

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. ..

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

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)

\$ 10,950.00

EXPENDITURE TOTALS

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

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 20,617.43

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 22nd day of Feb., 20 10, to certify which, witness my hand and seal of office.

Concetta Casas
Signature of officer administering oath

Corine Casas
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: 3/13	
2 FILER NAME Elizondo, Paul (Commissioner)		3 ACCOUNT # (Ethics Commission filers) 00001234	
4 Date 02/19/2010	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 (\$) \$500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 02/19/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Alonso, Maria Elena (Mr.) ----- Contributor address; City; State; Zip Code 112 E. Mistletoe Ave. San Antonio, TX 78212	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 01/22/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Barrera, Roy Sr. (Mr.) ----- Contributor address; City; State; Zip Code 424 E. Nueva by La Villita San Antonio, TX 78205	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/05/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Cortez, Roberto (Mr.) ----- Contributor address; City; State; Zip Code 12347 Autumn Vista St. San Antonio, TX 78249	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/17/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Ford, Buddy (Mr.) ----- Contributor address; City; State; Zip Code 4702 Center Park San Antonio, TX 78218	Amount of contribution (\$) \$1,500.00	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: 4/13	
2 FILER NAME Elizondo, Paul (Commissioner)		3 ACCOUNT # (Ethics Commission filers) 00001234	
4 Date 02/12/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Hernandez, Olga (Mrs.) 6 Contributor address; City; State; Zip Code 731 Clower San Antonio, TX 78212	7 Amount of contribution (\$) \$25.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 01/29/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Linebarger Goggan Blair & Sampson Contributor address; City; State; Zip Code P.O. Box 17428 Austin, TX 78760	Amount of contribution (\$) \$2,500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 01/22/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Perez, Gabriel (Mr.) Contributor address; City; State; Zip Code 9373 Oakland Rd. San Antonio, TX 78240-1718	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/15/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Perez, Gil Contributor address; City; State; Zip Code P.O. Box 7221 San Antonio, TX 78207	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/05/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) San Antonio Board of Realtors Contributor address; City; State; Zip Code 9110 West IH 10, Suite #1 San Antonio, TX 78230	Amount of contribution (\$) \$5,000.00	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: 1/9 Report: 5/13

2 FILER NAME Elizondo, Paul (Commissioner)

3 ACCOUNT # (Ethics Commission filers)
00001234

4 Date	5 Payee name Big Star Food Mart	7 Amount (\$)
02/19/2010	6 Payee address; City; State; Zip Code 2409 NW 36th San Antonio, TX 78228	\$40.00

8 Purpose of payment (See instructions regarding type of information required.) Gas	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
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Date	Payee name Costco	Amount (\$)
02/11/2010	Payee address; City; State; Zip Code Hwy. 281 N. San Antonio, TX 78216	\$116.20

Purpose of payment (See instructions regarding type of information required.) Supplies	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
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Date	Payee name CVS	Amount (\$)
02/12/2010	Payee address; City; State; Zip Code 912 Bandera San Antonio, TX 78228	\$8.60

Purpose of payment (See instructions regarding type of information required.) supplies	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
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Date	Payee name Easy Drive Stakes	Amount (\$)
02/11/2010	Payee address; City; State; Zip Code 906 Ruiz San Antonio, TX 78207	\$88.12

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

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/9 Report: 6/13
2 FILER NAME Elizondo, Paul (Commissioner)		3 ACCOUNT # (Ethics Commission filers) 00001234
4 Date 02/10/2010	5 Payee name Election Support Services 6 Payee address; City; State; Zip Code 8814 Tradeway San Antonio, TX 78217	7 Amount (\$) \$11,630.29
8 Purpose of payment (See instructions regarding type of information required.) Grassroots Services		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 02/10/2010	Payee name Election Support Services Payee address; City; State; Zip Code 8814 Tradeway San Antonio, TX 78217	Amount (\$) \$901.59
Purpose of payment (See instructions regarding type of information required.) Headquarter Expenses Reimbursements		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 02/10/2010	Payee name Election Support Services Payee address; City; State; Zip Code 8814 Tradeway San Antonio, TX 78217	Amount (\$) \$437.50
Purpose of payment (See instructions regarding type of information required.) Advertising		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 02/10/2010	Payee name Election Support Services Payee address; City; State; Zip Code 8814 Tradeway San Antonio, TX 78217	Amount (\$) \$5,000.00
Purpose of payment (See instructions regarding type of information required.) Consulting 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: 4/9 Report: 8/13
2 FILER NAME Elizondo, Paul (Commissioner)		3 ACCOUNT # (Ethics Commission filers) 00001234
4 Date	5 Payee name Little Caesars	7 Amount (\$)
02/10/2010	6 Payee address; City; State; Zip Code 1603 Bandera Rd. San Antonio, TX 78228	\$20.93
8 Purpose of payment (See instructions regarding type of information required.) Volunteer food		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date	Payee name Little Caesars	Amount (\$)
02/10/2010	Payee address; City; State; Zip Code 1603 Bandera Rd. San Antonio, TX 78228	\$20.93
Purpose of payment (See instructions regarding type of information required.) Volunteer food		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date	Payee name Mi Tierra	Amount (\$)
02/19/2010	Payee address; City; State; Zip Code 218 Produce Row San Antonio, TX 78207	\$35.06
Purpose of payment (See instructions regarding type of information required.) Dinner meeting		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date	Payee name Office Depot	Amount (\$)
02/16/2010	Payee address; City; State; Zip Code 5601 Bandera Rd. San Antonio, TX 78238	\$56.68
Purpose of payment (See instructions regarding type of information required.) Supplies		** 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: 3/9 Report: 7/13

2 FILER NAME Elizondo, Paul (Commissioner)

3 ACCOUNT # (Ethics Commission filers)
00001234

4 Date	5 Payee name	7 Amount (\$)
02/11/2010	Home Depot	\$73.28
6 Payee address; City; State; Zip Code 611 SW Loop 410 San Antonio, TX 78227		

8 Purpose of payment (See instructions regarding type of information required.) Supplies	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
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Date	Payee name	Amount (\$)
02/19/2010	Josephine Street Cafe	\$126.50
6 Payee address; City; State; Zip Code 400 e. Josephine St. San Antonio, TX 78215		

Purpose of payment (See instructions regarding type of information required.) Campaign staff dinner	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
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Date	Payee name	Amount (\$)
02/15/2010	La Fiesta	\$35.20
6 Payee address; City; State; Zip Code 919 Bandera San Antonio, TX 78228		

Purpose of payment (See instructions regarding type of information required.) Postage	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
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Date	Payee name	Amount (\$)
02/15/2010	Lisa's Mexican Restaurant	\$49.49
6 Payee address; City; State; Zip Code 815 Bandera Rd. San Antonio, TX 78228		

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

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 5/9 Report: 9/13

2 FILER NAME Elizondo, Paul (Commissioner)

3 ACCOUNT # (Ethics Commission filers)
00001234

4 Date	5 Payee name Office Max	7 Amount (\$)
02/15/2010	6 Payee address; City; State; Zip Code 5830 Bandera San Antonio, TX 78238	\$238.24

8 Purpose of payment (See instructions regarding type of information required.) supplies	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
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Date	Payee name Party City	Amount (\$)
02/11/2010	Payee address; City; State; Zip Code 4923 NW Loop 410 San Antonio, TX 78229	\$14.01

Purpose of payment (See instructions regarding type of information required.) supplies	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
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Date	Payee name Party City	Amount (\$)
02/11/2010	Payee address; City; State; Zip Code 4923 NW Loop 410 San Antonio, TX 78229	\$29.10

Purpose of payment (See instructions regarding type of information required.) supplies	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
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Date	Payee name Pico de Gallo	Amount (\$)
02/11/2010	Payee address; City; State; Zip Code 111 S. Leona San Antonio, TX 78205	\$135.27

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

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 6/9 Report: 10/13

2 FILER NAME Elizondo, Paul (Commissioner)

3 ACCOUNT # (Ethics Commission filers)
00001234

4 Date	5 Payee name Sam's	7 Amount (\$)
02/11/2010	6 Payee address; City; State; Zip Code 5055 W. IH 10 San Antonio, TX 78240	\$120.96

8 Purpose of payment (See instructions regarding type of information required.) supplies	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
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Date	Payee name Sam's	Amount (\$)
02/11/2010	Payee address; City; State; Zip Code 5055 W. IH 10 San Antonio, TX 78240	\$190.82

Purpose of payment (See instructions regarding type of information required.) supplies	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
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Date	Payee name Timewise Shell	Amount (\$)
02/13/2010	Payee address; City; State; Zip Code 1119 Vance Jackson San Antonio, TX 78201	\$20.00

Purpose of payment (See instructions regarding type of information required.) Gas	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
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Date	Payee name Timewise Shell	Amount (\$)
02/18/2010	Payee address; City; State; Zip Code 1119 Vance Jackson San Antonio, TX 78201	\$10.00

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

SCHEDULE F

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

1 PAGE #
Schedule: 7/9 Report: 11/13

2 FILER NAME Elizondo, Paul (Commissioner)

3 ACCOUNT # (E...cs Commission filers)
00001234

4 Date	5 Payee name Timo's Coffeehouse	7 Amount (\$)
02/18/2010	6 Payee address; City; State; Zip Code 2021 San Pedro San Antonio, TX 78212	\$86.50

8 Purpose of payment (See instructions regarding type of information required.) Volunteer food	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
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Date	Payee name Tokyo Inn Restaurant	Amount (\$)
02/12/2010	Payee address; City; State; Zip Code 819 W. Hildebrand San Antonio, TX 78212	\$30.25

Purpose of payment (See instructions regarding type of information required.) Lunch Meeting	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
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Date	Payee name University Park Station	Amount (\$)
02/10/2010	Payee address; City; State; Zip Code University Park Station San Antonio, TX 78228	\$22.00

Purpose of payment (See instructions regarding type of information required.) Postage	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
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Date	Payee name University Park Station	Amount (\$)
02/10/2010	Payee address; City; State; Zip Code University Park Station San Antonio, TX 78228	\$277.20

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

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 8/9 Report: 12/13
2 FILER NAME Elizondo, Paul (Commissioner)		3 ACCOUNT # (Ethics Commission filers) 00001234
4 Date 02/11/2010	5 Payee name University Park Station 6 Payee address; City; State; Zip Code University Park Station San Antonio, TX 78228	7 Amount (\$) \$17.60
8 Purpose of payment (See instructions regarding type of information required.) Postage		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 02/12/2010	Payee name University Park Station Payee address; City; State; Zip Code University Park Station San Antonio, TX 78228	Amount (\$) \$440.00
Purpose of payment (See instructions regarding type of information required.) Postage		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 02/16/2010	Payee name University Park Station Payee address; City; State; Zip Code University Park Station San Antonio, TX 78228	Amount (\$) \$220.00
Purpose of payment (See instructions regarding type of information required.) Postage		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 02/20/2010	Payee name Valero Corner Store, Payee address; City; State; Zip Code 103 Bandera Rd. San Antonio, TX 78228	Amount (\$) \$25.00
Purpose of payment (See instructions regarding type of information required.) Gas		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held: