

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
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2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	19,600.00
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EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$	20.00
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4. TOTAL POLITICAL EXPENDITURES	\$	16,938.00
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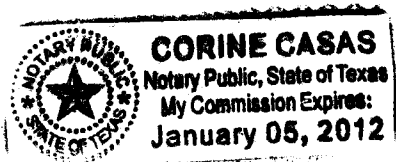
CONTRIBUTION BALANCE

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 18th day of January, 20 11, 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 INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/4 Report: 3/9	
2 FILER NAME Elizondo, Paul (Commissioner)		3 ACCOUNT # (Ethics Commission filers) 00001234	
4 Date 11/03/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Aramark PAC 6 Contributor address; City; State; Zip Code 1101 Market St. Philadelphia, PA 19107	7 Amount of contribution (\$) \$1,000.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 11/05/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Bonnette, Stephen (Mr.) Contributor address; City; State; Zip Code 227 Bluff Hollow San Antonio, TX 78216	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/05/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Brown & Ortiz, PC Contributor address; City; State; Zip Code 112 E. Pecan, Ste. 1360 San Antonio, TX 78205	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/24/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Camarillo, Adalberto (Mr.) Contributor address; City; State; Zip Code 236 Rolling View Dr. Boerne, TX 78006	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/24/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Camarillo, Fernando (Mr.) Contributor address; City; State; Zip Code 8260 Jamestown SQ. Boerne, TX 78015-6505	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: 2/4 Report: 4/9	
2 FILER NAME Elizondo, Paul (Commissioner)		3 ACCOUNT # (Ethics Commission filers) 00001234	
4 Date 11/05/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Dawson, Eugene (Mr.) 6 Contributor address; City; State; Zip Code 208 N. Tower Dr. San Antonio, TX 78232	7 Amount of contribution (\$) \$1,500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 11/05/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Dawson, Sam (Mr.) Contributor address; City; State; Zip Code 129 Turnberry Way San Antonio, TX 78230	Amount of contribution (\$) \$1,500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/05/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Denton, Lloyd Jr. Contributor address; City; State; Zip Code 11 Lynn Batts Lane, Ste 101 San Antonio, TX 78218	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/15/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) HNTB PAC Contributor address; City; State; Zip Code 715 Kirk Dr. Kansas City, MO 64105	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/05/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Holt, Peter (Mrs.) Contributor address; City; State; Zip Code 2191 Little Blanco Rd. Blanco, TX 78606-4764	Amount of contribution (\$) \$5,000.00	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: 3/4 Report: 5/9	
2 FILER NAME Elizondo, Paul (Commissioner)		3 ACCOUNT # (Ethics Commission filers) 00001234	
4 Date 11/05/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Moczygemba, Brice (Mr.) 6 Contributor address; City; State; Zip Code 2245 Blackoak Bend San Antonio, TX 78248	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 10/24/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Pate Engineers Contributor address; City; State; Zip Code 8200 IH West, Ste. 316 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 11/05/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Powell, W. Eugene (Mr.) Contributor address; City; State; Zip Code 11 Lynn Batts Lane, Ste. 100 San Antonio, TX 78218	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/05/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Rion, Dennis (Mr.) Contributor address; City; State; Zip Code 30940 Beck Rd. Bulverde, TX 78163	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/24/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Rothe, Kenneth (Mr.) Contributor address; City; State; Zip Code 3411 Magic Dr. San Antonio, TX 78229	Amount of contribution (\$) \$600.00	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: 4/4 Report: 6/9	
2 FILER NAME Elizondo, Paul (Commissioner)		3 ACCOUNT # (Ethics Commission filers) 00001234	
4 Date 11/08/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) San Antonio Professional Firefighters PAC 6 Contributor address; City; State; Zip Code P.O. Box 5100 San Antonio, TX 78201	7 Amount of contribution (\$) \$1,000.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 11/05/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Sheldon, Richard (Mr.) Contributor address; City; State; Zip Code 1006 Green Oak Dr. Waco, TX 76710	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/14/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Southwest Texas Water Resources, General Purpose Committee Contributor address; City; State; Zip Code Milam Bldg., Ste. 515 115 E. Travis St. San Antonio, TX 78205	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/05/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Wood, W. R. (Mr.) Contributor address; City; State; Zip Code 306 Hwy. 46 W. Boerne, TX 78006	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: 1/3 Report: 7/9
2 FILER NAME Elizondo, Paul (Commissioner)		3 ACCOUNT # (Ethics Commission filers) 00001234
4 Date 11/02/2010	5 Payee name Absolutely Everything Catering 6 Payee address; City; State; Zip Code 3915 San Pedro San Antonio, TX 78212	7 Amount (\$) \$1,018.00
8 Purpose of payment (See instructions regarding type of information required.) event		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 12/02/2010	Payee name American Sunrise Payee address; City; State; Zip Code 454 Soledad, Ste. 300 San Antonio, TX 78205	Amount (\$) \$250.00
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 12/17/2010	Payee name Cavazos, Victor (Mr.) Payee address; City; State; Zip Code 590 Marquette San Antonio, TX 78228	Amount (\$) \$2,000.00
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 11/09/2010	Payee name Coro Mexicano St. Mary Magdalen Payee address; City; State; Zip Code 1802 W. Thorain San Antonio, TX 78201	Amount (\$) \$250.00
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:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/3 Report: 8/9
2 FILER NAME Elizondo, Paul (Commissioner)		3 ACCOUNT # (Ethics Commission filers) 00001234
4 Date 10/24/2010	5 Payee name Election Support Services 6 Payee address; City; State; Zip Code 8814 Tradeway San Antonio, TX 78217	7 Amount (\$) \$2,500.00
8 Purpose of payment (See instructions regarding type of information required.) Robo Calls		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 12/21/2010	Payee name Elizondo, Paul (Mr.) Payee address; City; State; Zip Code 3451 W. Woodlawn San Antonio, TX 78228	Amount (\$) \$1,000.00
Purpose of payment (See instructions regarding type of information required.) Senior Centers Cash prizes		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 10/24/2010	Payee name Flores, Marilyn (Mrs.) Payee address; City; State; Zip Code 2526 Old Gate San Antonio, TX 78230	Amount (\$) \$2,000.00
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 12/20/2010	Payee name Garcia, Carlos (Mr.) Payee address; City; State; Zip Code 4511 County Road #3841 San Antonio, TX 78253	Amount (\$) \$400.00
Purpose of payment (See instructions regarding type of information required.) contract services contract 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: 3/3 Report: 9/9
2 FILER NAME Elizondo, Paul (Commissioner)		3 ACCOUNT # (Ethics Commission filers) 00001234
4 Date 10/24/2010	5 Payee name Guerra, DeBerry, Coody 6 Payee address; City; State; Zip Code 122 E. Houston San Antonio, TX 78205	7 Amount (\$) \$2,000.00
8 Purpose of payment (See instructions regarding type of information required.) Campaign Services/Mailout		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 12/09/2010	Payee name Olga Hernandez Campaign Payee address; City; State; Zip Code 731 Clower San Antonio, TX 78212	Amount (\$) \$250.00
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 12/29/2010	Payee name Solis, Chepe (Mr.) Payee address; City; State; Zip Code 920 Hermine San Antonio, TX 78212	Amount (\$) \$250.00
Purpose of payment (See instructions regarding type of information required.) Event music		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 10/24/2010	Payee name Texas Grassroots Services Payee address; City; State; Zip Code 1331 W. Ridgewood San Antonio, TX 78201	Amount (\$) \$5,000.00
Purpose of payment (See instructions regarding type of information required.) Consulting/Field operations		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held: