

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

Mr

Oscar

V

NICKNAME

LAST

SUFFIX

Leeser

OFFICE USE ONLY

Date Received

10/5/2020 10:58:48 AM

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

7101 n mesa #374 El Paso Tx 79912

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(915) 270-7648

Date Hand-delivered or Date Postmarked

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

Ms

shelley

NICKNAME

LAST

SUFFIX

Mozelle

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

6730 Westwind El Paso Tx 79912

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(915) 637-3808

9 REPORT TYPE

January 15

30th day before election

Runoff

15th day after campaign
treasurer appointment
(Officeholder Only)

July 15

8th day before election

Exceeded Modified
Reporting Limit

Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month Day Year

07/01/2020

THROUGH

Month Day Year

09/24/2020

11 ELECTION

ELECTION DATE

Month Day Year

11/03/2020

ELECTION TYPE

Primary

Runoff

Other
Description

General

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Mayer

GO TO PAGE 2

City Clerk Dept.
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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 2**

14 C/OH NAME
Mr Oscar V Leeser

15 Filer ID (Ethics Commission Filers)

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 / OFFICEHOLDER. *THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT.* CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME
	COMMITTEE ADDRESS	
	COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS	

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 60,528.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 164,603.06
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 173,561.93
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

18 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.

Oscar V Leeser
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Oscar V Leeser, this the 5 day of October, 2020, to certify which, witness my hand and seal of office.

Adriana Rosas

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

City Clerk Dept.
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SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

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

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
33

2 FILER NAME

Mr Oscar V Leeser

3 Filer ID (Ethics Commission Filers)

4 Date

08/26/2020

5 Full name of contributor out-of-state PAC (ID#: _____)
Sergio Lewis
6 Contributor address; City; State; Zip Code
3432 Montridge El Paso Tx 79904

7 Amount of contribution (\$)

500

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

08/25/2020

Full name of contributor out-of-state PAC (ID#: _____)
Patricia Bilbao
Contributor address; City; State; Zip Code
867 Via Alegre El Paso Tx 79912

Amount of contribution (\$)

200

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/22/2020

Full name of contributor out-of-state PAC (ID#: _____)
Randy Johnson
Contributor address; City; State; Zip Code
5400 N Mesa Ste H El Paso Tx 79912

Amount of contribution (\$)

1000

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/20/2020

Full name of contributor out-of-state PAC (ID#: _____)
Samuel C. Strep
Contributor address; City; State; Zip Code
521 Texas Ave El Paso Tx 79901

Amount of contribution (\$)

1000

Principal occupation / 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.

City Clerk Dept.
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
33

2 FILER NAME

Mr Oscar V Leeser

3 Filer ID (Ethics Commission Filers)

4 Date

08/20/2020

5 Full name of contributor out-of-state PAC (ID#: _____)
Paul J Malooly
.....
6 Contributor address; City; State; Zip Code
1016 Singing Hills El Paso Tx 79912

7 Amount of contribution (\$)

5000

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

08/17/2020

Full name of contributor out-of-state PAC (ID#: _____)
Loren H Hodges
.....
Contributor address; City; State; Zip Code
401 Valplano El Paso Tx 79912

Amount of contribution (\$)

1000

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/21/2020

Full name of contributor out-of-state PAC (ID#: _____)
Manuel Chavira
.....
Contributor address; City; State; Zip Code
1804 Paseo Real Circle El Paso Tx 79936

Amount of contribution (\$)

500

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/18/2020

Full name of contributor out-of-state PAC (ID#: _____)
Meyer Marcus
.....
Contributor address; City; State; Zip Code
425 Camino Real El Paso TX 79922

Amount of contribution (\$)

500

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:
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2 FILER NAME

Mr Oscar V Leeser

3 Filer ID (Ethics Commission Filers)

4 Date

08/28/2020

5 Full name of contributor out-of-state PAC (ID#: _____)
Lyle Byrum
6 Contributor address; City; State; Zip Code
1062 Broadmoor El Paso Tx 79912

7 Amount of contribution (\$)

2500

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

09/01/2020

Full name of contributor out-of-state PAC (ID#: _____)
Louis M Alpern
Contributor address; City; State; Zip Code
4171 N Mesa Bldg D Ste 100 El Paso Tx 79902

Amount of contribution (\$)

5000

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/01/2020

Full name of contributor out-of-state PAC (ID#: _____)
Joseph Russel Hanson
Contributor address; City; State; Zip Code
PO Box 220630 El Paso Tx 79913

Amount of contribution (\$)

1000

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/02/2020

Full name of contributor out-of-state PAC (ID#: _____)
Greg Malooly
Contributor address; City; State; Zip Code
810 River Oaks El Paso Tx 79912

Amount of contribution (\$)

500

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:
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2 FILER NAME

Mr Oscar V Leeser

3 Filer ID (Ethics Commission Filers)

4 Date

09/05/2020

5 Full name of contributor out-of-state PAC (ID#: _____)

Steve Fox

6 Contributor address; City; State; Zip Code

11165 Gateway East El Paso Tx 79935

7 Amount of contribution (\$)

2500

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

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

Amount of contribution (\$)

