCOUNT # (Ethics Commission filers)
00001234

4 Date	5 Payee name	7 Amount (\$)
01/19/2010	Blackwell, Verna (Ms.) 6 Payee address; City; State; Zip Code 5743 Ascham San Antonio, TX 78228	\$330.21

8 Purpose of payment (See instructions regarding type of information required.)
Bingo prizes reimbursement**9** ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name:Office sought:
Office held:

Date	Payee name	Amount (\$)
01/15/2010	Election Support Services Payee address; City; State; Zip Code 8814 Tradeway San Antonio, TX 78217	\$39,000.00

Purpose of payment (See instructions regarding type of information required.)
Contract Services**** Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name:Office sought:
Office held:

Date	Payee name	Amount (\$)
01/15/2010	Miguel Aguilar Payee address; City; State; Zip Code 9118 George Kyle San Antonio, TX 78240	\$150.00

Purpose of payment (See instructions regarding type of information required.)
donation**** Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name:Office sought:
Office held:

Date	Payee name	Amount (\$)
01/15/2010	Momenta Plus Payee address; City; State; Zip Code P.O. Box 100627 San Antonio, TX 78201	\$750.00

Purpose of payment (See instructions regarding type of information required.)
Video Services**** Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name:Office sought:
Office held:

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	5 Payee name	7 Amount (\$)
01/05/2010	Northwest Bexar County Democrats	
	6 Payee address; City; State; Zip Code P.O. Box 681911 San Antonio, TX 78268	\$100.00

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:

Date	Payee name	Amount (\$)
01/20/2010	Texas Grassroots Services	
	Payee address; City; State; Zip Code 1331 W. Ridgewood San Antonio, TX 78201	\$8,000.00

Purpose of payment (See instructions regarding type of information required.)
Consulting/Field operations**9** ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name:Office sought:
Office held: