CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE/	MS / MRS / MR FIRST	MI	OFFICE USE ONLY
OFFICEHOLDER NAME	Mr Oscar	V	
	NICKNAME LAST	SUFFIX	Date Received
	Leeser		10/5/2020 10:58:48 AM
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CO 7101 n mesa #374 El Paso Tx	rity; state; zip code 79912	
Change of Address			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (915) 270-7648	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST	MI	Receipt # Amount \$
NAME	Ms shelley		Date Processed
	NICKNAME LAST Mozelle	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SL 6730 Westwind El Paso Tx 799		STATE; ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (915) 637-3808	EXTENSION	
9 REPORT TYPE	January 15 July 15 30th day before elections and states are states as a second secon		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD	Month Day Year	Month	Day Year
COVERED	07/01/2020	THROUGH 09/24	/2020
11 ELECTION	ELECTION DATE Month Day Year	Runoff Description Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known	
		Mayer	
	GO TO	PAGE 2	

City Clerk Dept. 0/5/2020 12:04:09 PM

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME		15 F	Filer ID (Ethics Commission Filers)		
Mr Oscar V Leese	r				
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE OF 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				
	SPECIFIC	COMMITTEE ADDRESS			
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS	PLEDG	UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS, OR IBUTIONS MADE ELECTRONICALLY)	\$ 0		
	_	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 60,528.00		
EXPENDITURE TOTALS	3. TOTAL	\$ 0			
	4. TOTAL	POLITICAL EXPENDITURES	\$ 164,603.06		
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA' ORTING PERIOD	\$ 173,561.93		
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$ 0		
18 AFFIDAVIT		I swear, or affirm, under penalty of perju true and correct and includes all informa under Title 15, Election Code.			
		Oscar V Leeser			
		Signature of Candida	te or Officeholder		
AFFIX NOTARY STAM	P/SEALABOVE				
Sworn to and subsc	ribed before me, t	oy the said Oscar V Leeser	, this the 5		
day of October		to certify which, witness my hand and seal of office.			
	Ad	Iriana Rosas			
Signature of officer a	dministering oath	Printed name of officer administering oath	Title of officer administering oath		

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics C			mmission Filers)
Mr	Oscar	V Leeser		
21		ILE SUBTOTALS F SCHEDULE		SUBTOTAL AMOUNT
1.		SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 60,528.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ O
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ O
4.		SCHEDULE E: LOANS		\$ O
5.		SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 164,603.06
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ O
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$ O
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ O
9.		SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	NDS	\$ 500.00
10.		SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$ O
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ O
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	^{\$} 0

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1					
The	Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:		
2 FILER NAME Mr Oscar V L	Leeser		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PAC (ID#: Sergio Lewis)	7 Amount of contribution (\$)		
08/26/2020	6 Contributor address; City; State 3432 Montridge El Paso Tx 79904	; Zip Code	500		
8 Principal occu	pation / Job title (See Instructions) 9 Em	nployer (See Instruct	tions)		
Date	Full name of contributor out-of-state PAC (ID#: Patricia Bilbao)	Amount of contribution (\$)		
08/25/2020	Contributor address; City; State 867 Via Alegre El Paso Tx 79912	e; Zip Code	200		
Principal occup	pation / Job title (See Instructions)	ployer (See Instruct	ions)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)		
08/22/2020	Randy Johnson Contributor address; City; State 5400 N Mesa Ste H El Paso Tx 79912	; Zip Code	1000		
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
Date	Full name of contributor out-of-state PAC (ID#: Samuel C. Streep)	Amount of contribution (\$)		
08/20/2020	Contributor address; City; State 521 Texas Ave El Paso Tx 79901	e; Zip Code	1000		
Principal occup	Dation / Job title (See Instructions)	nployer (See Instruct	ions)		
	ATTACH ADDITIONAL CODIES OF THIS				

MONE	TARY POLITICAL CONTRIBUT	ΓIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Mr Oscar V L	Leeser		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor □ out-of-state PAC (ID#: Paul J Malooly)	7 Amount of contribution (\$)
08/20/2020	6 Contributor address; City; State 1016 Singing Hills El Paso Tx 79912	e; Zip Code	5000
8 Principal occu	pation / Job title (See Instructions) 9 En	nployer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
08/17/2020	Loren H Hodges Contributor address; City; State 401 Valplano El Paso Tx 79912	e; Zip Code	1000
Principal occup	pation / Job title (See Instructions)	nployer (See Instruc	tions)
Date	Full name of contributor)	Amount of contribution (\$)
08/21/2020	Manuel Chavira Contributor address; City; State 1804 Paseo Real Circle El Paso Tx 79936	•	500
Principal occu	pation / Job title (See Instructions) En	nployer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
08/18/2020	Meyer Marcus Contributor address; City; State 425 Camino Real El Paso TX 79922		500
Principal occup	pation / Job title (See Instructions)	nployer (See Instruc	tions)
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS N	NEEDED

MONE	TARY POLITICAL CONTRIBU	JTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this for	m.	1 Total pages Schedule A1:
2 FILER NAME Mr Oscar V I	_eeser		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#: Lyle Byrum)	7 Amount of contribution (\$)
08/28/2020	6 Contributor address; City; Since 1062 Broadmoor El Paso Tx 79912	tate; Zip Code	2500
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor)	Amount of contribution (\$)
09/01/2020	Louis M Alpern Contributor address; City; S 4171 N Mesa Bldg D Ste 100 El Paso T	tate; Zip Code	5000
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor)	Amount of contribution (\$)
10/01/2020		tate; Zip Code	1000
Principal occu	PO Box 220630 El Paso Tx 79913 Dation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor		Amount of contribution (\$)
09/02/2020	Greg Malooly	tate; Zip Code	500
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDIII E AS A	JEEDED.

The	Instruction Guide explains how to complete this fo	rm.	1 Total pages Schedule A1: 33
2 FILER NAME Mr Oscar V I	_eeser		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID: Steve Fox	7 Amount of contribution (\$)	
09/05/2020	6 Contributor address; City; Stateman El Paso Tx 79935	State; Zip Code	2500
3 Principal occu	pation / Job title (See Instructions) 9	Employer (See Instruc	tions)
Date	Full name of contributor	#:)	Amount of contribution (\$)
08/27/2020	John Folmer Contributor address; City; 4961 Vista del Monte El Paso Tx 79922	State; Zip Code	1000
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor	#:)	Amount of contribution (\$)
09/15/2020	,	State; Zip Code	1000
	1812 Tin Star St El Paso Tx 79911		
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID:	#:)	Amount of contribution (\$)
09/15/2020	Contributor address; City; 6011 Pinehurst El Paso Tx 79912	State; Zip Code	1000
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)

MONE	TARY POLITICAL CONTRIE	BUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this f	orm.	1 Total pages Schedule A1:
2 FILER NAME Mr Oscar V L	Leeser		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (I	D#:)	7 Amount of contribution (\$)
09/02/2020	6 Contributor address; City; 2121 Wyoming El Paso Tx 79903	State; Zip Code	500
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	D#:)	Amount of contribution (\$)
09/17/2020	Donald Luciano Contributor address; City; 718 Blacker Ep Paso Tx 79902	State; Zip Code	300
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	D#:)	Amount of contribution (\$)
08/06/2020	Danny Gonzales Contributor address; City; 4484 Ioma ct el paso tx 79934	State; Zip Code	5
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC (I	D#:)	Amount of contribution (\$)
08/06/2020	Ricardo Medina Contributor address; City; 299 Vaquero Ln El Paso Tx 79902	State; Zip Code	300
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
	ATTACH ADDITIONAL COPIES OF		

The	Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1:
2 FILER NAME Mr Oscar V I	_eeser		3 Filer ID (Ethics Commission Filers
4 Date	5 Full name of contributor ☐ out-of-state PAC (II Walter Basil	D#:)	7 Amount of contribution (\$)
08/07/2020	6 Contributor address; City; 14429 Jacinto Ramos El Paso Tx 799	State; Zip Code	5
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor	D#:)	Amount of contribution (\$)
08/08/2020	Phillip Laign Contributor address; City; 12228 Edgar Degas El Paso Tx 79936		25
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor	D#:)	Amount of contribution (\$)
10/12/2020	Mike Jaffee Contributor address; City;	State; Zip Code	1000
	1211 Henry Brennan El Paso Tx 7993	6	
Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor out-of-state PAC (I	D#:)	Amount of contribution (\$)
08/13/2020	Carla Gasway Contributor address; City;	State; Zip Code	100
	6660 Fiesta Dr El Paso Tx 79912		ions)

	The	Instruction Guide explains how to complete this for	orm.	1 Total pages Schedule A1:
Jack Simmons 6 Contributor address; City; State; Zip Code 5820 Teresa Del Mar El Paso Tx 79912 8 Principal occupation / Job title (See Instructions) Date		_eeser		3 Filer ID (Ethics Commission Filers
S820 Teresa Del Mar El Paso Tx 79912 S8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	4 Date	out or state 1710 (ii	D#:)	7 Amount of contribution (\$)
Date Full name of contributor out-of-state PAC (ID#:	08/14/2020		•	500
Melissa Ramirez Contributor address; City; State; Zip Code 4545 Honey Willow way El Paso Tx 79922 Principal occupation / Job title (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Virginia McCoy Contributor address; City; State; Zip Code 100 7356 Windsong El Paso Tx 79912 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Cobina Jimenez Contributor address; City; State; Zip Code 5 9308 Carranza Dr El Paso Tx 79907	8 Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	l tions)
Contributor address; City; State; Zip Code 4545 Honey Willow way EI Paso Tx 79922 Principal occupation / Job title (See Instructions) Date Full name of contributor Virginia McCoy Contributor address; City; State; Zip Code 7356 Windsong EI Paso Tx 79912 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) 7356 Windsong EI Paso Tx 79912 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Cobina Jimenez Contributor address; City; State; Zip Code 9308 Carranza Dr El Paso Tx 79907	Date		D#:)	Amount of contribution (\$)
Date Full name of contributor Virginia McCoy Contributor address; City; State; Zip Code 100 7356 Windsong El Paso Tx 79912 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Out-of-state PAC (ID#:	08/15/2020	Contributor address; City;	•	100
Virginia McCoy Contributor address; City; State; Zip Code 7356 Windsong El Paso Tx 79912 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Cobina Jimenez Contributor address; City; State; Zip Code 9308 Carranza Dr El Paso Tx 79907	Principal occup	vation / Job title (See Instructions)	Employer (See Instruc	tions)
O8/15/2020 Contributor address; City; State; Zip Code 7356 Windsong El Paso Tx 79912 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Cobina Jimenez Contributor address; City; State; Zip Code 9308 Carranza Dr El Paso Tx 79907	Date	Full name of contributor out-of-state PAC (I	D#:)	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor	08/15/2020	Contributor address; City;	State; Zip Code	100
Cobina Jimenez Contributor address; City; State; Zip Code 9308 Carranza Dr El Paso Tx 79907	Principal occu	_	Employer (See Instruc	itions)
08/15/2020 Contributor address; City; State; Zip Code 5 9308 Carranza Dr El Paso Tx 79907	Date	Full name of contributor	D#:)	Amount of contribution (\$)
	08/15/2020		State; Zip Code	5
Principal occupation / Job title (See Instructions) Employer (See Instructions)		9308 Carranza Dr El Paso Tx 79907		
	Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)

MONE	TARY POLITICAL CONTRIBUTIO	NS SCHEDULE A1
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME Mr Oscar V I	_eeser	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#: Cobina Jimenez	7 Amount of contribution (\$)
08/15/2020	6 Contributor address; City; State; Zi 9308 Carranza Dr El Paso Tx 79907	p Code 25
8 Principal occu	pation / Job title (See Instructions) 9 Employe	r (See Instructions)
Date	Full name of contributor	Amount of contribution (\$)
08/15/2020	Lily Limon Contributor address; City; State; Zi 1301 Lonewood El Paso Tx 79925	ip ^{Code} 25
Principal occup	pation / Job title (See Instructions) Employer	r (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
08/16/2020	Ray Acosta Contributor address; City; State; Zij 3800 N Mesa El Paso Tx 79912	100
Principal occu	pation / Job title (See Instructions) Employe	r (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)
08/16/2020	Nathan Stevens Contributor address; City; State; Zip 1237 desert Canyon El Paso Tx 79912	P Code 100
Principal occu	pation / Job title (See Instructions) Employe	r (See Instructions)
	ATTACH ADDITIONAL COPIES OF THIS SCH	IEDULE AS NEEDED

MONE	ARY POLITICAL CONTRIE	BUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this f	orm.	1 Total pages Schedule A1:
2 FILER NAME Mr Oscar V L	_eeser		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor □ out-of-state PAC (I	ID#:)	7 Amount of contribution (\$)
08/16/2020	6 Contributor address; City; 3100 Tierra Humeda El Paso Tx 7993	State; Zip Code	50
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor	ID#:)	Amount of contribution (\$)
08/16/2020	Contributor address; City; 5916 Via Questa El Paso Tx 79912	State; Zip Code	100
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	tions)
Date		ID#:)	Amount of contribution (\$)
08/16/2020	Randy Boggs Contributor address; City; 6028 Camino Alegre El Paso Tx 7991	State; Zip Code	1000
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor	ID#:)	Amount of contribution (\$)
08/16/2020	Antonio Davalos Contributor address; City; 6232 Los Altos El Paso Tx 79912	State; Zip Code	1000
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)

MONE	TARY POLITICAL CONTRI	BUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this	1 Total pages Schedule A1:	
2 FILER NAME Mr Oscar V L	_eeser		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC Carlos Ramos	(ID#:)	7 Amount of contribution (\$)
08/16/2020	6 Contributor address; City; 1212 Coyote El Paso Tx 79912	State; Zip Code	100
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
08/16/2020	Brian Kennedy Contributor address; City; 5015 Montoya El Paso Tx 79922	State; Zip Code	500
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
08/16/2020	Sylvestre Reyes Contributor address; City; 732 Azelea PI El Paso Tx 79922	State; Zip Code	1000
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
08/16/2020	Lailah Leeser Contributor address; City; 1338 desert Canyon El Paso Tx 799	State; Zip Code	250
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)

MONE	TARY POLITICAL CONTRIE	BUTIONS	SCHEDULE A1	
The	Instruction Guide explains how to complete this t	form.	1 Total pages Schedule A1:	
2 FILER NAME Mr Oscar V L	-eeser		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:)	7 Amount of contribution (\$)	
08/16/2020	6 Contributor address; City; 13032 Tierra Westex Ln El Paso Tx 7	State; Zip Code	100	
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	tions)	
Date	Full name of contributor	ID#:)	Amount of contribution (\$)	
08/16/2020	Jesus Reyes Contributor address; City; 436 Mockingbird Rd El Paso Tx 79907	State; Zip Code	250	
		Employer (See Instruct	ions)	
Date	Full name of contributor	ID#:)	Amount of contribution (\$)	
08/16/2020	Luis Garcia Contributor address; City; 6852 Canyon View El Paso Tx 79912	State; Zip Code	10	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	
08/16/2020	Casey McNamee Contributor address; City; 12332 Angie Bombach El Paso Tx 79	State; Zip Code	5	
Principal occupation / Job title (See Instructions) Employer (See Instructions)			tions)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

The	Instruction Guide explains how to complete this for	rm.	1 Total pages Schedule A1:
2 FILER NAME Mr Oscar V I	eeser		3 Filer ID (Ethics Commission Filers
4 Date	5 Full name of contributor out-of-state PAC (ID#	<i>t</i> :)	7 Amount of contribution (\$)
Richard Aguilar			
08/16/2020	6 Contributor address; City; S 5401 Upper valley El Paso Tx 79902	State; Zip Code	1000
8 Principal occu	pation / Job title (See Instructions) 9	Employer (See Instruct	ions)
Date	Full name of contributor ut-of-state PAC (ID#	#:)	Amount of contribution (\$)
	Gregory Varela		
08/16/2020	,		100
	10055 n 142nd st 2340 Scottsdale AZ 8	35259	
Principal occu _l	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor ut-of-state PAC (ID#	<i>‡</i> :)	Amount of contribution (\$)
08/17/2020	Don Pendergrass Contributor address; City; S	State; Zip Code	1000
	815 W Sunset Rd El Paso Tx 79922		
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	<i>t</i> :)	Amount of contribution (\$)
	Gary Aboud		
08/17/2020		State; Zip Code	500
	4697 Rosinante Rd El Paso Tx 79922		
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)

MONET	ARY POLITICAL CONTRI	BUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME Mr Oscar V L	.eeser		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Mark Daw		7 Amount of contribution (\$)
08/17/2020	6 Contributor address; City; 6736 Desert Canyon El Paso Tx 799	State; Zip Code	100
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
08/17/2020	Robert Hoy Contributor address; City; 1107 Rim Road El Paso Tx 79902	State; Zip Code	500
Principal occup	eation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
08/17/2020	James Younger Contributor address; City; 10209 Donway El Paso Tx 79925	State; Zip Code	100
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
08/17/2020	Dean Balmer Contributor address; City; 5609 River Run El Paso Tx 79932	State; Zip Code	250
Principal occupation / Job title (See Instructions) Employer (See Instructions)			tions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

The	Instruction Guide explains how to complete this for	rm.	1 Total pages Schedule A1:
2 FILER NAME Mr Oscar V I			3 Filer ID (Ethics Commission Filers
4 Date 08/17/2020	5 Full name of contributor out-of-state PAC (ID#:) Sofia Showery 6 Contributor address; City; State; Zip Code 717 Tayopa Ct El Paso Tx 79932		7 Amount of contribution (\$)
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date 08/18/2020	Full name of contributor	#:) State; Zip Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor	#:)	Amount of contribution (\$)
08/18/2020	Contributor address; City; S 6104 Pinehurst El Paso Tx 79912	State; Zip Code	1000
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor	#:)	Amount of contribution (\$)
08/19/2020		State; Zip Code	50
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)

n Filers)
Б)
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\$)
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MONE	TARY POLITICAL CONTRIB	BUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1:
2 FILER NAME Mr Oscar V I	_eeser		3 Filer ID (Ethics Commission Filers)
4 Date	Full name of contributor		7 Amount of contribution (\$)
08/20/2020	6 Contributor address; City; 1201 Cerrito Bello El Paso Tx 79912	State; Zip Code	100
8 Principal occu	pation / Job title (See Instructions) 9	Employer (See Instruc	tions)
Date	Full name of contributor	D#:)	Amount of contribution (\$)
08/20/2020	Patrick Velarde Contributor address; City; 3016 Brandwood El Paso Tx 79925	State; Zip Code	100
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor	D#:)	Amount of contribution (\$)
08/20/2020	Juan Orozco Contributor address; City; 9047 Coventry Cr El Paso Tx 79907	State; Zip Code	100
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor out-of-state PAC (IE	D#:)	Amount of contribution (\$)
08/20/2020	Jackie York Contributor address; City; 11166 Sam Snead El Paso Tx 79936	State; Zip Code	100
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)

MONET	TARY POLITICAL CONTRIBUT	rions	SCHEDULE A1
The	Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Mr Oscar V L	Leeser		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#: Laura Gordon)	7 Amount of contribution (\$)
08/20/2020	6 Contributor address; City; State 5908 Quinta Real Ct El Paso Tx 79912	e; Zip Code	1000
8 Principal occu	pation / Job title (See Instructions) 9 En	nployer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
08/21/2020	Anthony Bock Contributor address; City; State 4401 Lazy Willow El Paso Tx 79922	e; Zip Code	250
Principal occup	pation / Job title (See Instructions)	nployer (See Instruct	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
08/22/2020	Thomas Hughes Contributor address; City; State 4785 Turtle Dove El Paso Tx 79922	; Zip Code	250
Principal occup		nployer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
08/22/2020	Scott Kobren Contributor address; City; State 1212 Cerrito Bello El Paso Tx 79912	e; Zip Code	100
Principal occup	pation / Job title (See Instructions)	nployer (See Instruc	tions)

2 FILER NAME Mr Oscar V L		33
	eeser	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
08/22/2020	6 Contributor address; City; State; Zip Code 6195 Franklin Dove El Paso Tx 79912	250
8 Principal occup	pation / Job title (See Instructions) 9 Employer (See Instructions)	uctions)
Date	Full name of contributor	Amount of contribution (\$)
08/22/2020	Contributor address; City; State; Zip Code 415 Lombardy El Paso Tx 79922	100
Principal occupa	ation / Job title (See Instructions) Employer (See Instr	uctions)
Date	Full name of contributor	Amount of contribution (\$)
08/22/2020	Catherine Payne Contributor address; City; State; Zip Code 415 Lombardy El Paso Tx 79922	100
Principal occupa	ation / Job title (See Instructions) Employer (See Instr	uctions)
Date	Full name of contributor) Amount of contribution (\$)
08/22/2020	Contributor address; City; State; Zip Code 7201 Rochester El Paso Tx 79912	100
Principal occupa	ation / Job title (See Instructions) Employer (See Instructions)	uctions)

MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1
The	Instruction Guide explains how to complete this form.	1 Total p	pages Schedule A1:
2 FILER NAME Mr Oscar V L	_eeser	3 Filer II	D (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#: William Nabours	7 Amou	int of contribution (\$)
08/22/2020	6 Contributor address; City; State; 1525 A Rebecca Ann Dr El Paso Tx 79936	Zip Code 100	
8 Principal occu	pation / Job title (See Instructions) 9 Emplo	ver (See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:	Amou	unt of contribution (\$)
08/22/2020	Contributor address; City; State; 324 Phil Hansen Canutillo Tx 79835	Zip Code 50	
Principal occup	eation / Job title (See Instructions) Employ	er (See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:) Amou	unt of contribution (\$)
08/22/2020	Honor Eugenio Contributor address; City; State; 6108 Pinehurst El Paso Tx 79912	Zip Code 100	
Principal occup	pation / Job title (See Instructions) Emplo	ver (See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:) Amou	unt of contribution (\$)
08/23/2020	Carmen Byers Contributor address; City; State; 3662 Doniphan El Paso Tx 79922	Zip Code 250	
Principal occup	pation / Job title (See Instructions) Emplo	ver (See Instructions)	

MONE	TARY POLITICAL CONTRI	BUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME Mr Oscar V L	Leeser		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Lester Parker		7 Amount of contribution (\$)
08/23/2020	6 Contributor address; City; 6173 Los Felinos El Paso Tx 79912	State; Zip Code	1000
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor uut-of-state PAC ((ID#:)	Amount of contribution (\$)
08/23/2020	Contributor address; City; 784 Clay Ct El Paso Tx 79932	State; Zip Code	100
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date		(ID#:)	Amount of contribution (\$)
08/23/2020	John Bennet Contributor address; City; 751 Rinconada Ln El Paso Tx 79922	State; Zip Code	100
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC ((ID#:)	Amount of contribution (\$)
08/23/2020	Jeff Limberg Contributor address; City; 620 Mt Cristo Rey El Paso Tx 79922	State; Zip Code	250
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)

MONE	TARY POLITICAL CONTRIB	BUTIONS	SCHEDULE A1	
The	Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1:	
2 FILER NAME Mr Oscar V I	_eeser		3 Filer ID (Ethics Commission Filers)	
4 Date 08/23/2020	5 Full name of contributor		7 Amount of contribution (\$) 100	
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	cions)	
Date	Full name of contributor)#:)	Amount of contribution (\$)	
08/23/2020	Contributor address; City; 140 W Castellano El Paso Tx 79912	State; Zip Code	100	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)	
Date	Full name of contributor	D#:)	Amount of contribution (\$)	
08/23/2020	Ken Miyagishima Contributor address; City; 1510 S Solono Dr Las Cruces NM 880	State; Zip Code	500	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)	
Date	Full name of contributor out-of-state PAC (ID)#:)	Amount of contribution (\$)	
08/23/2020		State; Zip Code	100	
Principal occupation / Job title (See Instructions) Employer (See Instructions)			ions)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

2 FILER NAME Mr Oscar V Leese 4 Date 5 F Mac 08/23/2020 6 C 124 8 Principal occupation Date F Aida 08/24/2020	ck Massey character address; City; Larkspur Loop Alto NM 88312 / Job title (See Instructions)		1 Total pages Schedule A1: 33 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) 1000
Mr Oscar V Leese 4 Date 5 F Mac 08/23/2020 6 C 124 8 Principal occupation Date F Aida 08/24/2020	ck Massey character address; City; Larkspur Loop Alto NM 88312 / Job title (See Instructions)	State; Zip Code	7 Amount of contribution (\$) 1000
08/23/2020 6 C 124 B Principal occupation Date F Aida 08/24/2020 C	ck Massey contributor address; City; Larkspur Loop Alto NM 88312 / Job title (See Instructions)	State; Zip Code	1000
Date F Aida 08/24/2020	Larkspur Loop Alto NM 88312 / Job title (See Instructions)	· •	
Date F Aida		Employer (See Instruc	tions)
Aida 08/24/2020	ull name of contributor		
08/24/2020		ID#:)	Amount of contribution (\$)
PO	an Gordon ontributor address; City; Box 522541 El Paso Tx 79912	State; Zip Code	100
Principal occupation /	Job title (See Instructions)	Employer (See Instruc	tions)
Date F	ull name of contributor	ID#:)	Amount of contribution (\$)
08/24/2020 C	Coltharp ontributor address; City; Box 13095 El Paso Tx 79913	State; Zip Code	100
	Job title (See Instructions)	Employer (See Instruc	tions)
Date F	ull name of contributor	ID#:)	Amount of contribution (\$)
08/24/2020	Irew Avila ontributor address; City; 5 Los Robles El Paso Tx 79912	State; Zip Code	500
Principal occupation /	Job title (See Instructions)	Employer (See Instruc	tions)

MONE	TARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME Mr Oscar V L	_eeser	3 Filer ID (Ethics Commission Filers)
4 Date 08/24/2020	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$) de 100
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See	e Instructions)
Date	Full name of contributor	Amount of contribution (\$)
08/24/2020	Contributor address; City; State; Zip Cool 1176 Calle Lomas El Paso Tx 79912	^{de} 500
Principal occup	pation / Job title (See Instructions) Employer (See	e Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
08/24/2020	Patrick Gordon Contributor address; City; State; Zip Coo PO Box 522541 El Paso Tx 79952	de 250
Principal occup	pation / Job title (See Instructions) Employer (See	e Instructions)
Date	Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)
08/25/2020	Lee Zimmerman Contributor address; City; State; Zip Cod 5407 Santa Teresita Santa Teresa NM 88008	100
Principal occup	pation / Job title (See Instructions) Employer (See	e Instructions)

MONE	TARY POLITICAL CONTRIB	UTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this fo	rm.	1 Total pages Schedule A1:
2 FILER NAME Mr Oscar V I	-eeser		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID: Hector Barreras	#:)	7 Amount of contribution (\$)
08/25/2020	6 Contributor address; City; 5712 David M Brown El Paso Tx 79934	State; Zip Code	25
8 Principal occu	pation / Job title (See Instructions) 9	Employer (See Instruct	ions)
Date	Full name of contributor	#:)	Amount of contribution (\$)
08/25/2020		State; Zip Code	250
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	#:)	Amount of contribution (\$)
08/25/2020	Richarda Momsen Contributor address; City; 5 744 Villa Flores El Paso Tx 79912	State; Zip Code	250
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC (ID:	#:)	Amount of contribution (\$)
08/26/2020	Jaime Torres Contributor address; City; 425 San Clemente dr El Paso Tx 7991;	State; Zip Code	500
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)

MONE	TARY POLITICAL CONTRIE	BUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME Mr Oscar V L	_eeser		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor □ out-of-state PAC (Giles Weisenberger	(ID#:)	7 Amount of contribution (\$)
08/26/2020	6 Contributor address; City; 5624 Cortina El Paso Tx 79912	State; Zip Code	500
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
08/26/2020	Rodrick Sterling Contributor address; City; 6962 Canyon Ridge Way El Paso Tx	State; Zip Code	200
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
08/28/2020	Phillip Robinet Contributor address; City;	State; Zip Code	1000
Principal occup	1724 Wyoming Ave El Paso Tx 79902 pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor out-of-state PAC ((ID#:)	Amount of contribution (\$)
08/28/2020	Tracy Mcintyre Contributor address; City; 3750 Gateway East El Paso Tx 79908	State; Zip Code	500
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS N	EEDED

MONET	TARY POLITICAL CONTRIB	BUTIONS	SCHEDULE A1	
The	Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1:	
2 FILER NAME Mr Oscar V L	_eeser		3 Filer ID (Ethics Commission Filers)	
4 Date 08/28/2020	5 Full name of contributor out-of-state PAC (III Jerry bacon 6 Contributor address; City;	D#:) State; Zip Code	7 Amount of contribution (\$) 500	
00/20/2020	6006 Torrey Pines El Paso Tx 79912	, , ,		
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)	
Date	Full name of contributor	D#:)	Amount of contribution (\$)	
08/28/2020	Francisco Fernandez Contributor address; City; 5038 Columbine El Paso Tx 79922	State; Zip Code	1000	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)	
Date	Full name of contributor	D#:)	Amount of contribution (\$)	
08/28/2020	Mike Lowenberg Contributor address; City; 27602 Robillard Springs Katy Tx 7749	State; Zip Code	1000	
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
Date	Full name of contributor out-of-state PAC (II	D#:)	Amount of contribution (\$)	
08/29/2020	Contributor address; City; 917 Prospect El Paso Tx 79902	State; Zip Code	100	
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS N	FEDED	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONET	TARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME Mr Oscar V L	_eeser	3 Filer ID (Ethics Commission Filers)
4 Date 08/30/2020	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See	nstructions)
Date 08/31/2020	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions) Employer (See I	nstructions)
Date 08/31/2020	Full name of contributor	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions) Employer (See	nstructions)
Date 09/03/2020	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions) Employer (See	nstructions)

Mr Oscar V Leeser 4 Date 5 Full name of contributor out-of-state PAC (ID#:	Ira Dodge 6 Contributor ac 56 Sun Poin 8 Principal occupation / Job title (So Date Full name of c Arturo Wiene Contributor ac 6635 Dawn [Principal occupation / Job title (Se Date Full name of c Elliot Berg Contributor ac Contribut	ddress; City; t Ln El Paso Tx 79912 ee Instructions) ontributor	State; Zip Code 9 Employer (See Instruction AC (ID#:) State; Zip Code	3 Filer ID (Ethics Commission Filers 7 Amount of contribution (\$) 100 ctions) Amount of contribution (\$)
Ira Dodge 6 Contributor address; City; State; Zip Code 100	Ira Dodge 6 Contributor acc 56 Sun Point 8 Principal occupation / Job title (Scotting Point) Date Full name of contributor acc 6635 Dawn [Incipal occupation / Job title (Scotting Point) Principal occupation / Job title (Scotting Point) Date Full name of contributor acc Elliot Berg Contributor account of the contributor of the contributor account of the contributor of the contributor account of the contributor of the contributor account of the contributor account of the contributor of the c	ddress; City; t Ln El Paso Tx 79912 ee Instructions) ontributor	State; Zip Code 9 Employer (See Instruction AC (ID#:) State; Zip Code	Amount of contribution (\$)
Section Sect	Date Principal occupation / Job title (Secondary Secondary Second	ee Instructions) ontributor	9 Employer (See Instruction of the Control of the C	Amount of contribution (\$)
Date Full name of contributor out-of-state PAC (ID#:	Date Full name of contributor accontributor	ontributor	State; Zip Code	Amount of contribution (\$)
Arturo Wiener Contributor address; City; State; Zip Code 6635 Dawn Dr Unit A El Paso Tx 79912 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:	Arturo Wiene Contributor acc 6635 Dawn [Principal occupation / Job title (Sec Date Full name of contributor acc Contributor a	er ddress; City; Dr Unit A El Paso Tx 79 el Instructions)	State; Zip Code	2500
Contributor address; City; State; Zip Code 6635 Dawn Dr Unit A EI Paso Tx 79912	Date Date Contributor according to the Cont	Or Unit A El Paso Tx 79 De Instructions)	9912	
Date Full name of contributor Contributor address; City; State; Zip Code 444 Executive Center Ste120 El Paso Tx 79902 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor O9/08/2020 Full name of contributor Contributor address; City; State; Zip Code Amount of contribution (\$) Amount of contribution (\$) Amount of contribution (\$) Amount of contribution (\$)	Date Full name of co Elliot Berg Contributor ad		Employer (See Instruc	ctions)
Elliot Berg Contributor address; City; State; Zip Code 444 Executive Center Ste120 El Paso Tx 79902 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Contributor address; City; State; Zip Code Lily Limon Contributor address; City; State; Zip Code 1301 Lonewood El Paso Tx 79925	Elliot Berg 09/04/2020 Contributor ad	ontributor	-	
Contributor address; City; State; Zip Code 444 Executive Center Ste120 El Paso Tx 79902 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor	09/04/2020 Contributor ad		'AC (ID#:)	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor	444 Exacutio	dress; City;	State; Zip Code	500
Date Full name of contributor O9/08/2020 Full name of contributor Out-of-state PAC (ID#:	444 Executiv	e Center Ste120 El Pa	so Tx 79902	
Lily Limon Contributor address; City; State; Zip Code 1301 Lonewood El Paso Tx 79925	Principal occupation / Job title (Se	e Instructions)	Employer (See Instruc	ctions)
09/08/2020 Contributor address; City; State; Zip Code 5 1301 Lonewood El Paso Tx 79925	Date Full name of c	ontributor	AC (ID#:)	Amount of contribution (\$)
	09/08/2020 Contributor ac	•	State; Zip Code	5
Principal occupation / Job title (See Instructions) Employer (See Instructions)	1301 Lonew	ood El Paso Tx 79925		
	Principal occupation / Job title (Se	e Instructions)	Employer (See Instruc	ctions)

MONE	TARY POLITICAL CONTRIB	UTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1:
2 FILER NAME Mr Oscar V L	_eeser		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID)#:)	7 Amount of contribution (\$)
09/09/2020	6 Contributor address; City; 12100 Swaps Dr El Paso Tx 79936	State; Zip Code	100
8 Principal occu	pation / Job title (See Instructions) 9	Employer (See Instruct	ions)
Date	Full name of contributor	D#:)	Amount of contribution (\$)
09/10/2020	Linda Burns Contributor address; City; 3029 Stone Edge Rd	State; Zip Code	150
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	D#:)	Amount of contribution (\$)
10/12/2020	Greg and Susan Daw Contributor address; City; 4790 Sol de Alma El Paso Tx 79922	State; Zip Code	250
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC (ID	D#:)	Amount of contribution (\$)
09/13/2020	Ron Marcum Contributor address; City; 5474 Weeping Willow El Paso Tx 7992	State; Zip Code	250
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)

The	Instruction Guide explains how to complete this fo	rm.	1 Total pages Schedule A1:
2 FILER NAME Mr Oscar V I	_eeser		3 Filer ID (Ethics Commission Filers
4 Date	5 Full name of contributor out-of-state PAC (ID	#:)	7 Amount of contribution (\$)
	Joseph Quintana		
10/13/2020		State; Zip Code	250
	5232 Lakeway El Paso Tx 79932		
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor	#:)	Amount of contribution (\$)
	Bob Khajehnouri		
09/13/2020	,	State; Zip Code	1000
	1930 Benedict Canyon Beverly Hills Ca	90210	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	#:)	Amount of contribution (\$)
	Ira Dodge		
09/14/2020		State; Zip Code	100
D: : : 1	56 sun Point Ln El Paso Tx 79912		
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	cions)
Date	Full name of contributor out-of-state PAC (ID	#:)	Amount of contribution (\$)
	Wendy Salom		
09/14/2020		State; Zip Code	500
	807 S El Paso St El Paso Tx 79901		
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	tions)

TARY POLITICAL CONTRIB	BUTIONS	SCHEDULE A1
Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1:
_eeser		3 Filer ID (Ethics Commission Filers)
James Koschmann		7 Amount of contribution (\$)
	•	250
pation / Job title (See Instructions)	Employer (See Instruct	tions)
	D#:)	Amount of contribution (\$)
Contributor address; City;	State; Zip Code	100
pation / Job title (See Instructions)	Employer (See Instruct	ions)
Full name of contributor	D#:)	Amount of contribution (\$)
Patrick Dominguez Contributor address; City; 3128 Alameda El Paso Tx 79905	State; Zip Code	500
pation / Job title (See Instructions)	Employer (See Instruct	tions)
	D#:)	Amount of contribution (\$)
Contributor address; City;	State; Zip Code	500
pation / Job title (See Instructions)	Employer (See Instruct	tions)
	Instruction Guide explains how to complete this for Deep Page Page Page Page Page Page Page Page	Deeser 5

MONE	TARY POLITICAL CONTRIE	BUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME Mr Oscar V I	_eeser		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC ((ID#:)	7 Amount of contribution (\$)
09/17/2020	6 Contributor address; City; 441 Majestic Mountain Dr El Paso Tx	State; Zip Code 79912	500
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
09/21/2020	Luisa Herrera Contributor address; City; 4316 Marcus Uribe Dr El Paso Tx 799	State; Zip Code	10
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor	[ID#:)	Amount of contribution (\$)
09/22/2020	Matthew Kaplowitz Contributor address; City; 1476 Shelby Ridge El Paso Tx 79912	State; Zip Code	500
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
09/22/2020	Rafael Gonzales Contributor address; City; 4415 Cliffto Dr El Paso Tx 70003	State; Zip Code	100
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS N	IEEDED

MONET	ARY POLITICAL CONTRIE	BUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this f	orm.	1 Total pages Schedule A1:
2 FILER NAME Mr Oscar V L	.eeser		3 Filer ID (Ethics Commission Filers)
4 Date 09/22/2020	5 Full name of contributor out-of-state PAC (IDaniel Wever 6 Contributor address; City;	D#:) State; Zip Code	7 Amount of contribution (\$)
9 Principal coop	133 Calle Olaso El Paso Tx 79932 pation / Job title (See Instructions)	Employer (See Instruct	iona)
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	D#:)	Amount of contribution (\$)
09/23/2020	Rodney Fender Contributor address; City; 7040 Villa Hermosa El Paso Tx 79912		25
Principal occup	eation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor	D#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC (I	D#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

Th	ne Instruction Guide explains how to complete this form	1 Total pages Schedule A2:					
² FILER NAMI Mr Oscar V		3 Filer ID (Ethics Commission Filers)					
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	\$					
5 Date	6 Full name of contributor)	8 Amount of 9 In-kind contribution Contribution \$ description				
	7 Contributor address; City; State;	Zip Code	Check if travel outside of Texas. Complete Schedule T.				
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)				
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)				
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)				
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)							
Date	Full name of contributor)	Amount of In-kind contribution Contribution \$ description				
	Contributor address; City; State;	Zip Code	Check if travel outside of Texas. Complete Schedule T.				
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	er (FOR NON-JUDICIAL)(See Instructions)				
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)				
Contributor's	employer/law firm (FOR JUDICIAL)	Law firn	m of contributor's spouse (if any) (FOR JUDICIAL)				
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDU	JLE AS NEEDED				

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

Date Full name of pledgor out-of-state PAC (ID#:	·—- -	GED CONTRIBUTIONS			SCHEDULE B
Mr Oscar V Leeser 4 TOTAL OF UNITEMIZED PLEDGES 5 Date 6 Full name of pledgor out-of-state PAC (IDR State; Zip Code Check if travel outside of Texas. Complete Schedule Check if travel outside of Texa	Т	he Instruction Guide explains how to complete this	form.		ule B:
Solution Check if travel outside of Texas. Complete Schedule				3 Filer ID (Ethics C	ommission Filers)
7 Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule 1 10 Principal occupation / Job title (See Instructions)	4 TOTAL (OF UNITEMIZED PLEDGES		\$	
Check if travel outside of Texas. Complete Schedule Check if travel outside of Texas. Complete Sch	5 Date	6 Full name of pledgor)		
Date Full name of pledgor		7 Pledgor address; City; Sta	ate; Zip Code		
Date Full name of pledgor out-of-state PAC (ID#:				Check if travel outs	ide of Texas. Complete Schedule
Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule 1 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of pledgor out-of-state PAC (ID#:	10 Principal o	ccupation / Job title (See Instructions)	11 Employer (See	Instructions)	
Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of pledgor out-of-state PAC (ID#:	Date	Full name of pledgor)		
Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Pledge \$ In-kind contribution description Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule 1 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of Pledge \$ In-kind contribution description Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule 1 Check if travel outside of Texas. Complete Schedule 1		Pledgor address; City; Sta	ate; Zip Code		
Date Full name of pledgor				Check if travel outs	ide of Texas. Complete Schedule
Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule Texa	Principal oc	cupation / Job title (See Instructions)	Employer (See	Instructions)	
Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Date Full name of pledgor	Date	Full name of pledgor)		
Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of pledgor		Pledgor address; City; Sta	ate; Zip Code		•
Date Full name of pledgor out-of-state PAC (ID#:) Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule Texas.				Check if travel outs	ide of Texas. Complete Schedule
Pledge \$ description Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule 1	Principal o	ccupation / Job title (See Instructions)	Employer (See	: Instructions)	
Check if travel outside of Texas. Complete Schedule	Date	Full name of pledgor)		
		Pledgor address; City; State	; Zip Code		•
Principal occupation / Job title (See Instructions) Employer (See Instructions)				Check if travel outs	ide of Texas. Complete Schedule
	Principal oc	cupation / Job title (See Instructions)	Employer (See	: Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

LOANS			SCHEDULE E
The	Instruction Guide explains how to compl	ete this form.	Total pages Schedule E: 0
FILER NAME			3 Filer ID (Ethics Commission Filers
/Ir Oscar V Lee	eser		
TOTAL OF UN	NITEMIZED LOANS		\$
Date of loan	7 Name of lender out-of-state F	PAC (ID#:)	9 Loan Amount (\$)
Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate
Y N			11 Maturity date
2 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	
4 Description of Coll	lateral	Check if personal fun account (See Instruc	ds were deposited into political tions)
one GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable Principal Occupat	18 Guarantor address; City;	State; Zip Code 21 Employer (See Instructions)	
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)
Is lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate
Y N			Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Coll	ateral	Check if personal fun account (See Instruc	ds were deposited into political tions)
	Name of guarantor		Amount Guaranteed (\$)
GUARANTOR INFORMATION			
	Guarantor address; City;	State; Zip Code	
		State; Zip Code	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Printing Expense Travel Out Of District
Salaries/Wages/Contract Labor Other (enter a category not listed above)

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

The Instruction Guide explains how to complete this form

	The instruction during explains now to t	somplete tins form:		
1 Total pages Schedule F1:			3 Filer ID (Ethics	s Commission Filers)
6	Mr Oscar V Leeser			
4 Date	5 Payee name			
09/18/2020	PDX			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
9130.48	100 Porfirio Diaz St El Paso Tx 7990	2		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	Printing	Printing		
OF EXPENDITURE				
EXI ENDITORE	🗖			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	g expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/OF	1 Oscar Leeser Mag	yor		
Date	Payee name			
09/17/2020	El Paso Southwest Outdoor			
Amount (\$)	Payee address;	City;	State;	Zip Code
4155	825 E Blacker El Paso Tx 79902			
	Category (See Categories listed at the top of this schedule) Advertising	Description Billboard		
PURPOSE OF	/ tavertising	Billboard		
EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	g expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/OF	Oscar Leeser Ma	yor		
Date	Payee name			
09/17/2020	Camino Real Media			
Amount (\$)	Payee address;	City;	State;	Zip Code
926	6112 N Mesa Ste 6500 El Paso Tx 7	9912		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Advertising	Banners		
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/OF	Oscar Leeser May	yor		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment

Event Expense Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Other (enter a category not listed above)

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District
Travel Out Of District

	The Instruction Guide explains how to d	complete this form.			
1 Total pages Schedule F1:			3 Filer ID (Ethic	s Commission Filers)	
6	Mr Oscar V Leeser				
4 Date	5 Payee name				
09/16/2020	Sun Circle Strategic Group				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
10000	1301 Montana Ste H El Paso Tx 79	902			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE	Signs Services	Signs services	5		
OF EXPENDITURE					
EXPENDITORE					
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	g expense	
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held	
expenditure to benefit C/OF	1 Oscar Leeser Mag	yor			
Date	Payee name				
08/05/2020	Sun Circle Strategic Group				
Amount (\$)	Payee address;	City;	State;	Zip Code	
5238.54	1301 Montana Ste H El Paso Tx				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Signs Services	Signs Services	S		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	g expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held	
expenditure to benefit C/OF		_			
	•				
Date	Payee name				
08/05/2020	Davids Banners				
Amount (\$)	Payee address;	City;	State;	Zip Code	
2165	9911 Carnegie El Paso Tx 79925				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description 4x4 signs			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living	g expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held	
expenditure to benefit C/OF	Oscar Leeser May	yor			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

aries/Wages/Contract Labor Other (enter a

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)			
6	Mr Oscar V Leeser					
4 Date	5 Payee name					
08/14/2020	KVIA					
6 Amount (\$)	7 Payee address;	City;	State; Zip Code			
7514	4140 Rio Bravo El Paso Tx 79902					
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE	Advertising	Advertising				
OF EXPENDITURE						
	(C) Check if travel outside of Tourse Complete School de T	Observativité Asserti	to TV - Washaldes Britan assessed			
	Check if travel outside of Texas. Complete Schedule T.		in, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Oscar Leeser May	Office sought	Office held			
•	1 Oscar Leeser May	yOi				
Date	Payee name					
08/14/2020	KTSM					
Amount (\$)	Payee address;	City;	State; Zip Code			
9000	3801 Constitution D El Paso Tx 7992	22				
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE	Advertising	Advertising				
OF EXPENDITURE						
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense			
0 1 0 0 1 1 0 1 1 1	Candidate / Officeholder name	Office sought	Office held			
Complete ONLY if direct expenditure to benefit C/OF	4	· ·	Office field			
	Oscar Leeser May	yor				
Date	Payee name					
09/04/2020	KVIA					
Amount (\$)	Payee address;	City;	State; Zip Code			
26095	4140 Rio Bravo El Paso Tx 79902					
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE	Advertising	Advertising				
OF EXPENDITURE						
	Check if travel outside of Texas. Complete Schedule T.	Chock if Austi	n, TX, officeholder living expense			
Complete ONLY if all 1	Candidate / Officeholder name	Office sought	Office held			
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		_	Office field			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

Mr Oscar V Leeser

SCHEDULE F1

Solicitation/Fundraising Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment

6

1 Total pages Schedule F1: 2 FILER NAME

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Cont

The Instruction Guide explains how to complete

tal Expense		ation Equi	pment & Related Ex	pense		
ract Labor	Travel Out Of District Other (enter a category not listed above)					
this form.	(3		, ,	,		
	3 Filer	ID (Ethic	cs Commission Fil	ers)		
City;	;	State;	Zip Code			
scription						
rtising						
Check if Austi	n, TX, officel	holder livin	g expense			
ce sought			Office held			
City;	;	State;	Zip Code			
scription Services						
Check if Austi	n, TX, officel	nolder livin	g expense			
ce sought			Office held			
City;	;	State;	Zip Code			
scription rtising						
Check if Austi	n, TX, officeh	nolder livin	g expense			
ice sought			Office held			

4 Date	5 Payee name				
09/22/2020	El Paso Times				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
17718.04	500 W Overland Ste 150 El Paso Tx	79901			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE	Advertising	Advertising			
OF EXPENDITURE					
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin T	X, officeholder living	n eynense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	X, omocrioidal name	Office held	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		· ·		Omoc neid	
Data	Payee name	, - -			
Date					
09/22/2020	H & H Dinero Tree				
Amount (\$)	Payee address;	City;	State;	Zip Code	
5348.92	9431 Carnigie El Paso Tx 79925				
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE	Advertising	Mail services			
OF EXPENDITURE					
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, T.	X, officeholder living	g expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held	
expenditure to benefit 0/01	Oscar Leeser May	yor			
Date	Payee name				
09/04/2020	KTSM				
Amount (\$)	Payee address;	City;	State;	Zip Code	
21721.75	3801 D Constitution El Paso Tx 7992	2			
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF	Advertising	Advertising			
EXPENDITURE					
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, T	X, officeholder living	g expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Oscar Leeser May	Office sought		Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDE	ED		
orms provided by Texas Eth	ics Commission www.ethics.state.tx.u	ıs		Revised 1/1	/2020

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Travel Out Of District
Contract Labor
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

	The instruction durac explains now to t	somplete this form.	
1 Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
6	Mr Oscar V Leeser		
4 Date	5 Payee name		
09/23/2020	PDX		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
1550.1	100 Porfirio Diaz El Paso Tx 79902		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	Advertising	Printing	
OF EXPENDITURE			
EXPENDITORE			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	⁻ Oscar Leeser May	yor	
Date	Payee name		
09/22/2020	Clear Channel Outdoor		
Amount (\$)	Payee address;	City;	State; Zip Code
8900	2305 Sparkman El Paso Tx 79903		
PURPOSE	Category (See Categories listed at the top of this schedule) Advertising	Description Billboards	
OF EXPENDITURE	· ·		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	Oscar Leeser Ma	yor	
Date	Payee name		
08/14/2020	KFOX		
Amount (\$)	Payee address;	City;	State; Zip Code
7267.5	200 S Alto Mesa El Paso Tx 79912		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Advertising	Advertising	
OF EXPENDITURE			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	Oscar Leeser May	yor	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

g Expense | Fravel In District g Expense | Travel Out Of District es/Wages/Contract Labor | Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

	The instruction Guide explains now to d	complete this form.							
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)						
6	Mr Oscar V Leeser								
4 Date	5 Payee name								
09/04/2020	KFOX								
6 Amount (\$)	7 Payee address;	City;	State; Zip Code						
26102.6	200 S Alto Mesa El Paso Tx 79912	00 S Alto Mesa El Paso Tx 79912							
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description							
PURPOSE	Advertising	Advertising							
OF	3								
EXPENDITURE									
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense						
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held						
expenditure to benefit C/OF	Oscar Leeser May	yor							
Date	Payee name								
08/31/2020	Donateway								
Amount (\$)	Payee address;	City;	State; Zip Code						
1392.3									
	Category (See Categories listed at the top of this schedule)	Description							
PURPOSE	Fees	Online donation	on ree						
OF EXPENDITURE									
LXI LINDITORE		<u> </u>							
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense						
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held						
expenditure to benefit C/OH	Oscar Leeser May	vor							
Date	Payee name	<u>, </u>							
09/30/2020	Donateway								
Amount (\$)	Payee address;	City;	State; Zip Code						
417.83									
	Category (See Categories listed at the top of this schedule)	Description							
PURPOSE	Fees	Online donation	n fee						
OF									
EXPENDITURE									
	Check if travel outside of Texas. Complete Schedule T.	Check if Austii	n, TX, officeholder living expense						
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held						
expenditure to benefit C/OH	Oscar Leeser May	/or							
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED						

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

١ (Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica		Gift/Awards	rage Expense s/Memorials Expense ices	I ∃ €	Polling Exp Printing Exp		·	Travel Ir Travel C	n District Out Of District	not listed above)
			The Inst	truction Guide ex			_		,	0 7	,
1	Total pages Schedule F2:	2 FILE	ER NAME						3 Filer I	D (Ethics Co	mmission Filers)
0		Mr Os	scar V Lee	eser							
4	TOTAL OF UNITEM	1IZED (JNPAID IN	CURRED OF	BLIGA	ATIONS	5		\$		
5	Date	6 Paye	ee name								
7	Amount (\$)	8 Pay	ee address;					City;		State;	Zip Code
9	TYPE OF EXPENDITURE		Political			Non-Poli	tical				
10		(a) Cate	egory (See Categ	gories listed at the top o	of this scl	hedule)	(b) Desc	cription			
	PURPOSE OF EXPENDITURE										
		(c)	Check if travel	I outside of Texas. Comp	lete Sche	edule T.		Check if Aus	stin, TX, office	eholder living ex	pense
11	Complete ONLY if direct expenditure to benefit C/OF		Candidate / Of	fficeholder name	,	Of	fice soug	ht		Office held	d
	Date	Pay	ee name								
	Amount (\$)	Pay	ee address;					City;		State;	Zip Code
	TYPE OF EXPENDITURE		Political			Non-Pol	itical				
		Cate	egory (See Categ	gories listed at the top o	of this sc	hedule)	Des	scription			
	PURPOSE OF										
	EXPENDITURE										
			Check if trav	rel outside of Texas. Com	nplete Sch	nedule T.		Check if Au	ustin, TX, offi	ceholder living e	expense
	Complete ONLY if direct expenditure to benefit C/OH		Candidate / O	fficeholder name	:	Of	ffice soug	ht		Office held	d
		ATT	ACH ADDIT	IONAL COPIE	S OF	THIS S	CHEDUL	E AS NE	EDED		

City Clerk Dept. //5/2020 12:04:09 PM

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

Т	he Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:
ofiler Name Mr Oscar V	Leeser	3 Filer ID (Ethics Commission Filers)
Date	5 Name of person from whom investment is purchased	
	6 Address of person from whom investment is purchased; Cit	y; State; Zip Code
	7 Description of investment	
	8 Amount of investment (\$)	
Date	Name of person from whom investment is purchased	
	Address of person from whom investment is purchased; City	/; State; Zip Code
	Description of investment	
	Amount of investment (\$)	
	ı	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Travel Out Of District Other (enter a category not listed above)

The instruction Guide explains now to complete this form.					
0	Total pages Schedule F4:	2 FILER NAME Mr Oscar V Leeser		3 Filer ID (Ethics Commiss	ion Filers)
4	TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A	CREDIT CARD	\$	
5	Date	6 Payee name			
7	Amount (\$)	8 Payee address;	City;	State; Zip (Code
9	TYPE OF EXPENDITURE	Political Nor	n-Political		
10	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule (c) Check if travel outside of Texas. Complete Schedule		ustin, TX, officeholder living expense	
	omplete <u>ONLY</u> if direct penditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
	Date	Payee name			
	Amount (\$)	Payee address;	City;	State; Zip (Code
	TYPE OF EXPENDITURE	Political No	n-Political		
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule	Description		
		Check if travel outside of Texas. Complete Schedule	T. Check if A	ustin, TX, officeholder living expense)
	omplete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
		ATTACH ADDITIONAL COPIES OF THI	S SCHEDULE AS NE	EEDED	

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment

Event Expense Food/Beverage Expense
Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor Travel Out Of District

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Other (enter a category not listed above)

•	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule G:1	2 FILER NAME Mr Oscar V Leeser		3 Filer ID (Ethics Comm	ission Filers)
4 Date 08/12/2020	5 Payee name City of El Paso			
6 Amount (\$) 500 Reimbursement from political contributions intended	7 Payee address; 300 N Campbell El Paso TX 79901	City;	State; Z	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fee	(b) Description Candidate filing	g fee	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Oscar Leeser mayor	Office sought	Office	held
Date	Payee name			
Amount (\$)	Payee address;	City;	State; Z	Zip Code
Reimbursement from political contributions intended				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office	held
Date	Payee name			
Amount (\$)	Payee address;	City;	State; Zip	Code
Reimbursement from political contributions intended				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office	held
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEED	ED	

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PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

	The instruction duide explains now to		I	
1 Total pages Schedule H:	2 FILER NAME		3 Filer ID (Ethics	Commission Filers)
0	Mr Oscar V Leeser			
4 Date	5 Business name			
6 Amount (\$)	7 Business address;	City;	State;	Zip Code
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
EXPENDITURE				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living ex	xpense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
Date	Business name			
Amount (\$)	Business address;	City;	State;	Zip Code
PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description		
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	, TX, officeholder living ex	pense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
Date	Business name			
Amount (\$)	Business address;	City;	State;	Zip Code
PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description		
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living ex	kpense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	DED	

SCHEDULE I

The Instruction Guide explains how to complete this form.					
1 Total pages Schedule I:	2 FILER NAME		3 Filer ID	(Ethics Co	mmission Filers)
0	Mr Oscar V Leeser				
4 Date	5 Payee name	-			
6 Amount (\$)	7 Payee address;	City		State	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See required.)	instructions regal	rding type of	information
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions rega	rding type of	information
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions rega	rding type of	information
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions rega	rding type of	information

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INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form. 1 Total pages Sched			dule K:	
2 FILER NAME 3 Filer ID (Ethics			s Commission Filers)	
Mr Oscar V L	,			
4 Date	5 Name of person from whom amount is received		8 Amount (\$)	
	6 Address of person from whom amount is received; City; Stat	te; Zip Code		
	7 Purpose for which amount is received Check if	political contribution	returned to filer	
Date	Name of person from whom amount is received		Amount (\$)	
	Address of person from whom amount is received; City; Sta			
	Purpose for which amount is received Check if	political contribution	returned to filer	
Date	Name of person from whom amount is received		Amount (\$)	
	Purpose for which amount is received Check if	political contribution	returned to filer	
Date	Name of person from whom amount is received		Amount (\$)	
	Address of person from whom amount is received; City; Sta			
	Purpose for which amount is received Check if	political contribution	returned to filer	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

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IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction	Guide explains how to complete this form.	1 Total pages Schedule T:			
² FILER NAME Mr Oscar V Leeser		3 Filer ID (Ethics Commission Filers)			
4 Name of Contributor / Corp	4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee				
5 Contribution / Expenditure r	enorted on:				
Schedule A2	Schedule B Schedule B(J) Schedule C2	Schedule D Schedule F1			
Schedule F2	Schedule F4 Schedule G Schedule H	Schedule COH-UC Schedule B-SS			
6 Dates of travel 7 N	lame of person(s) traveling				
8 [eparture city or name of departure location				
0.5	estination city or name of destination location				
9 .	estination city of name of destination location				
10 Means of transportation	11 Purpose of travel (including name of conference,	seminar, or other event)			
Name of Contributor / Corp	oration or Labor Organization / Pledgor / Payee				
Contribution / Expenditure i	eported on:				
Schedule A2	Schedule B Schedule B(J) Schedule C2	Schedule D Schedule F1			
Schedule F2	Schedule F4 Schedule G Schedule H	Schedule COH-UC Schedule B-SS			
Dates of travel	Dates of travel Name of person(s) traveling				
ι	Departure city or name of departure location				
[estination city or name of destination location				
Means of transportation	Purpose of travel (including name of conference,	Purpose of travel (including name of conference, seminar, or other event)			
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee					
Contribution / Expenditure reported on:					
Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1					
Schedule F2	Schedule F4 Schedule G Schedule H	Schedule COH-UC Schedule B-SS			
Dates of travel Name of person(s) traveling					
Departure city or name of departure location					
Destination city or name of destination location					
Means of transportation Purpose of travel (including name of conference, seminar, or other event)					
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CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

	The Instruction Guide explains how to complete this form. •• Complete only if "Report Type" on page 1 is marked "Final Report" ••				
	C/OH N	AME	2 Filer ID (Ethics Commission Filers)		
٨	1r Osca	ar V Leeser			
3	SIGNA	TURE	,		
	I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.				
		Signatu	re of Candidate / Officeholder		
Ļ		WHO IS NOT AN OFFICEHOLDER plete A & B below <i>only</i> if you are not an officeholder. ••			
	A.	CAMPAIGN FUNDS			
	Checl	conly one:			
		I do not have unexpended contributions or unexpended interest or income earned from	om political contributions.		
		I have unexpended contributions or unexpended interest or income earned from policy may not convert unexpended political contributions or unexpended interest or incompersonal use. I also understand that I must file an annual report of unexpended unexpended contributions or unexpended interest or income earned on political contributions final report. Further, I understand that I must dispose of unexpended political contributions in accordance with the requirements of Elections.	me earned on political contributions to contributions and that I may not retain ibutions longer than six years after filing ontributions and unexpended interest or		
	B.	ASSETS			
	Check	conly one:			
		I do not retain assets purchased with political contributions or interest or other incom	ne from political contributions.		
		I do retain assets purchased with political contributions or interest or other income from that I may not convert assets purchased with political contributions or interest or other personal use. I also understand that I must dispose of assets purchased with political requirements of Election Code, § 254.204.	er income from political contributions to		
			Signature of Candidate		
5		EHOLDER plete this section only if you are an officeholder •• I am aware that I remain subject to filing requirements applicable to an officeholder who offile. I am also aware that I will be required to file reports of unexpended contributions if, a officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	after filing the last required report as an		
			anature of Officeholder		