08/27/2020

John Folmer

Contributor address; City; State; Zip Code

4961 Vista del Monte El Paso Tx 79922

1000

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

09/15/2020

Barbara Armendariz

Contributor address; City; State; Zip Code

1812 Tin Star St El Paso Tx 79911

1000

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

09/15/2020

Timothy Gray

Contributor address; City; State; Zip Code

6011 Pinehurst El Paso Tx 79912

1000

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:
33

2 FILER NAME

Mr Oscar V Leeser

3 Filer ID (Ethics Commission Filers)

4 Date

09/02/2020

5 Full name of contributor out-of-state PAC (ID#: _____)
Lyndon Mansfield
.....
6 Contributor address; City; State; Zip Code
2121 Wyoming El Paso Tx 79903

7 Amount of contribution (\$)

500

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

09/17/2020

Full name of contributor out-of-state PAC (ID#: _____)
Donald Luciano
.....
Contributor address; City; State; Zip Code
718 Blacker Ep Paso Tx 79902

Amount of contribution (\$)

300

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/06/2020

Full name of contributor out-of-state PAC (ID#: _____)
Danny Gonzales
.....
Contributor address; City; State; Zip Code
4484 loma ct el paso tx 79934

Amount of contribution (\$)

5

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/06/2020

Full name of contributor out-of-state PAC (ID#: _____)
Ricardo Medina
.....
Contributor address; City; State; Zip Code
299 Vaquero Ln El Paso Tx 79902

Amount of contribution (\$)

300

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:
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2 FILER NAME

Mr Oscar V Leeser

3 Filer ID (Ethics Commission Filers)

4 Date

08/07/2020

5 Full name of contributor out-of-state PAC (ID#: _____)

Walter Basil

6 Contributor address; City; State; Zip Code

14429 Jacinto Ramos El Paso Tx 79938

7 Amount of contribution (\$)

5

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

08/08/2020

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

Phillip Laign

Contributor address; City; State; Zip Code

12228 Edgar Degas El Paso Tx 79936

Amount of contribution (\$)

25

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/12/2020

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

Mike Jaffee

Contributor address; City; State; Zip Code

1211 Henry Brennan El Paso Tx 79936

Amount of contribution (\$)

1000

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/13/2020

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

Carla Gasway

Contributor address; City; State; Zip Code

6660 Fiesta Dr El Paso Tx 79912

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:
33

2 FILER NAME

Mr Oscar V Leeser

3 Filer ID (Ethics Commission Filers)

4 Date

08/14/2020

5 Full name of contributor out-of-state PAC (ID#: _____)
Jack Simmons
.....
6 Contributor address; City; State; Zip Code
5820 Teresa Del Mar El Paso Tx 79912

7 Amount of contribution (\$)

500

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

08/15/2020

Full name of contributor out-of-state PAC (ID#: _____)
Melissa Ramirez
.....
Contributor address; City; State; Zip Code
4545 Honey Willow way El Paso Tx 79922

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/15/2020

Full name of contributor out-of-state PAC (ID#: _____)
Virginia McCoy
.....
Contributor address; City; State; Zip Code
7356 Windsong El Paso Tx 79912

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/15/2020

Full name of contributor out-of-state PAC (ID#: _____)
Cobina Jimenez
.....
Contributor address; City; State; Zip Code
9308 Carranza Dr El Paso Tx 79907

Amount of contribution (\$)

5

Principal occupation / 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.

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
33

2 FILER NAME

Mr Oscar V Leeser

3 Filer ID (Ethics Commission Filers)

4 Date

08/15/2020

5 Full name of contributor out-of-state PAC (ID#: _____)
Cobina Jimenez
.....
6 Contributor address; City; State; Zip Code
9308 Carranza Dr El Paso Tx 79907

7 Amount of contribution (\$)

25

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

08/15/2020

Full name of contributor out-of-state PAC (ID#: _____)
Lily Limon
.....
Contributor address; City; State; Zip Code
1301 Lonewood El Paso Tx 79925

Amount of contribution (\$)

25

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/16/2020

Full name of contributor out-of-state PAC (ID#: _____)
Ray Acosta
.....
Contributor address; City; State; Zip Code
3800 N Mesa El Paso Tx 79912

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/16/2020

Full name of contributor out-of-state PAC (ID#: _____)
Nathan Stevens
.....
Contributor address; City; State; Zip Code
1237 desert Canyon El Paso Tx 79912

Amount of contribution (\$)

100

Principal occupation / 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.

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
33

2 FILER NAME

Mr Oscar V Leeser

3 Filer ID (Ethics Commission Filers)

4 Date

08/16/2020

5 Full name of contributor out-of-state PAC (ID#: _____)
George Leeser

6 Contributor address; City; State; Zip Code
3100 Tierra Humeda El Paso Tx 79938

7 Amount of contribution (\$)

50

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

08/16/2020

Full name of contributor out-of-state PAC (ID#: _____)
Rick Teplitz

Contributor address; City; State; Zip Code
5916 Via Questa El Paso Tx 79912

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/16/2020

Full name of contributor out-of-state PAC (ID#: _____)
Randy Boggs

Contributor address; City; State; Zip Code
6028 Camino Alegre El Paso Tx 79912

Amount of contribution (\$)

1000

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/16/2020

Full name of contributor out-of-state PAC (ID#: _____)
Antonio Davalos

Contributor address; City; State; Zip Code
6232 Los Altos El Paso Tx 79912

Amount of contribution (\$)

1000

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:
33

2 FILER NAME

Mr Oscar V Leeser

3 Filer ID (Ethics Commission Filers)

4 Date

08/16/2020

5 Full name of contributor out-of-state PAC (ID#: _____)

Carlos Ramos

6 Contributor address; City; State; Zip Code

1212 Coyote El Paso Tx 79912

7 Amount of contribution (\$)

100

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

08/16/2020

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

Brian Kennedy

Contributor address; City; State; Zip Code

5015 Montoya El Paso Tx 79922

Amount of contribution (\$)

500

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/16/2020

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

Sylvestre Reyes

Contributor address; City; State; Zip Code

732 Azelea Pl El Paso Tx 79922

Amount of contribution (\$)

1000

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/16/2020

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

Lailah Leeser

Contributor address; City; State; Zip Code

1338 desert Canyon El Paso Tx 79912

Amount of contribution (\$)

250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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City Clerk Dept.
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:
33

2 FILER NAME

Mr Oscar V Leeser

3 Filer ID (Ethics Commission Filers)

4 Date

08/16/2020

5 Full name of contributor

Rene Garcia

out-of-state PAC (ID#: _____)

6 Contributor address; City; State; Zip Code

13032 Tierra Westex Ln El Paso Tx 79938

7 Amount of contribution (\$)

100

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

08/16/2020

Full name of contributor

Jesus Reyes

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

436 Mockingbird Rd El Paso Tx 79907

Amount of contribution (\$)

250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/16/2020

Full name of contributor

Luis Garcia

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

6852 Canyon View El Paso Tx 79912

Amount of contribution (\$)

10

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/16/2020

Full name of contributor

Casey McNamee

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

12332 Angie Bombach El Paso Tx 79928

Amount of contribution (\$)

5

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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City Clerk Dept.
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
33

2 FILER NAME

Mr Oscar V Leeser

3 Filer ID (Ethics Commission Filers)

4 Date

08/16/2020

5 Full name of contributor out-of-state PAC (ID#: _____)

Richard Aguilar

6 Contributor address; City; State; Zip Code

5401 Upper valley El Paso Tx 79902

7 Amount of contribution (\$)

1000

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

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

Amount of contribution (\$)

08/16/2020

Gregory Varela

Contributor address; City; State; Zip Code

10055 n 142nd st 2340 Scottsdale AZ 85259

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

08/17/2020

Don Pendergrass

Contributor address; City; State; Zip Code

815 W Sunset Rd El Paso Tx 79922

1000

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

08/17/2020

Gary Aboud

Contributor address; City; State; Zip Code

4697 Rosinante Rd El Paso Tx 79922

500

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:
33

2 FILER NAME

Mr Oscar V Leeser

3 Filer ID (Ethics Commission Filers)

4 Date

08/17/2020

5 Full name of contributor

Mark Daw

out-of-state PAC (ID#: _____)

6 Contributor address; City; State; Zip Code

6736 Desert Canyon El Paso Tx 79912

7 Amount of contribution (\$)

100

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

08/17/2020

Full name of contributor

Robert Hoy

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

1107 Rim Road El Paso Tx 79902

Amount of contribution (\$)

500

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/17/2020

Full name of contributor

James Younger

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

10209 Donway El Paso Tx 79925

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/17/2020

Full name of contributor

Dean Balmer

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

5609 River Run El Paso Tx 79932

Amount of contribution (\$)

250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME

Mr Oscar V Leeser

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 (\$)

200

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

08/18/2020

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

Ira Dodge

Contributor address; City; State; Zip Code

56 Sun Point Ln El Paso Tx 79912

Amount of contribution (\$)

200

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/18/2020

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

Jamie Harris

Contributor address; City; State; Zip Code

6104 Pinehurst El Paso Tx 79912

Amount of contribution (\$)

1000

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/19/2020

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

James Salome

Contributor address; City; State; Zip Code

700 La Cruz El Paso Tx 79902

Amount of contribution (\$)

50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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2 FILER NAME

Mr Oscar V Leeser

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4 Date

08/19/2020

5 Full name of contributor out-of-state PAC (ID#: _____)
Rita Lacey
.....
6 Contributor address; City; State; Zip Code
PO Box 12205 El Paso Tx 79913

7 Amount of contribution (\$)

75

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

08/19/2020

Full name of contributor out-of-state PAC (ID#: _____)
Jacob Boggs
.....
Contributor address; City; State; Zip Code
1341 Desert Canyon El Paso Tx 79912

Amount of contribution (\$)

200

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/19/2020

Full name of contributor out-of-state PAC (ID#: _____)
Rebecca Kallman
.....
Contributor address; City; State; Zip Code
816 Dulcinea Ct El Paso Tx 79922

Amount of contribution (\$)

150

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/20/2020

Full name of contributor out-of-state PAC (ID#: _____)
Cassie Holman
.....
Contributor address; City; State; Zip Code
PO Box 1968 Santa Fe NM 87504

Amount of contribution (\$)

1000

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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2 FILER NAME

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3 Filer ID (Ethics Commission Filers)

4 Date

08/20/2020

5 Full name of contributor out-of-state PAC (ID#: _____)

Mark Brochnowski

6 Contributor address; City; State; Zip Code

1201 Cerrito Bello El Paso Tx 79912

7 Amount of contribution (\$)

100

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

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

Amount of contribution (\$)

08/20/2020

Patrick Velarde

Contributor address; City; State; Zip Code

3016 Brandwood El Paso Tx 79925

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

08/20/2020

Juan Orozco

Contributor address; City; State; Zip Code

9047 Coventry Cr El Paso Tx 79907

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

08/20/2020

Jackie York

Contributor address; City; State; Zip Code

11166 Sam Snead El Paso Tx 79936

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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2 FILER NAME

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3 Filer ID (Ethics Commission Filers)

4 Date

08/20/2020

5 Full name of contributor out-of-state PAC (ID#: _____)
Laura Gordon
.....
6 Contributor address; City; State; Zip Code
5908 Quinta Real Ct El Paso Tx 79912

7 Amount of contribution (\$)

1000

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

08/21/2020

Full name of contributor out-of-state PAC (ID#: _____)
Anthony Bock
.....
Contributor address; City; State; Zip Code
4401 Lazy Willow El Paso Tx 79922

Amount of contribution (\$)

250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/22/2020

Full name of contributor out-of-state PAC (ID#: _____)
Thomas Hughes
.....
Contributor address; City; State; Zip Code
4785 Turtle Dove El Paso Tx 79922

Amount of contribution (\$)

250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/22/2020

Full name of contributor out-of-state PAC (ID#: _____)
Scott Kobren
.....
Contributor address; City; State; Zip Code
1212 Cerrito Bello El Paso Tx 79912

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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4 Date

08/22/2020

5 Full name of contributor out-of-state PAC (ID#: _____)
Mahlon McCaleb
6 Contributor address; City; State; Zip Code
6195 Franklin Dove El Paso Tx 79912

7 Amount of contribution (\$)

250

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

08/22/2020

Full name of contributor out-of-state PAC (ID#: _____)
Sam Payne
Contributor address; City; State; Zip Code
415 Lombardy El Paso Tx 79922

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/22/2020

Full name of contributor out-of-state PAC (ID#: _____)
Catherine Payne
Contributor address; City; State; Zip Code
415 Lombardy El Paso Tx 79922

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/22/2020

Full name of contributor out-of-state PAC (ID#: _____)
Jimmy Phillips
Contributor address; City; State; Zip Code
7201 Rochester El Paso Tx 79912

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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2 FILER NAME

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3 Filer ID (Ethics Commission Filers)

4 Date

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5 Full name of contributor out-of-state PAC (ID#: _____)
William Nabours
.....
6 Contributor address; City; State; Zip Code
1525 A Rebecca Ann Dr El Paso Tx 79936

7 Amount of contribution (\$)

100

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

08/22/2020

Full name of contributor out-of-state PAC (ID#: _____)
Scott Brooks
.....
Contributor address; City; State; Zip Code
324 Phil Hansen Canutillo Tx 79835

Amount of contribution (\$)

50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/22/2020

Full name of contributor out-of-state PAC (ID#: _____)
Honor Eugenio
.....
Contributor address; City; State; Zip Code
6108 Pinehurst El Paso Tx 79912

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/23/2020

Full name of contributor out-of-state PAC (ID#: _____)
Carmen Byers
.....
Contributor address; City; State; Zip Code
3662 Doniphan El Paso Tx 79922

Amount of contribution (\$)

250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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3 Filer ID (Ethics Commission Filers)

4 Date

08/23/2020

5 Full name of contributor out-of-state PAC (ID#: _____)
Lester Parker
6 Contributor address; City; State; Zip Code
6173 Los Felinos El Paso Tx 79912

7 Amount of contribution (\$)

1000

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

08/23/2020

Full name of contributor out-of-state PAC (ID#: _____)
Gary and Gretchen Dickey
Contributor address; City; State; Zip Code
784 Clay Ct El Paso Tx 79932

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/23/2020

Full name of contributor out-of-state PAC (ID#: _____)
John Bennet
Contributor address; City; State; Zip Code
751 Rinconada Ln El Paso Tx 79922

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/23/2020

Full name of contributor out-of-state PAC (ID#: _____)
Jeff Limberg
Contributor address; City; State; Zip Code
620 Mt Cristo Rey El Paso Tx 79922

Amount of contribution (\$)

250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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2 FILER NAME

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3 Filer ID (Ethics Commission Filers)

4 Date

08/23/2020

5 Full name of contributor out-of-state PAC (ID#: _____)
Jennifer Veale
.....
6 Contributor address; City; State; Zip Code
4821 Costa de Oro El Paso Tx 22

7 Amount of contribution (\$)

100

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

08/23/2020

Full name of contributor out-of-state PAC (ID#: _____)
William Coon
.....
Contributor address; City; State; Zip Code
140 W Castellano El Paso Tx 79912

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/23/2020

Full name of contributor out-of-state PAC (ID#: _____)
Ken Miyagishima
.....
Contributor address; City; State; Zip Code
1510 S Solono Dr Las Cruces NM 88001

Amount of contribution (\$)

500

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/23/2020

Full name of contributor out-of-state PAC (ID#: _____)
Cecilia Looney
.....
Contributor address; City; State; Zip Code
3109 Titanic El Paso Tx 79904

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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2 FILER NAME

Mr Oscar V Leeser

3 Filer ID (Ethics Commission Filers)

4 Date

08/23/2020

5 Full name of contributor out-of-state PAC (ID#: _____)
Mack Massey
.....
6 Contributor address; City; State; Zip Code
124 Larkspur Loop Alto NM 88312

7 Amount of contribution (\$)

1000

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

08/24/2020

Full name of contributor out-of-state PAC (ID#: _____)
Aidan Gordon
.....
Contributor address; City; State; Zip Code
PO Box 522541 El Paso Tx 79912

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/24/2020

Full name of contributor out-of-state PAC (ID#: _____)
Tim Coltharp
.....
Contributor address; City; State; Zip Code
PO Box 13095 El Paso Tx 79913

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/24/2020

Full name of contributor out-of-state PAC (ID#: _____)
Andrew Avila
.....
Contributor address; City; State; Zip Code
6365 Los Robles El Paso Tx 79912

Amount of contribution (\$)

500

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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2 FILER NAME

Mr Oscar V Leeser

3 Filer ID (Ethics Commission Filers)

4 Date

08/24/2020

5 Full name of contributor out-of-state PAC (ID#: _____)
Terry Hudson

6 Contributor address; City; State; Zip Code
6113 Pino Real Dr El Paso Tx 79912

7 Amount of contribution (\$)

100

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

08/24/2020

Full name of contributor out-of-state PAC (ID#: _____)
Milner Carballo

Contributor address; City; State; Zip Code
1176 Calle Lomas El Paso Tx 79912

Amount of contribution (\$)

500

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/24/2020

Full name of contributor out-of-state PAC (ID#: _____)
Patrick Gordon

Contributor address; City; State; Zip Code
PO Box 522541 El Paso Tx 79952

Amount of contribution (\$)

250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/25/2020

Full name of contributor out-of-state PAC (ID#: _____)
Lee Zimmerman

Contributor address; City; State; Zip Code
5407 Santa Teresita Santa Teresa NM 88008

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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2 FILER NAME

Mr Oscar V Leeser

3 Filer ID (Ethics Commission Filers)

4 Date

08/25/2020

5 Full name of contributor out-of-state PAC (ID#: _____)
Hector Barreras
.....
6 Contributor address; City; State; Zip Code
5712 David M Brown El Paso Tx 79934

7 Amount of contribution (\$)

25

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

08/25/2020

Full name of contributor out-of-state PAC (ID#: _____)
Gustavo Ganem
.....
Contributor address; City; State; Zip Code
6316 El Risco El Paso Tx 79912

Amount of contribution (\$)

250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/25/2020

Full name of contributor out-of-state PAC (ID#: _____)
Richarda Momsen
.....
Contributor address; City; State; Zip Code
744 Villa Flores El Paso Tx 79912

Amount of contribution (\$)

250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/26/2020

Full name of contributor out-of-state PAC (ID#: _____)
Jaime Torres
.....
Contributor address; City; State; Zip Code
425 San Clemente dr El Paso Tx 79912

Amount of contribution (\$)

500

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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2 FILER NAME

Mr Oscar V Leeser

3 Filer ID (Ethics Commission Filers)

4 Date

08/26/2020

5 Full name of contributor out-of-state PAC (ID#: _____)
Giles Weisenberger
6 Contributor address; City; State; Zip Code
5624 Cortina El Paso Tx 79912

7 Amount of contribution (\$)

500

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

08/26/2020

Full name of contributor out-of-state PAC (ID#: _____)
Rodrick Sterling
Contributor address; City; State; Zip Code
6962 Canyon Ridge Way El Paso Tx 79912

Amount of contribution (\$)

200

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/28/2020

Full name of contributor out-of-state PAC (ID#: _____)
Phillip Robinet
Contributor address; City; State; Zip Code
1724 Wyoming Ave El Paso Tx 79902

Amount of contribution (\$)

1000

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/28/2020

Full name of contributor out-of-state PAC (ID#: _____)
Tracy McIntyre
Contributor address; City; State; Zip Code
3750 Gateway East El Paso Tx 79905

Amount of contribution (\$)

500

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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2 FILER NAME

Mr Oscar V Leeser

3 Filer ID (Ethics Commission Filers)

4 Date

08/28/2020

5 Full name of contributor out-of-state PAC (ID#: _____)
Jerry bacon
.....
6 Contributor address; City; State; Zip Code
6006 Torrey Pines El Paso Tx 79912

7 Amount of contribution (\$)

500

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

08/28/2020

Full name of contributor out-of-state PAC (ID#: _____)
Francisco Fernandez
.....
Contributor address; City; State; Zip Code
5038 Columbine El Paso Tx 79922

Amount of contribution (\$)

1000

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/28/2020

Full name of contributor out-of-state PAC (ID#: _____)
Mike Lowenberg
.....
Contributor address; City; State; Zip Code
27602 Robillard Springs Katy Tx 77494

Amount of contribution (\$)

1000

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/29/2020

Full name of contributor out-of-state PAC (ID#: _____)
Frank Lopez
.....
Contributor address; City; State; Zip Code
917 Prospect El Paso Tx 79902

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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2 FILER NAME

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3 Filer ID (Ethics Commission Filers)

4 Date

08/30/2020

5 Full name of contributor out-of-state PAC (ID#: _____)
Amber Sutherland Dunkin
.....
6 Contributor address; City; State; Zip Code
4612 Adan Fuentes St El Paso Tx 79938

7 Amount of contribution (\$)

5

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

08/31/2020

Full name of contributor out-of-state PAC (ID#: _____)
Gilberto Mares
.....
Contributor address; City; State; Zip Code
4308 Wallington Dr 79902

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/31/2020

Full name of contributor out-of-state PAC (ID#: _____)
Rick Hernandez
.....
Contributor address; City; State; Zip Code
865 N Resler Ste L El Paso Tx 79912

Amount of contribution (\$)

250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/03/2020

Full name of contributor out-of-state PAC (ID#: _____)
Benjamin Falk
.....
Contributor address; City; State; Zip Code
701 2nd Ave NE Washington DC 20002

Amount of contribution (\$)

3

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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2 FILER NAME

Mr Oscar V Leeser

3 Filer ID (Ethics Commission Filers)

4 Date

09/02/2020

5 Full name of contributor

Ira Dodge

out-of-state PAC (ID#: _____)

6 Contributor address; City; State; Zip Code

56 Sun Point Ln El Paso Tx 79912

7 Amount of contribution (\$)

100

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

09/04/2020

Full name of contributor

Arturo Wiener

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

6635 Dawn Dr Unit A El Paso Tx 79912

Amount of contribution (\$)

2500

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/04/2020

Full name of contributor

Elliot Berg

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

444 Executive Center Ste120 El Paso Tx 79902

Amount of contribution (\$)

500

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/08/2020

Full name of contributor

Lily Limon

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

1301 Lonewood El Paso Tx 79925

Amount of contribution (\$)

5

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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2 FILER NAME

Mr Oscar V Leeser

3 Filer ID (Ethics Commission Filers)

4 Date

09/09/2020

5 Full name of contributor out-of-state PAC (ID#: _____)
John Colman
.....
6 Contributor address; City; State; Zip Code
12100 Swaps Dr El Paso Tx 79936

7 Amount of contribution (\$)

100

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

09/10/2020

Full name of contributor out-of-state PAC (ID#: _____)
Linda Burns
.....
Contributor address; City; State; Zip Code
3029 Stone Edge Rd

Amount of contribution (\$)

150

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/12/2020

Full name of contributor out-of-state PAC (ID#: _____)
Greg and Susan Daw
.....
Contributor address; City; State; Zip Code
4790 Sol de Alma El Paso Tx 79922

Amount of contribution (\$)

250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/13/2020

Full name of contributor out-of-state PAC (ID#: _____)
Ron Marcum
.....
Contributor address; City; State; Zip Code
5474 Weeping Willow El Paso Tx 79922

Amount of contribution (\$)

250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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2 FILER NAME

Mr Oscar V Leeser

3 Filer ID (Ethics Commission Filers)

4 Date

10/13/2020

5 Full name of contributor out-of-state PAC (ID#: _____)
Joseph Quintana
.....
6 Contributor address; City; State; Zip Code
5232 Lakeway El Paso Tx 79932

7 Amount of contribution (\$)

250

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

09/13/2020

Full name of contributor out-of-state PAC (ID#: _____)
Bob Khajehnouri
.....
Contributor address; City; State; Zip Code
1930 Benedict Canyon Beverly Hills Ca 90210

Amount of contribution (\$)

1000

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/14/2020

Full name of contributor out-of-state PAC (ID#: _____)
Ira Dodge
.....
Contributor address; City; State; Zip Code
56 sun Point Ln El Paso Tx 79912

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/14/2020

Full name of contributor out-of-state PAC (ID#: _____)
Wendy Salom
.....
Contributor address; City; State; Zip Code
807 S El Paso St El Paso Tx 79901

Amount of contribution (\$)

500

Principal occupation / 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.

City Clerk Dept.
10/5/2020 12:04:09 PM

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
33

2 FILER NAME

Mr Oscar V Leoser

3 Filer ID (Ethics Commission Filers)

4 Date

09/14/2020

5 Full name of contributor out-of-state PAC (ID#: _____)
James Koschmann
.....
6 Contributor address; City; State; Zip Code
6441 Calle Placido Dr. El Paso Tx 79912

7 Amount of contribution (\$)

250

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

09/14/2020

Full name of contributor out-of-state PAC (ID#: _____)
Allen Hains
.....
Contributor address; City; State; Zip Code
105 Cloud Song East Santa Teresa NM 88008

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/15/2020

Full name of contributor out-of-state PAC (ID#: _____)
Patrick Dominguez
.....
Contributor address; City; State; Zip Code
3128 Alameda El Paso Tx 79905

Amount of contribution (\$)

500

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/16/2020

Full name of contributor out-of-state PAC (ID#: _____)
Paul Peebles
.....
Contributor address; City; State; Zip Code
24811 Pearl Crest Lane Spring TX 77389

Amount of contribution (\$)

500

Principal occupation / 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.

City Clerk Dept.
10/5/2020 12:04:09 PM

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
33

2 FILER NAME

Mr Oscar V Leeser

3 Filer ID (Ethics Commission Filers)

4 Date

09/17/2020

5 Full name of contributor out-of-state PAC (ID#: _____)
Arsenio Lopez
.....
6 Contributor address; City; State; Zip Code
441 Majestic Mountain Dr El Paso Tx 79912

7 Amount of contribution (\$)

500

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

09/21/2020

Full name of contributor out-of-state PAC (ID#: _____)
Luisa Herrera
.....
Contributor address; City; State; Zip Code
4316 Marcus Uribe Dr El Paso Tx 79934

Amount of contribution (\$)

10

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/22/2020

Full name of contributor out-of-state PAC (ID#: _____)
Matthew Kaplowitz
.....
Contributor address; City; State; Zip Code
1476 Shelby Ridge El Paso Tx 79912

Amount of contribution (\$)

500

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/22/2020

Full name of contributor out-of-state PAC (ID#: _____)
Rafael Gonzales
.....
Contributor address; City; State; Zip Code
4415 Cliffto Dr El Paso Tx 70003

Amount of contribution (\$)

100

Principal occupation / 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.

City Clerk Dept.
10/5/2020 12:04:09 PM

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
33

2 FILER NAME

Mr Oscar V Leoser

3 Filer ID (Ethics Commission Filers)

4 Date

09/22/2020

5 Full name of contributor out-of-state PAC (ID#: _____)

Daniel Wever

6 Contributor address; City; State; Zip Code

133 Calle Olaso El Paso Tx 79932

7 Amount of contribution (\$)

25

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

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

Amount of contribution (\$)

09/23/2020

Rodney Fender

Contributor address; City; State; Zip Code

7040 Villa Hermosa El Paso Tx 79912

25

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / 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.

City Clerk Dept.
10/5/2020 12:04:09 PM

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 0	
2 FILER NAME Mr Oscar V Leeser		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 7 Contributor address; City; State; Zip Code	8 Amount of Contribution \$	9 In-kind contribution description
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm 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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:

0

2 FILER NAME

Mr Oscar V Leaser

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES

\$

5 Date

6 Full name of pledgor out-of-state PAC (ID#: _____)

8 Amount of Pledge \$

9 In-kind contribution description

7 Pledgor address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

Date

Full name of pledgor out-of-state PAC (ID#: _____)

Amount of Pledge \$

In-kind contribution description

Pledgor address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor out-of-state PAC (ID#: _____)

Amount of Pledge \$

In-kind contribution description

Pledgor address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor out-of-state PAC (ID#: _____)

Amount of Pledge \$

In-kind contribution description

Pledgor address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / 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 complete this form.

1 Total pages Schedule E:
0

2 FILER NAME

Mr Oscar V Leeser

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$

5 Date of loan

7 Name of lender out-of-state PAC (ID#: _____)

9 Loan Amount (\$)

6 Is lender a financial Institution?

Y N

8 Lender address; City; State; Zip Code

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral

none

15

Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address; City; State; Zip Code

not applicable

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

Name of lender out-of-state PAC (ID#: _____)

Loan Amount (\$)

Is lender a financial Institution?

Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

none

Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address; City; State; Zip Code

not applicable

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

City Clerk Dept.
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 6	2 FILER NAME Mr Oscar V Leeser	3 Filer ID (Ethics Commission Filers)
4 Date 09/18/2020	5 Payee name PDX	
6 Amount (\$) 9130.48	7 Payee address; City; State; Zip Code 100 Porfirio Diaz St El Paso Tx 79902	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing	(b) Description Printing
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Oscar Leeser	Office sought / Office held Mayor
Date 09/17/2020	Payee name El Paso Southwest Outdoor	
Amount (\$) 4155	Payee address; City; State; Zip Code 825 E Blacker El Paso Tx 79902	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Billboard
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Oscar Leeser	Office sought / Office held Mayor
Date 09/17/2020	Payee name Camino Real Media	
Amount (\$) 926	Payee address; City; State; Zip Code 6112 N Mesa Ste 6500 El Paso Tx 79912	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Banners
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Oscar Leeser	Office sought / Office held Mayor

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 6	2 FILER NAME Mr Oscar V Leeser	3 Filer ID (Ethics Commission Filers)
4 Date 09/16/2020	5 Payee name Sun Circle Strategic Group	
6 Amount (\$) 10000	7 Payee address; City; State; Zip Code 1301 Montana Ste H El Paso Tx 79902	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Signs Services	(b) Description Signs services
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Oscar Leeser	Office sought Mayor
Date 08/05/2020	Payee name Sun Circle Strategic Group	
Amount (\$) 5238.54	Payee address; City; State; Zip Code 1301 Montana Ste H El Paso Tx	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Signs Services	Description Signs Services
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Oscar Leeser	Office sought Mayor
Date 08/05/2020	Payee name Davids Banners	
Amount (\$) 2165	Payee address; City; State; Zip Code 9911 Carnegie El Paso Tx 79925	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description 4x4 signs
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Oscar Leeser	Office sought Mayor

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 6	2 FILER NAME Mr Oscar V Leeser	3 Filer ID (Ethics Commission Filers)
4 Date 08/14/2020	5 Payee name KVIA	
6 Amount (\$) 7514	7 Payee address; City; State; Zip Code 4140 Rio Bravo El Paso Tx 79902	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Advertising
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Oscar Leeser	Office sought / Office held Mayor
Date 08/14/2020	Payee name KTSM	
Amount (\$) 9000	Payee address; City; State; Zip Code 3801 Constitution D El Paso Tx 79922	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Advertising
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Oscar Leeser	Office sought / Office held Mayor
Date 09/04/2020	Payee name KVIA	
Amount (\$) 26095	Payee address; City; State; Zip Code 4140 Rio Bravo El Paso Tx 79902	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Advertising
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Oscar Leeser	Office sought / Office held Mayor

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 6	2 FILER NAME Mr Oscar V Leeser	3 Filer ID (Ethics Commission Filers)
4 Date 09/22/2020	5 Payee name El Paso Times	
6 Amount (\$) 17718.04	7 Payee address; City; State; Zip Code 500 W Overland Ste 150 El Paso Tx 79901	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Advertising
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Oscar Leeser	Office sought Mayor
Date 09/22/2020	Payee name H & H Dinero Tree	
Amount (\$) 5348.92	Payee address; City; State; Zip Code 9431 Carnigie El Paso Tx 79925	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Mail services
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Oscar Leeser	Office sought Mayor
Date 09/04/2020	Payee name KTSM	
Amount (\$) 21721.75	Payee address; City; State; Zip Code 3801 D Constitution El Paso Tx 79922	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Advertising
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Oscar Leeser	Office sought Mayor

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10/5/2020 12:04:09 PM

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 6	2 FILER NAME Mr Oscar V Leeser	3 Filer ID (Ethics Commission Filers)
4 Date 09/23/2020	5 Payee name PDX	
6 Amount (\$) 1550.1	7 Payee address; City; State; Zip Code 100 Porfirio Diaz El Paso Tx 79902	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Printing
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Oscar Leeser	Office sought / Office held Mayor
Date 09/22/2020	Payee name Clear Channel Outdoor	
Amount (\$) 8900	Payee address; City; State; Zip Code 2305 Sparkman El Paso Tx 79903	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Billboards
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Oscar Leeser	Office sought / Office held Mayor
Date 08/14/2020	Payee name KFOX	
Amount (\$) 7267.5	Payee address; City; State; Zip Code 200 S Alto Mesa El Paso Tx 79912	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Advertising
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Oscar Leeser	Office sought / Office held Mayor

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 6	2 FILER NAME Mr Oscar V Leeser	3 Filer ID (Ethics Commission Filers)
4 Date 09/04/2020	5 Payee name KFOX	
6 Amount (\$) 26102.6	7 Payee address; City; State; Zip Code 200 S Alto Mesa El Paso Tx 79912	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Advertising
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Oscar Leeser	Office sought Mayor
Date 08/31/2020	Payee name Donateway	
Amount (\$) 1392.3	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Online donation fee
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Oscar Leeser	Office sought Mayor
Date 09/30/2020	Payee name Donateway	
Amount (\$) 417.83	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Online donation fee
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Oscar Leeser	Office sought Mayor

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UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: 0	2 FILER NAME Mr Oscar V Leeser	3 Filer ID (Ethics Commission Filers)
--	--	--

4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
--	----

5 Date	6 Payee name
---------------	---------------------

7 Amount (\$)	8 Payee address; City; State; Zip Code
----------------------	---

9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
------------------------------	------------------------------------	--

10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
---------------------	------------------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F3:

0

2 FILER NAME

Mr Oscar V Leaser

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom investment is purchased

6 Address of person from whom investment is purchased; City; 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 (\$)

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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 0	2 FILER NAME Mr Oscar V Leeser	3 Filer ID (Ethics Commission Filers)
--	--	--

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
--	----

5 Date	6 Payee name
---------------	---------------------

7 Amount (\$)	8 Payee address;	City;	State;	Zip Code
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9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
------------------------------	------------------------------------	--

10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address;	City;	State;	Zip Code
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TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
----------------------------	------------------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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 Commission Filers)
--	---	--

4 Date 08/12/2020	5 Payee name City of El Paso
------------------------------------	---

6 Amount (\$) 500 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; 300 N Campbell El Paso TX 79901 City; State; Zip Code
--	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fee	(b) Description Candidate filing fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Oscar Leeser	Office sought mayor	Office held
--	--	-------------------------------	-------------

Date	Payee name
------	------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
---	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date	Payee name
------	------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
---	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule H: 0	2 FILER NAME Mr Oscar V Leaser	3 Filer ID (Ethics Commission Filers)
4 Date	5 Business name	
6 Amount (\$)	7 Business address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: 0	2 FILER NAME Mr Oscar V Leaser	3 Filer ID (Ethics Commission Filers)
--	--	--

4 Date	5 Payee name
---------------	---------------------

6 Amount (\$)	7 Payee address;	City	State	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)
---	--	--

Date	Payee name
------	------------

Amount (\$)	Payee address;	City	State	Zip Code
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PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
-------------------------------	--	--

Date	Payee name
------	------------

Amount (\$)	Payee address;	City	State	Zip Code
-------------	----------------	------	-------	----------

PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
-------------------------------	--	--

Date	Payee name
------	------------

Amount (\$)	Payee address;	City	State	Zip Code
-------------	----------------	------	-------	----------

PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
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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 Schedule K:

0

2 FILER NAME

Mr Oscar V Leeser

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom amount is received

8 Amount (\$)

6 Address of person from whom amount is received; City; State; 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; State; Zip Code

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; State; Zip Code

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; State; Zip Code

Purpose for which amount is received Check if political contribution returned to filer

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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:
0

2 FILER NAME
Mr Oscar V Leeser

3 Filer ID (Ethics Commission Filers)

4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

5 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

6 Dates of travel

7 Name of person(s) traveling

8 Departure city or name of departure location

9 Destination city or name of destination location

10 Means of transportation

11 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)

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" ••

1 C/OH NAME

Mr Oscar V Leeser

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

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.

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

•• Complete A & B below *only* if you are not an officeholder. ••

A. CAMPAIGN FUNDS

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions.

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5 OFFICEHOLDER

•• Complete this section *only* if you are an officeholder ••

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder

City Clerk Dept.
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