

# 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 15
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Commissioner	FIRST Paul	MI
	NICKNAME	LAST Elizondo	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
	3451 W. Woodlawn San Antonio, TX 78228		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Henry	MI
	NICKNAME Pete	LAST Van de Putte	SUFFIX
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	<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff
	<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit
			<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)
			<input type="checkbox"/> Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year	THROUGH	Month Day Year
02/21/2010 THROUGH 06/30/2010			
11 ELECTION	ELECTION DATE Month Day Year		ELECTION TYPE
			<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> 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  <input type="checkbox"/> additional pages	... 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		
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"/> 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
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2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	23,950.00
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EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$	0.00
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4. TOTAL POLITICAL EXPENDITURES	\$	200,021.14
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CONTRIBUTION BALANCE

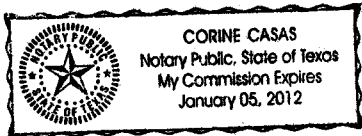
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00
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OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00
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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 13<sup>th</sup> day of July, 20 10, to certify which, witness my hand and seal of office.

*Corine 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 <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> PAGE # Schedule: 1/3 Report: 3/15	
<b>2</b> FILER NAME Elizondo, Paul (Commissioner)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00001234	
<b>4</b> Date  02/25/2010	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Gomez, Ernesto (Mr.)  <b>6</b> Contributor address; City; State; Zip Code 1014 Clovis Place San Antonio, TX 78221-2032	<b>7</b> Amount of contribution (\$)  \$2,000.00	<b>8</b> In-kind contribution description (if applicable)
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	
Date  02/23/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Gonzales, James (Mr.)  Contributor address; City; State; Zip Code 8000 IH 10 West, Ste 600 San Antonio, TX 78230	Amount of contribution (\$)  \$2,500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  02/23/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Gonzalez, Rene (Mr.)  Contributor address; City; State; Zip Code 9114 Fairland San Antonio, TX 78230	Amount of contribution (\$)  \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/11/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Half Associates State PAC  Contributor address; City; State; Zip Code 1201 North Bowser Rd. Richardson, TX 75081	Amount of contribution (\$)  \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  03/05/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) International Union of Painters & Allied Trades AFL-CIO PAC  Contributor address; City; State; Zip Code 1750 New York Avenue NW Washington, DC 20006	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: 2/3 Report: 4/15	
2 FILER NAME Elizondo, Paul (Commissioner)		3 ACCOUNT # (Ethics Commission filers) 00001234	
4 Date  02/27/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Joeris, Gary (Mr.)  6 Contributor address; City; State; Zip Code 19419 Settler's Creek San Antonio, TX 78258	7 Amount of contribution (\$)  \$10,000.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  05/03/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Kaiman, Michael J. (Mr.)  Contributor address; City; State; Zip Code 727 Sentry Hill San Antonio, TX 78260	Amount of contribution (\$)  \$5,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  04/15/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Muchnick, Eric Steven (Mr.)  Contributor address; City; State; Zip Code 1003 Thrush Ridge San Antonio, TX 78248	Amount of contribution (\$)  \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  04/29/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Raba-Kistner P.A.C.  Contributor address; City; State; Zip Code P.O. Box 690287 San Antonio, TX 78269	Amount of contribution (\$)  \$1,500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  02/26/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Vasquez, Gilbert (Mr.)  Contributor address; City; State; Zip Code 3519 Hunters Dawn San Antonio, TX 78230	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.		<b>1</b> PAGE # Schedule: 3/3 Report: 5/15	
<b>2</b> FILER NAME Elizondo, Paul (Commissioner)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00001234	
<b>4</b> Date  02/26/2010	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Willborn, James (Mr.)  ..... <b>6</b> Contributor address; City; State; Zip Code 6514 Laurel Hill San Antonio, TX 78229	<b>7</b> Amount of contribution (\$)  \$250.00	<b>8</b> In-kind contribution description (if applicable)
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	
Date  04/08/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Wolforth, Mark Sabinal Group  ..... Contributor address; City; State; Zip Code 237 W. Travis San Antonio, TX 78205	Amount of contribution (\$)  \$500.00	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: 1/10 Report: 6/15**2** FILER NAME Elizondo, Paul (Commissioner)**3** ACCOUNT # (Ethics Commission filers)  
00001234

<b>4</b> Date	<b>5</b> Payee name	<b>7</b> Amount (\$)
02/23/2010	A T & T	\$622.72
	<b>6</b> Payee address; City; State; Zip Code P.O. Box 5001 Carol Stream, IL 60197	

<b>8</b> Purpose of payment (See instructions regarding type of information required.) Telephone Service	<b>9</b> ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
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Date	Payee name	Amount (\$)
03/22/2010	A T & T	\$454.67
	Payee address; City; State; Zip Code P.O. Box 5001 Carol Stream, IL 60197	

Purpose of payment (See instructions regarding type of information required.) Telephone & Internet Service	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
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Date	Payee name	Amount (\$)
04/18/2010	African Ministry	\$150.00
	Payee address; City; State; Zip Code 10915 Forest Breeze Live Oak, TX 78233	

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:
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Date	Payee name	Amount (\$)
03/12/2010	Alzafar Shrine Circus	\$50.00
	Payee address; City; State; Zip Code 1533 Austin Hwy. , Ste. 102-441 San Antonio, TX 78218	

Purpose of payment (See instructions regarding type of information required.) contribution	** 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: 2/10 Report: 7/15

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

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

<b>4</b> Date	<b>5</b> Payee name Bill White for Texas	<b>7</b> Amount (\$)
05/05/2010	<b>6</b> Payee address; City; State; Zip Code P.O. Box 131197 Houston, TX 77219	\$250.00

<b>8</b> Purpose of payment (See instructions regarding type of information required.) Contribution	<b>9</b> ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
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Date	Payee name Election Support Services	Amount (\$)
02/23/2010	Payee address; City; State; Zip Code 8814 Tradeway San Antonio, TX 78217	\$22,536.81

Purpose of payment (See instructions regarding type of information required.) Campaign Services/Advertising	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
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Date	Payee name Election Support Services	Amount (\$)
02/24/2010	Payee address; City; State; Zip Code 8814 Tradeway San Antonio, TX 78217	\$73,447.93

Purpose of payment (See instructions regarding type of information required.) Campaign Services/Mailouts	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
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Date	Payee name Election Support Services	Amount (\$)
02/27/2010	Payee address; City; State; Zip Code 8814 Tradeway San Antonio, TX 78217	\$6,100.00

Purpose of payment (See instructions regarding type of information required.) Campaign Services/Grassroots Services Campaign Services	** 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: 3/10 Report: 8/15

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

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

<b>4</b> Date	<b>5</b> Payee name Election Support Services	<b>7</b> Amount (\$)
03/18/2010	<b>6</b> Payee address; City; State; Zip Code 8814 Tradeway San Antonio, TX 78217	\$61,750.47

<b>8</b> Purpose of payment (See instructions regarding type of information required.) Campaign Services/Grassroots Services	<b>9</b> ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
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Date	Payee name Election Support Services	Amount (\$)
05/19/2010	Payee address; City; State; Zip Code 8814 Tradeway San Antonio, TX 78217	\$891.16

Purpose of payment (See instructions regarding type of information required.) Campaign Services/Grassroots Services	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
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Date	Payee name Floral Elegance	Amount (\$)
05/19/2010	Payee address; City; State; Zip Code 434 N. Loop 1604 W. Ste. 2106 San Antonio, TX 78232	\$218.95

Purpose of payment (See instructions regarding type of information required.) Floral Arrangement	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
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Date	Payee name Fundraiser for Physical & Nutrition Solutions	Amount (\$)
05/05/2010	Payee address; City; State; Zip Code 1300 W. Ave. San Antonio, TX 78201	\$100.00

Purpose of payment (See instructions regarding type of information required.) Contribution	** 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: 4/10 Report: 9/15

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

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

<b>4</b> Date	<b>5</b> Payee name Guerra, DeBerry, Coody	<b>7</b> Amount (\$)
02/23/2010	<b>6</b> Payee address; City; State; Zip Code 122 E. Houston San Antonio, TX 78205	\$9,561.73

<b>8</b> Purpose of payment (See instructions regarding type of information required.) Campaign Services/Mailout	<b>9</b> ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
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Date	Payee name Hernandez, Ramon (Mr.)	Amount (\$)
02/23/2010	Payee address; City; State; Zip Code 5350 W. Military Dr. San Antonio, TX 78242	\$700.00

Purpose of payment (See instructions regarding type of information required.) Photo Session	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
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Date	Payee name Holy Rosary Church	Amount (\$)
04/09/2010	Payee address; City; State; Zip Code 159 Camino Santa Maria San Antonio, TX 78228	\$300.00

Purpose of payment (See instructions regarding type of information required.) contribution	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
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Date	Payee name Integrated Office Systems	Amount (\$)
06/24/2010	Payee address; City; State; Zip Code 2015 Capitol Ave. San Antonio, TX 78201	\$108.13

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

# SCHEDULE F

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> PAGE # Schedule: 5/10 Report: 10/15
<b>2</b> FILER NAME Elizondo, Paul (Commissioner)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00001234
<b>4</b> Date  04/21/2010	<b>5</b> Payee name Joe Alderete Campaign  <b>6</b> Payee address; City; State; Zip Code ..... 1602 Hillcrest Dr. San Antonio, TX 78228	<b>7</b> Amount (\$)  \$1,000.00
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Contribution		<b>9</b> ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  06/10/2010	Payee name Joe Alderete Campaign  Payee address; City; State; Zip Code ..... 1602 Hillcrest Dr. San Antonio, TX 78228	Amount (\$)  \$300.00
Purpose of payment (See instructions regarding type of information required.) Contribution		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  04/14/2010	Payee name La Prensa  Payee address; City; State; Zip Code ..... 318 S. Flores San Antonio, TX 78204	Amount (\$)  \$150.00
Purpose of payment (See instructions regarding type of information required.) Ad		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  05/24/2010	Payee name La Prensa  Payee address; City; State; Zip Code ..... 318 S. Flores San Antonio, TX 78204	Amount (\$)  \$450.00
Purpose of payment (See instructions regarding type of information required.) Ad		** 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: 6/10 Report: 11/15

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

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

<b>4</b> Date	<b>5</b> Payee name La Preense Foundation	<b>7</b> Amount (\$)
05/05/2010	<b>6</b> Payee address; City; State; Zip Code 318 S. Flores San Antonio, TX 78204	\$1,500.00

<b>8</b> Purpose of payment (See instructions regarding type of information required.) Contribution	<b>9</b> ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
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<b>Date</b>	<b>Payee name</b> Linda Chavez Thompson Campaign	<b>Amount</b> (\$)
06/27/2010	<b>Payee address; City; State; Zip Code</b> P.O. Box 6719 San Antonio, TX 78215	\$100.00

<b>Purpose of payment</b> (See instructions regarding type of information required.) Contribution	<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name:  Office sought: Office held:
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<b>Date</b>	<b>Payee name</b> Medina, Cresencio (Mr.)	<b>Amount</b> (\$)
02/23/2010	<b>Payee address; City; State; Zip Code</b> 9118 George Kyle San Antonio, TX 78240	\$197.74

<b>Purpose of payment</b> (See instructions regarding type of information required.) Campaign Office Petty Cash	<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name:  Office sought: Office held:
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<b>Date</b>	<b>Payee name</b> Medina, Cresencio (Mr.)	<b>Amount</b> (\$)
02/23/2010	<b>Payee address; City; State; Zip Code</b> 9118 George Kyle San Antonio, TX 78240	\$1,750.00

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

# SCHEDULE F

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> PAGE # Schedule: 7/10 Report: 12/15
<b>2</b> FILER NAME Elizondo, Paul (Commissioner)		<b>3</b> ACCOUNT # (E cs Commission filers) 00001234
<b>4</b> Date  02/27/2010	<b>5</b> Payee name Medina, Cresencio (Mr.)  <b>6</b> Payee address; City; State; Zip Code 9118 George Kyle San Antonio, TX 78240	<b>7</b> Amount (\$)  \$300.00
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Campaign Office Petty Cash		<b>9</b> ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  02/27/2010	Payee name Medina, Cresencio (Mr.)  Payee address; City; State; Zip Code 9118 George Kyle San Antonio, TX 78240	Amount (\$)  \$387.23
Purpose of payment (See instructions regarding type of information required.) Campaign Office Petty Cash		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  02/27/2010	Payee name Medina, Cresencio (Mr.)  Payee address; City; State; Zip Code 9118 George Kyle San Antonio, TX 78240	Amount (\$)  \$1,750.00
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  03/04/2010	Payee name Medina, Cresencio (Mr.)  Payee address; City; State; Zip Code 9118 George Kyle San Antonio, TX 78240	Amount (\$)  \$283.00
Purpose of payment (See instructions regarding type of information required.) Campaign Office Petty Cash		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held: