

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 9
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Commissioner Paul <hr/> NICKNAME LAST SUFFIX Elizondo	OFFICE USE ONLY Date Received 2009 JAN 15 P 2:20 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
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 FIRST MI Mr. Henry <hr/> NICKNAME LAST SUFFIX Pete Van de Putte		
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 checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 07/01/2008 12/31/2008		
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) Bexar County Commissioner	13 OFFICE SOUGHT (if known)	
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. ..

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
<input type="checkbox"/> SPECIFIC	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) \$ 2,200.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$ 203.47

4. TOTAL POLITICAL EXPENDITURES \$ 5,090.27

CONTRIBUTION BALANCE

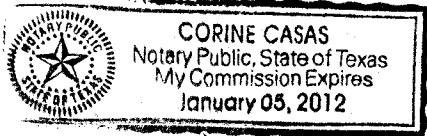
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.00

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 15th day of Jan, 2009, to certify which, witness my hand and seal of office.

Corine Casas Corine Casas Notary Public
Signature of officer administering oath Print name of officer administering oath 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: 1/1 Report: 3/9

2 FILER NAME Elizondo, Paul (Commissioner)

3 ACCOUNT # (Ethics Commission filers)
00001234

4 Date
07/09/2008

5 Full name of contributor out-of-state PAC(ID# _____)
Azima, Jasmine

7 Amount of contribution (\$)
\$1,000.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
115 E. Travis, #1020
San Antonio, TX 78205

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
11/29/2008

Full name of contributor out-of-state PAC(ID# _____)
Gilbane, Thomas F. (Mr.)

Amount of contribution (\$)
\$200.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
151 Grotto Ave.
Providence, RI 02906

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
11/13/2008

Full name of contributor out-of-state PAC(ID# _____)
Lowder, Stephen (Mr.)

Amount of contribution (\$)
\$500.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
P. O. Box 7963
Dallas, TX 75219

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
12/01/2008

Full name of contributor out-of-state PAC(ID# _____)
USAA Employee PAC

Amount of contribution (\$)
\$500.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
USAA Building D-3-W
San Antonio, TX 78288

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: 1/6 Report: 4/9

2 FILER NAME Elizondo, Paul (Commissioner)

3 ACCOUNT # (Ethics Commission filers)
00001234

4 Date	5 Payee name	7 Amount (\$)
09/12/2008	Payee name Alvarez, Joe (Mr.) 6 Payee address; City; State; Zip Code 830 Agarita San Antonio, TX 78207	\$105.00

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

Date	Payee name	Amount (\$)
09/02/2008	Payee name Amadeo Ortiz Campaign Payee address; City; State; Zip Code P. O. Box 831486 San Antonio, TX 78283	\$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	Payee name	Amount (\$)
09/02/2008	Payee name Antonia Arteaga Campaign Payee address; City; State; Zip Code 300 Dolorosa San Antonio, TX 78207	\$500.00

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	Payee name	Amount (\$)
12/22/2008	Payee name Capparelli's on Main Payee address; City; State; Zip Code 2524 N. Main San Antonio, TX 78212	\$54.68

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:
---	--

POLITICAL EXPENDITURES**SCHEDULE F**The **INSTRUCTION GUIDE** explains how to complete this form.**1** PAGE #
Schedule: 2/6 Report: 5/9**2** FILER NAME Elizondo, Paul (Commissioner)**3** ACCOUNT # (Ethics Commission filers)
00001234

4 Date	5 Payee name	7 Amount (\$)
09/02/2008	Cavazos, Victor (Mr.)	\$250.00
	6 Payee address; City; State; Zip Code 590 Marquette San Antonio, TX 78228	

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

Date	Payee name	Amount (\$)
12/15/2008	Cavazos, Victor (Mr.)	\$500.00
	Payee address; City; State; Zip Code 590 Marquette San Antonio, TX 78228	

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

Date	Payee name	Amount (\$)
09/12/2008	De Rocher, George (Mr.)	\$100.00
	Payee address; City; State; Zip Code 258 Brettonwood San Antonio, TX 78218	

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

Date	Payee name	Amount (\$)
09/12/2008	Drefke, Ken (Mr.)	\$100.00
	Payee address; City; State; Zip Code 13614 Cala Levane San Antonio, TX 78253	

Purpose of payment (See instructions regarding type of information required.)
musical 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: 3/6 Report: 6/9**2** FILER NAME Elizondo, Paul (Commissioner)**3** ACCOUNT # (Ethics Commission filers)
00001234

4 Date	5 Payee name	7 Amount (\$)
09/02/2008	Flores, Marilyn (Mrs.) 6 Payee address; City; State; Zip Code 2526 Old Gate San Antonio, TX 78230	\$1,500.00

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

Date	Payee name	Amount (\$)
12/15/2008	Flores, Marilyn (Mrs.) Payee address; City; State; Zip Code 2526 Old Gate San Antonio, TX 78230	\$500.00

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 (\$)
09/12/2008	Horn, Rick (Mr.) Payee address; City; State; Zip Code 717th St. Confort, TX 78013	\$115.00

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

Date	Payee name	Amount (\$)
09/12/2008	King, Bill (Mr.) Payee address; City; State; Zip Code 7034 Holly Dale Dr., San Antonio, TX 78250	\$100.00

Purpose of payment (See instructions regarding type of information required.)
musical 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: 4/6 Report: 7/9

2 FILER NAME Elizondo, Paul (Commissioner)

3 ACCOUNT # (Ethics Commission filers)
00001234

4 Date	5 Payee name M.K. Davis	7 Amount (\$)
08/04/2008	6 Payee address; City; State; Zip Code 1302 N. Flores St. San Antonio, TX 78212	\$53.01

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

Date	Payee name M.K. Davis	Amount (\$)
09/12/2008	Payee address; City; State; Zip Code 1302 N. Flores St. San Antonio, TX 78212	\$100.01

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:
--	--

Date	Payee name Martinez, Alex (Mr.)	Amount (\$)
09/12/2008	Payee address; City; State; Zip Code 602 Gladstone San Antonio, TX 78225	\$100.00

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

Date	Payee name Mencius	Amount (\$)
12/29/2008	Payee address; City; State; Zip Code 7959 Fredericksburg San Antonio, TX 78229	\$75.16

Purpose of payment (See instructions regarding type of information required.) political mtg. lunch	** 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: 5/6 Report: 8/9**2** FILER NAME Elizondo, Paul (Commissioner)**3** ACCOUNT # (Ethics Commission filers)
00001234

4 Date	5 Payee name	7 Amount (\$)
08/18/2008	Mi Tierra	\$36.00
	6 Payee address; City; State; Zip Code 218 Produce Row San Antonio, TX 78207	

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

Date	Payee name	Amount (\$)
09/18/2008	Mi Tierra	\$74.94
	Payee address; City; State; Zip Code 218 Produce Row San Antonio, TX 78207	

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

Date	Payee name	Amount (\$)
09/08/2008	Panchitos Resturant	\$58.00
	Payee address; City; State; Zip Code 12403 West. Ave. San Antonio, TX 78216	

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

Date	Payee name	Amount (\$)
09/12/2008	Portillo, Luis (Mr.)	\$100.00
	Payee address; City; State; Zip Code 3503 Clearfield Dr. San Antonio, TX 78230	

Purpose of payment (See instructions regarding type of information required.)
musical 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: 6/6 Report: 9/9

2 FILER NAME Elizondo, Paul (Commissioner)

3 ACCOUNT # (Ethics Commission filers)
00001234

4 Date	5 Payee name Sandoval, Albert (Mr.)	7 Amount (\$)
09/12/2008	6 Payee address; City; State; Zip Code 10814 Green Hollow Drive San Antonio, TX 78223	\$115.00

8 Purpose of payment (See instructions regarding type of information required.)
musical services

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name:

Office sought:
Office held:

Date	Payee name Schultz, Dale (Mr.)	Amount (\$)
09/12/2008	Payee address; City; State; Zip Code 430 Fenwick San Antonio, TX 78239	\$100.00

Purpose of payment (See instructions regarding type of information required.)
Musical services

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name:

Office sought:
Office held: