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 / OFFICEHOLDER NAME	MS / MRS / MR FIRST Mr Oscar	V	OFFICE USE ONLY
	NICKNAME LAST	SUFFIX	10/25/2020 9:51:25 PM
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; 7101 N Mesa #374 El Paso Tx		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (915) 2707648	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN	MS / MRS / MR FIRST	MI	Receipt # Amount \$
TREASURER NAME	Ms Shelley		Date Processed
	Mozelle		Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / S 6730 Westwind El Paso Tx 79		STATE; ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (915) 6373808	EXTENSION	
9 REPORT TYPE	January 15 30th day before e	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 Sth day before ele	Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 09/25/2020	Month THROUGH 10/24	Day Year /2020
11 ELECTION	ELECTION DATE Month Day Year Primary 11/03/2020 Ceneral	ELECTION TYPE	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known Mayor)
GO TO PAGE 2			

Forms provided by Texas Ethics Commission

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME				15 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 / 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			
		COMMITTEE CAMPAIGN T	REASURER NAME		
Additional Pages					
		COMMITTEE CAMPAIGN	TREASURER ADDRESS		
17 CONTRIBUTION TOTALS	PLEDG	UNITEMIZED POLITICA ES, LOANS, OR GUARAI RIBUTIONS MADE ELECT	,	\$ 0	
		POLITICAL CONTRIB	UTIONS S, OR GUARANTEES OF LOANS)	\$ 29408.50	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$ 0		
	4. TOTAL	POLITICAL EXPENDI	IURES	^{\$} 110288.51	
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIO	ONS MAINTAINED AS OF THE LAS	^{t day} \$ 25,419.95	
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF AY OF THE REPORTING	ALL OUTSTANDING LOANS AS OF PERIOD	* THE \$ 0	
18 AFFIDAVIT					
				perjury, that the accompanying report is formation required to be reported by me	
			Oscar V Leeser		
			Signature of Car	ndidate or Officeholder	
AFFIX NOTARY STAM	P/SEALABOVE				
Sworn to and subsc	ribed before me, ł	by the said Oscar \	/ Leeser	, this the _ 26	
_{day of} October			ess my hand and seal of office		
	Jo	hn Glendon			
Signature of officer a	Idministering oath	Printed name of	officer administering oath	Title of officer administering oath	

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILE	R NAME ar V Leeser	20 Filer ID (Ethics Co	mmission Filers)
	EDULE SUBTOTALS E OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 27571.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 1837.50
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ O
4.	SCHEDULE E: LOANS		\$ 0
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 97888.51
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 FUI	NDS	\$ 400.00
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	IONS RETURNED	\$ O

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The	Instruction Guide evolutions how to complete this	form	1 Total pages Schedule A1:
The Instruction Guide explains how to complete this form.			24
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Mr Oscar V L	leeser		
4 Date		(ID#:)	7 Amount of contribution (\$)
	Harold D Francis		
09/28/2020	6 Contributor address; City;	State; Zip Code	50
	2508 Copper Elpaso Tx 79930		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
	Guy N Fields III		
10/01/2020	Contributor address; City;	State; Zip Code	1000
10/01/2020	6381 La Posta El Paso Tx 79912		1000
Dringinglaggur			tions)
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	uons)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
		· · · · · · · · · · · · · · · · · · ·	
	Connie Parsons Contributor address; City;	State; Zip Code	500
09/24/2020	6728 Pino Real El Paso Tx 79912		500
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
Date		(ID#:)	Amount of contribution (\$)
	William J Ellis		
10/01/2020	Contributor address; City;	State; Zip Code	750
	2500 Scenic Crest #8 El Paso Tx 799	930	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPIES C		IFEDED
	If contributor is out-of-state PAC, please see Instru		

Forms provided by Texas Ethics Commission

MONETARY	POLITICAL	CONTRIBUTIONS
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C	ESER Full name of contributor out-of-state PAC Cecilia Carpio	((D#:))	24 3 Filer ID (Ethics Commission Filers)
4 Date 5	Full name of contributor Out-of-state PAC	(ID#:)	
C		(ID#·)	
	Cecilia Carnio	(18#)	7 Amount of contribution (\$)
10/05/2020 6			
10/00/2020	Contributor address; City;	State; Zip Code	25
1	1231 Peacepipe El Paso Tx 79936		
8 Principal occupat	ion / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
C	Christina Acosta		
10/07/2020	Contributor address; City;	State; Zip Code	500
	327 Elgin El Paso Tx 79907		
Principal occupation	on / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
H	I Harris Hatfield		
10/05/2020	Contributor address; City;	State; Zip Code	250
1	039 Los JardinesEl Paso Tx 79912		
Principal occupati	on / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
	ydia R de Haro		
10/05/2020	Contributor address; City;	State; Zip Code	50
	309 Memphis El Paso Tx 79903		
Principal occupati	on / Job title (See Instructions)	Employer (See Instruct	lions)

The	Instruction Guide explains how to complete this for	orm. 1 Total pages Schedule A1: 24
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Mr Oscar V L	_eeser	
4 Date	5 Full name of contributorout-of-state PAC (II	7 Amount of contribution (\$)
	Christopher A Antcliff	,
10/01/2020		State; Zip Code 500
10/01/2020	221 N Kansas Ste 609 El Paso Tx 799	
8 Principal occu	pation / Job title (See Instructions) 9	Employer (See Instructions)
Date	Full name of contributor	D#:) Amount of contribution (\$)
	Belen B Robles	
10/01/2020	Contributor address; City;	State; Zip Code 50
10/01/2020	3336 Fillmore El Paso Tx 79930	50
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (II	D#:) Amount of contribution (\$)
	Mary Eileen Karlsruher	
10/02/2020		State; Zip Code 500
10/02/2020	716 Maxie Marie El Paso Tx 79932	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions)
Date	Full name of contributorout-of-state PAC (II	D#:) Amount of contribution (\$)
	Adolfo Quijano	
10/02/2020	Contributor address; City;	State; Zip Code 100
	221 N Kansas Ste 609 El Paso Tx 799	001
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions)

MONETARY	POLITICAL	CONTRIBUTIONS
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The	Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: 24	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
Mr Oscar V L	eeser			
4 Date	5 Full name of contributor out-of-state PAC (ID	#:)	7 Amount of contribution (\$)	
	SGM Curtis L Brown			
10/01/2020	6 Contributor address; City;	State; Zip Code	50	
	1612 Sun Valley El Paso Tx 79924			
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)				
Date	Full name of contributor out-of-state PAC (ID	#:)	Amount of contribution (\$)	
	Trepac Texas Assoc of Realtors Pac			
09/30/2020		State; Zip Code	5000	
00/00/2020	PO Box 2246 Austin Tx 78768			
Principal occupation / Job title (See Instructions) Employer (See Instructions)			ions)	
Date	Full name of contributor Out-of-state PAC (ID)#:)	Amount of contribution (\$)	
10/02/2020	Ana Perez Contributor address; City; S	State; Zip Code	50	
	673 Santiago Bustamante El Paso Tx 7	79927		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	tions)	
Date	Full name of contributor out-of-state PAC (ID)#:)	Amount of contribution (\$)	
	Enriqueta Fierro			
10/07/2020		State; Zip Code	50	
10,01,2020	8612 Whitus El Paso Tx 79925			
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	tions)	
	ATTACH ADDITIONAL COPIES OF			
	If contributor is out-of-state PAC, please see Instruction	ion guide for additional r	eporting requirements.	

MONETARY	POLITICAL	CONTRIBUTIONS
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The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 24
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Mr Oscar V I	_eeser		
4 Date	5 Full name of contributor out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
	Dorine Brown		
10/06/2020	6 Contributor address; City;	State; Zip Code	50
	201 Wenda El Paso Tx 79915		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
	Noel R Rosenbaum		
10/04/2020	Contributor address; City;	State; Zip Code	100
10/0 1/2020	405 Valplano El paso Tx 79912		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
10/07/2020	Alejandro C Orozco Contributor address; City;	State; Zip Code	1500
10/07/2020	5924 Ojo de Agua El Paso Tx 79912		
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
	Oscar Gonzales		
08/13/2020	Contributor address; City;	State; Zip Code	500
	1749 Dale Douglas El Paso Tx 79936	6	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPIES O If contributor is out-of-state PAC, please see Instru		

MONETARY	POLITICAL	CONTRIBUTIONS
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MONETARY	POLITICAL	CONTRIBUTIONS
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The	Instruction Quide combine how to complete this	6 a 1990	1 Total pages Schedule A1:
The	Instruction Guide explains how to complete this	Torm.	24
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Mr Oscar V L	eeser		
4 Date	5 Full name of contributor out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
	Ramona de la Paz Torres		
10/13/2020	6 Contributor address; City;	State; Zip Code	50
	2706 Frankfort El Paso Tx 79930		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
	Sylvia Mercado		
10/12/2020	Contributor address; City;	State; Zip Code	60
10/12/2020	610 Alethea Park Dr El Paso Tx 7990	12	80
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor Out-of-state PAC	(ID#:)	Amount of contribution (\$)
	Ira Batt		
10/12/2020	Contributor address; City;	State; Zip Code	100
	6130 Los Felinos El Paso Tx 79912		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	itions)
Date	Full name of contributor Out-of-state PAC	(ID#:)	Amount of contribution (\$)
	Laura Urritia		
10/03/2020	Contributor address; City;	State; Zip Code	100
10/00/2020	14048 Highweed El Paso Tx 79928		
Principal occur	pation / Job title (See Instructions)	Employer (See Instruc	tions)
			,
	ATTACH ADDITIONAL COPIES O If contributor is out-of-state PAC, please see Instru		

MONETARY	POLITICAL	CONTRIBUTIONS
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The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
		24
2 FILER NAME Mr Oscar V L	00507	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of contribution (\$)
	Sharon Endlich	
10/23/2020	6 Contributor address; City; State	e; Zip Code 500
	138 Augusta Santa Teresa NM 88008	
8 Principal occu	pation / Job title (See Instructions) 9 En	nployer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
	C.C. Dunn Jr	
10/10/2020	Contributor address; City; State	e; Zip Code 50
	1321 Hookrodge El Paso Tx 79925	
Principal occup	ation / Job title (See Instructions) En	nployer (See Instructions)
Date	Full name of contributor	Amount of contribution (\$)
	Eldon J Lawrence	
10/17/2020	Contributor address; City; State	; Zip Code 200
10, 11, 2020	10801 Vista Alegre El Paso Tx 79935	
Principal occup	pation / Job title (See Instructions)	nployer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)
	El Paso Association of Builders Build PAC	
10/20/2020		e; Zip Code 500
	6046 Surety El Paso Tx 79905	
Principal occup	ation / Job title (See Instructions) En	nployer (See Instructions)
	ATTACH ADDITIONAL COPIES OF THIS	

MONETARY POLITICAL CONTRIBUTIONS

The	Instruction Guide explains how to complete this f	form.	1 Total pages Schedule A1: 24
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Mr Oscar V I	eeser		
4 Date	5 Full name of contributor Out-of-state PAC (ID#:)	7 Amount of contribution (\$)
	Jeff Cowan		
09/25/2020	6 Contributor address; City;	State; Zip Code	450
	6129 Los felinos El Paso Tx 79912		
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of contribution (\$)
	Ann Spady		
09/26/2020	Contributor address; City;	State; Zip Code	25
00/20/2020	4320 Mobile El Paso Tx 79903		20
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of contribution (\$)
09/26/2020	Sherre Vann Contributor address; City;	State; Zip Code	50
	10633 Vista Lomas El Paso Tx 79935		
Principal occu	bation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor	ID#:)	Amount of contribution (\$)
	Ceci Ponce		
09/26/2020	Contributor address; City;	State; Zip Code	10
00/20/2020	3428 Clearview El Paso Tx 79904		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPIES OI		IEEDED
	If contributor is out-of-state PAC, please see Instruct		

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 24
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Mr Oscar V I	_eeser		
4 Date	5 Full name of contributor out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
	Barron E White		
09/26/2020	6 Contributor address; City;	State; Zip Code	50
	5024 Vista del Monte El Paso Tx 799	022	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
	Carlos Rivera		
09/26/2020	Contributor address; City;	State; Zip Code	50
03/20/2020	919 E University Ave El Paso Tx 799	02	00
Principal occur	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor Out-of-state PAC	(ID#:)	Amount of contribution (\$)
09/26/2020	Richard Fraser Contributor address; City;	State; Zip Code	5
	11025 Lakewood Ave El Paso Tx 799	935	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
	Lily Flores		
09/26/2020	Contributor address; City;	State; Zip Code	5
	7728 Broadway El Paso Tx 79915		
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPIES O If contributor is out-of-state PAC, please see Instru		

MONETARY POLITICAL CONTRIBUTIONS

The	Instruction Guide explains how to complete th	is form.	1 Total pages Schedule A1: 24
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Mr Oscar V L	_eeser		
4 Date	5 Full name of contributor out-of-state P/	AC (ID#:)	7 Amount of contribution (\$) 25 ctions)
	Terri Smythe		
09/26/2020	6 Contributor address; City;	State; Zip Code	25
03/20/2020	240 W Castello Unit 431 El Paso T>	· ·	
			ť
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	ctions)
Date	Full name of contributor out-of-state P/	AC (ID#:)	Amount of contribution (\$)
	Jerry Lyles		
00/07/0000	Contributor address; City;	State; Zip Code	5
09/27/2020	9036 Mount Shasta El Paso Tx 04		5
	9030 Mount Shasta El Paso 1x 04		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	ctions)
Date	Full name of contributor	AC (ID#:)	Amount of contribution (\$)
	Jerry Dixon		
00/00/0000	Contributor address; City;	State; Zip Code	25
09/28/2020	4525 Willow west El Paso Tx 79922)	20
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	ctions)
Date			
Dale		AC (ID#:)	Amount of contribution (\$)
	Patricia Milliken		
09/28/2020	Contributor address; City;	State; Zip Code	500
	5512 Last Waltz 79932		
Principal occup	Deation / Job title (See Instructions)	Employer (See Instrue	ctions)
	ATTACH ADDITIONAL COPIES If contributor is out-of-state PAC, please see Inst		

Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 24
		3 Filer ID (Ethics Commission Filers)
_eeser		
5 Full name of contributor out-of-state PAC	; (ID#:)	7 Amount of contribution (\$)
Edward C Ross		
6 Contributor address; City;	State; Zip Code	49
6811Delta #100 El Paso Tx 79905		-
pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Full name of contributor	: (ID#:)	Amount of contribution (\$)
Francisco Ortega		
· · · · · · · · · · · · · · · · · · ·	State; Zip Code	10
8449 Lasso Circle El Paso Tx 79907		10
pation / Job title (See Instructions)	Employer (See Instruct	tions)
	1	
Full name of contributor	; (ID#:)	Amount of contribution (\$)
Mary Vasquez		
Contributor address; City;	State; Zip Code	5
417 Grace PI EI Paso Tx 79915		
pation / Job title (See Instructions)	Employer (See Instruct	tions)
Full name of contributor	; (ID#:)	Amount of contribution (\$)
	,	
Contributor address; City;	State; Zip Code	50
821 Twin Hills El Paso Tx 79912		
pation / Job title (See Instructions)	Employer (See Instruct	tions)
	Geeser 5 Full name of contributor □ out-of-state PAC Edward C Ross 6 Contributor address; City; 6811Delta #100 El Paso Tx 79905 pation / Job title (See Instructions) Full name of contributor □ out-of-state PAC Francisco Ortega Contributor address; City; 8449 Lasso Circle El Paso Tx 79907 pation / Job title (See Instructions) Full name of contributor □ out-of-state PAC Mary Vasquez Contributor address; City; 417 Grace PI El Paso Tx 79915 Dation / Job title (See Instructions) Full name of contributor □ out-of-state PAC Mary Vasquez City; Contributor address; City; 417 Grace PI El Paso Tx 79915 Dation / Job title (See Instructions) Full name of contributor □ out-of-state PAC Morris Reiter Contributor address; City; 821 Twin Hills El Paso Tx 79912 City;	5 Full name of contributor out-of-state PAC (ID#:) Edward C Ross 6 Contributor address; City; State; Zip Code 6 6811Delta #100 El Paso Tx 79905 9 Employer (See Instructions) 9 Employer (See Instructions) pation / Job title (See Instructions) 9 Employer (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:) Francisco Ortega Contributor address; City; State; Zip Code 8449 Lasso Circle El Paso Tx 79907 Employer (See Instructions) Employer (See Instructions) Full name of contributor full name of contributor out-of-state PAC (ID#:) Mary Vasquez Mary Vasquez Contributor address; City; State; Zip Code 417 Grace PI El Paso Tx 79915 Employer (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:) Morris Reiter Morris Reiter Contributor address; City; State; Zip Code 821 Twin Hills El Paso Tx 79912 Employer (See Instructions) Employer (See Instructions)

MONETARY	POLITICAL	CONTRIBUTIONS
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The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 24	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	ľ	
Mr Oscar V I	_eeser			
4 Date	5 Full name of contributorout-of-state PAC (ID#:)		7 Amount of contribution (\$)	City Clerk Dept.
	Gerald Miller	(Dep
10/01/2020			500	erk
10/01/2020	6 Contributor address; City; State; Zip Code 7101 N Mesa #352 El Paso Tx 79912		500	C
	7101 N Mesa #352 El Faso 1x 79912			Cit
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	ctions)	
	[Γ	
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)	
	Francisco Fernandez			
10/02/2020			1000	
10/02/2020	5038 Columbine El Paso Tx 79922		1000	
Principal occupation / Job title (See Instructions) Employer (See Instru-		xtions)		
Date	Full name of contributorout-of-state PAC	(ID#:)	Amount of contribution (\$)	
	Paul Vargus			
10/02/2020	Contributor address; City;	State; Zip Code	50	
10,02,2020	12033 Copper point El Paso Tx 7993	4		
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	ctions)	
			,	
Date	Full name of contributor	(ID#-)	Amount of contribution (\$)	
		(10#)		
	Robert Santoscoy Contributor address; City;	State; Zip Code		
10/03/2020		State, Zip Code	1000	
	900 Via Penasco El Paso Tx 79912			
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	ctions)	
	ATTACH ADDITIONAL COPIES O	OF THIS SCHEDULE AS N	NEEDED	
	If contributor is out-of-state PAC, please see Instru	ction guide for additional	reporting requirements.	1

The	Instruction Guide explains how to complete this for	orm.	1 Total pages Schedule A1: 24
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
Mr Oscar V L	leeser		
4 Date	5 Full name of contributor		7 Amount of contribution (\$)
	Andreas Enriquez		
10/06/2020	6 Contributor address; City;	250	
	5015 Vista del Monte El Paso Tx 79922		
8 Principal occu	pation / Job title (See Instructions) 9	Employer (See Instruc	7 Amount of contribution (\$) 250
	Full name of contributor	D ///	
Date		D#:)	Amount of contribution (\$)
	Daniel Rodriguez		
10/07/2020	Contributor address; City;	State; Zip Code	10
	9813 Trinidad El Paso Tx 79925		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor 🗌 out-of-state PAC (II	D#:)	Amount of contribution (\$)
	Jesse Coleman		
10/07/2020		State; Zip Code	25
10/01/2020	6501 Calle Placido El Paso Tx 79912		
Principal occur	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	· · ·		·
Date	Full name of contributor out-of-state PAC (II	D#:)	Amount of contribution (\$)
	Ira Dodge		
10/10/2020	Contributor address; City;	State; Zip Code	100
	56 Sun Point Ln El Paso Tx 799112		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPIES OF If contributor is out-of-state PAC, please see Instruct		

Mr Oscar V Leeser 5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of Alfredo Tovad 10/10/2020 6 Contributor address; City; State; Zip Code 25 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 9 Employer (See Instructions)	f contribution (\$)
Mr Oscar V Leeser 7 Amount of 4 Date 5 Full name of contributor out-of-state PAC (ID#;) 7 Amount of 10/10/2020 6 Contributor address; City; State; Zip Code 25 8 Principal occuration / Job title (See Instructions) 9 Employer (See Instructions) 9 Employer (See Instructions) Amount of Date Full name of contributor out-of-state PAC (ID#:) Amount of 10/10/2020 Full name of contributor out-of-state PAC (ID#:) 5 10/10/2020 Full name of contributor out-of-state PAC (ID#:) 5	contribution (\$)
10/10/2020 Alfredo Tovad 25 6 Contributor address; City; State; Zip Code 25 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 25 Date Full name of contributor out-of-state PAC (ID#:) Amount of Bonnie Rodriguez 10/10/2020 Contributor address; City; State; Zip Code 5	
10/10/2020 6 Contributor address; City; State; Zip Code 25 7304 Windsong El Paso Tx 79912 9 Employer (See Instructions) 9 Employer (See Instructions) Amount of 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Amount of Date Full name of contributor out-of-state PAC (ID#:) Amount of 10/10/2020 Contributor address; City; State; Zip Code 5 8643 San Juan Lane El Paso Tx 79915 Full of the full of th	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Amount of 10/10/2020 Contributor address; City; State; Zip Code 8643 San Juan Lane El Paso Tx 79915 5	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Amount of 10/10/2020 Contributor address; City; State; Zip Code 8643 San Juan Lane El Paso Tx 79915 5	
Date Full name of contributor out-of-state PAC (ID#:) Amount of 10/10/2020 Bonnie Rodriguez Contributor address; City; State; Zip Code 5 8643 San Juan Lane El Paso Tx 79915 Image: State stat	
10/10/2020 Bonnie Rodriguez 5 8643 San Juan Lane El Paso Tx 79915 5	f contribution (\$)
10/10/2020Contributor address;City;State;Zip Code58643 San Juan Lane El Paso Tx 799155	
10/10/2020Contributor address;City;State;Zip Code58643 San Juan Lane El Paso Tx 799155	
8643 San Juan Lane El Paso Tx 79915	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date Full name of contributor Image: out-of-state PAC (ID#:) Amount of contributor	f contribution (\$)
Carlos Villareal	
10/10/2020 Contributor address; City; State; Zip Code 25	
1387 Whirlaway El Paso Tx 79936	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date Full name of contributor out-of-state PAC (ID#:) Amount of	f contribution (\$)
Gloria Tantillo	
10/10/2020 ^{Contributor address; City; State; Zip Code} 5	
1350 Vista Granada El Paso Tx 36	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	

MONETARY	POLITICAL	CONTRIBUTIONS
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The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 24
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Mr Oscar V I	Leeser	
4 Date	5 Full name of contributor) 7 Amount of contribution (\$)
	Miguel Terrazas	
10/10/2020	6 Contributor address; City; State;	Zip Code 2500
	12616 Tierra Perla El Paso Tx 79938	
8 Principal occu	pation / Job title (See Instructions) 9 Emplo	yer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
	Yvonne Quezaire	
10/10/2020	Contributor address; City; State;	Zip Code 5
	1530 George Dieter Apt 6-0 El Paso Tx 7993	36
Principal occu	bation / Job title (See Instructions) Emplo	yer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)
	Sonia stevens	
10/10/2020	Contributor address; City; State;	Zip Code 25
10/10/2020	124 Calle Olaso El Paso Tx 79932	
Principal occu	Dation / Job title (See Instructions) Emplo	yer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)
	Francisco Luevano	
10/10/2020		^{Zip Code} 1
	12268 Tierra Alaska El Paso Tx 79938	
		yer (See Instructions)
Principal occu	Dation / Job title (See Instructions) Emplo	

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 24
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Mr Oscar V I	_eeser		
4 Date	5 Full name of contributor out-of-state PAC (ID#:)		7 Amount of contribution (\$)
	Therese Avalos		
10/11/2020	6 Contributor address; City;	5	
10/11/2020	4545 Gen Maloney Cir El Paso Tx 79	924	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	7 Amount of contribution (\$) 5 tions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
	Guillermina Ontiveros		Amount of contribution (\$)
40/44/0000	Contributor address; City;	State; Zip Code	-
10/11/2020	3830 Pierce El Paso Tx 79930		5
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor Out-of-state PAC	(ID#:)	Amount of contribution (\$)
	William Holt		
10/11/2020	Contributor address; City;	State; Zip Code	10
	9202 Stonewall El Paso Tx 79924		
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor 🛛 out-of-state PAC	(10#)	Amount of contribution (\$)
	Rosa Maria Diaz	(ID#)	
40/44/0000	Contributor address; City;	State; Zip Code	_
10/11/2020	2117 Solano El Paso Tx 79935		5
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS N	IEEDED
	If contributor is out-of-state PAC, please see Instru	ction guide for additional	reporting requirements.

MONETARY	POLITICAL	CONTRIBUTIONS
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The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 24
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
Mr Oscar V I	_eeser		
4 Date	5 Full name of contributor		7 Amount of contribution (\$)
	Robert Resendes		
10/11/2020	6 Contributor address; City;	200	
10/11/2020	6 Contributor address; City; State; Zip Code 3150 N Yarbrough A-3 El Paso Tx 79925		200
8 Principal occu		9 Employer (See Instruc	tions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
	Grace Marrufo		
10/12/2020	Contributor address; City;	State; Zip Code	10
10/12/2020	8709 CatalpaEl Paso Tx 79925		10
Principal occur	pation / Job title (See Instructions)	Employer (See Instruc	ctions)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
	Hilda Lawrence		
10/12/2020	Contributor address; City;	State; Zip Code	5
	6811 Villa Hermosa El Paso Tx 79912	2	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	l ctions)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
	Lorena Castaneda		
10/12/2020	Contributor address; City;	State; Zip Code	10
	12255 Via Campo El Paso Tx 79936		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	ctions)
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS N	NEEDED
	If contributor is out-of-state PAC, please see Instru		

2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Full name of contributor ost-ot-state PAC (IDR 7 10/12/2020 6 Contributor address; City: State; Zip Code 5 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 5 Date Full name of contributor ost-ot-state PAC (IDR: Amount of contribution (S) 5 Date Full name of contributor ost-ot-state PAC (IDR: Amount of contribution (S) 5 Date Full name of contributor ost-ot-state PAC (IDR: Amount of contribution (S) 5 10/12/2020 State; Zip Code 5 5 Date Full name of contributor ost-ot-state PAC (IDR: 5 10/12/2020 Amount of contributor Amount of contribution (S) 5 Date Full name of contributor ost-ot-state PAC (IDR: Amount of contribution (S) Date Full name of contributor ost-ot-state PAC (IDR: Amount of contribution (S) Date Full name of contributor ost-ot-state PAC (IDR: Amount of co	The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1: 24
4 Date 5 Full name of contributor out-of-state PAC (ID#:	2 FILER NAME			
10/12/2020 Istitution in the originate pactive pactin pactive pactive pactin pactive pactive pac	Mr Oscar V I	Leeser		
10/12/2020 6 Contributor address; 4240 la Adelita El Paso Tx 79922 5 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (De:	4 Date	5 Full name of contributor out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)
4240 la Adelita El Paso Tx 79922 8 Principal occupation / Job title (See Instructions) Date Full name of contributor Date Full name of contributor 10/12/2020 Contributor address; City: State; Zip Code 1558 Whistler El Paso Tx 79936 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Out-of-state PAC (ID#:		Aida Aguilar		
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) John Limas Contributor address; City; State; Zip Code 10/12/2020 Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) 5 Date Full name of contributor out-of-state PAC (ID#:	10/12/2020	6 Contributor address; City;	State; Zip Code	5
Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) 10/12/2020 John Limas Contributor address; City; State; Zip Code 5 10/12/2020 1558 Whistler EI Paso Tx 79936 Employer (See Instructions) 5 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#:		4240 la Adelita El Paso Tx 79922		
Date Full name of contributor City: State; Zip Code 5 Date Full name of contributor out-of-state PAC (D#:) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (D#:) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (D#:) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (D#:) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (D#:) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (D#:) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (D#:) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (D#:) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (D#:) Amount of contribution (\$) 10/12/2020 Contributor address; City; State; Zip Code 1 1315 Rio Grande El Paso Tx 79902 Introduction (\$) Introduction (\$) Introduction (\$) Introduction (\$) Introduction	8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instruc	ctions)
10/12/2020 Contributor address; City; State; Zip Code 5 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) 10/12/2020 Contributor address; City; State; Zip Code 10/12/2020 Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) 5 Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) 10/12/2020 Contributor address; City; State; Zip Code 1 10/12/2020 Contributor address; City; State; Zip Code 1	Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
10/12/2020 Contributor address; City; State; Zip Code 5 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) 10/12/2020 Contributor address; City; State; Zip Code 10/12/2020 Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) 5 Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) 10/12/2020 Contributor address; City; State; Zip Code 1		John Limas		
1558 Whistler El Paso Tx 79936 Principal occupation / Job title (See Instructions) Date Full name of contributor Date Full name of contributor Debra Gomez Contributor address; Contributor address; City; State; Zip Code 10/12/2020 5 Principal occupation / Job title (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Date Full name of contributor Out-of-state PAC (ID#: Date Full name of contributor Out-of-state PAC (ID#: Date Full name of contributor Out-of-state PAC (ID#: Amount of contribution (\$) Debra Gomez Contributor address; City; State; Zip Code 1315 Rio Grande El Paso Tx 79902 1	10/12/2020		State; Zip Code	5
Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) Debra Gomez Contributor address; City; State; Zip Code 5 10/12/2020 Contributor address; City; State; Zip Code 5 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) 10/12/2020 Contributor address; City; State; Zip Code 1	10/12/2020	1558 Whistler El Paso Tx 79936		5
10/12/2020 Debra Gomez Contributor address; City; State; Zip Code 5 10/12/2020 1315 Rio Grande El Paso Tx 79902 5 5 Principal occupation / Job title (See Instructions) Employer (See Instructions) 5 Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) Date Full name of contributor Out-of-state PAC (ID#:) 1 10/12/2020 Contributor address; City; State; Zip Code 1315 Rio Grande El Paso Tx 79902 1	Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
10/12/2020 Debra Gomez Contributor address; City; State; Zip Code 5 10/12/2020 1315 Rio Grande El Paso Tx 79902 5 5 Principal occupation / Job title (See Instructions) Employer (See Instructions) 5 Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) Date Full name of contributor Out-of-state PAC (ID#:) 1 10/12/2020 Contributor address; City; State; Zip Code 1315 Rio Grande El Paso Tx 79902 1		1		
10/12/2020 Contributor address; City; State; Zip Code 5 1315 Rio Grande El Paso Tx 79902 Employer (See Instructions) Employer (See Instructions) 5 Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) Debra Gomez Contributor address; City; State; Zip Code 1 10/12/2020 Contributor address; City; State; Zip Code 1	Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
10/12/2020 1315 Rio Grande El Paso Tx 79902 Imployer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Debra Gomez Contributor address; City; State; Zip Code 10/12/2020 1315 Rio Grande El Paso Tx 79902 1		Debra Gomez		
Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) 10/12/2020 Debra Gomez Amount of contribution (\$) 10/12/2020 Contributor address; City; State; Zip Code 1315 Rio Grande El Paso Tx 79902 1	10/12/2020	Contributor address; City;	State; Zip Code	5
Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) 10/12/2020 Debra Gomez		1315 Rio Grande El Paso Tx 79902		
10/12/2020 Debra Gomez City; State; Zip Code 1 1315 Rio Grande El Paso Tx 79902 1	Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
10/12/2020 Contributor address; City; State; Zip Code 1 1315 Rio Grande El Paso Tx 79902 I	Date	Full name of contributor out-of-state PAG	C (ID#:)	Amount of contribution (\$)
10/12/2020 Contributor address; City; State; Zip Code 1 1315 Rio Grande El Paso Tx 79902 I		Debra Gomez		
1315 Rio Grande El Paso Tx 79902	10/12/2020		State; Zip Code	1
Principal occupation / Job title (See Instructions) Employer (See Instructions)	10/12/2020	1315 Rio Grande El Paso Tx 79902		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	ctions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		If contributor is out-of-state PAC, please see Instr	uction guide for additional	reporting requirements.

The	Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A1: 24	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
Mr Oscar V L	eeser			
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)	
	Eder Barron			
10/13/2020	6 Contributor address; City; St	tate; Zip Code	5	
4432 Emory El Paso Tx 79922				
8 Principal occu	pation / Job title (See Instructions) 9	Employer (See Instruct	tions)	
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of contribution (\$)	
	Derrick Vasquez			
10/13/2020	Contributor address; City; S	tate; Zip Code	5	
	5360 Ignacio frias 79934			
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
Date	Full name of contributor)	Amount of contribution (\$)	
10/13/2020	Debra Fraire Contributor address; City; St	ate; Zip Code	50	
10/10/2020	4318 BlissEl Paso Tx 79903			
Principal occup	bation / Job title (See Instructions)	Employer (See Instruct	iions)	
Date	Full name of contributor)	Amount of contribution (\$)	
	Laura Rubalcaba			
10/13/2020	Contributor address; City; Si	tate; Zip Code	5	
	10077 Ontario El Paso Tx 79924			
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)	
	ATTACH ADDITIONAL COPIES OF T If contributor is out-of-state PAC, please see Instructio			

The	Instruction Guide explains how to complete this fo	rm	1 Total pages Schedule A1:	
			24	
2 FILER NAME Mr Oscar V L	aasar		3 Filer ID (Ethics Commission Filers)	
4 Date				
4 Date	5 Full name of contributor Out-of-state PAC (ID)	#:)	7 Amount of contribution (\$)	
	Randall Bowling			
10/13/2020		State; Zip Code	5	
6504 Contessa Ridge El Paso Tx 79912				
8 Principal occu	pation / Job title (See Instructions) 9	Employer (See Instruct	tions)	
Date	Full name of contributor out-of-state PAC (ID:	#:)	Amount of contribution (\$)	
	Jennifer Bencomo			
10/14/2020	Contributor address; City;	State; Zip Code	1500	
	5151 Thorton El Paso Tx 79932			
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)	
Date	Full name of contributor	#:)	Amount of contribution (\$)	
10/14/2020	Jorge Vargas Contributor address; City; S	State; Zip Code	5	
	4131 Larchmont El Paso Tx 79912			
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)	
Date	Full name of contributor out-of-state PAC (ID:	#:)	Amount of contribution (\$)	
	Jose E Gomez			
10/14/2020	Contributor address; City;	State; Zip Code	50	
	1443 Sierra Bonita El Paso Tx 79936			
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)	
	ATTACH ADDITIONAL COPIES OF			

The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1: 24
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Mr Oscar V I	Leeser		
4 Date	5 Full name of contributor out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)
	Ruben Ortiz		
10/15/2020	6 Contributor address; City;	State; Zip Code	500
	513 Crown Point El Paso Tx 79912		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	ctions)
Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of contribution (\$)
	Donna Britton		
10/15/2020	Contributor address; City;	State; Zip Code	10
	905 Fairlane Canutillo Tx 79835		
Principal occupation / Job title (See Instructions) Employer (See Instructions)			ztions)
Date	Full name of contributor out-of-state PAG	(ID#:)	Amount of contribution (\$)
	Kirk Jefferson		
10/16/2020	Contributor address; City;	State; Zip Code	100
10,10,2020	10916Bywood El Paso Tx 79936		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAG	(ID#:)	Amount of contribution (\$)
	Richard Theroux		
10/16/2020	Contributor address; City;	State; Zip Code	10
	5645 Costa Blanca El Paso Tx 7993	2	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS N	NEEDED
	If contributor is out-of-state PAC, please see Instr	uction guide for additional	reporting requirements.

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 24
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Mr Oscar V L	eeser		
4 Date	5 Full name of contributor out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
	Karla Moreno		
10/18/2020	6 Contributor address; City;	State; Zip Code	25
4408 Lazy Willow El Paso Tx 79922			20
<u> </u>			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	ctions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
	Scott Stevens		
10/19/2020	Contributor address; City;	State; Zip Code	100
10/19/2020	6521 Bear Cat Ridge El Paso Tx 799	12	100
Principal occupation / Job title (See Instructions) Employer (See Instructions)			tions)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
10/19/2020	Contributor address; City;	State; Zip Code	50
14 Cumberland Circlee El Paso Tx 79903			
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor 🗌 out-of-state PAC	(ID#:)	Amount of contribution (\$)
	Cynthia Trevizo		
10/21/2020	Contributor address; City;	State; Zip Code	5
10/21/2020	9221 Tenango El Paso Tx 79907		5
Dringinglaggur		Employer (See Instrue	diana)
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	aions)
	ATTACH ADDITIONAL COPIES O		
	If contributor is out-of-state PAC, please see Instru	action guide for additional	reporting requirements.

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 24	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
Mr Oscar V L	_eeser			
4 Date	5 Full name of contributor out-of-state PAC	(ID#:)	7 Amount of contribution (\$)	
	Angelica Gum			
10/21/2020	6 Contributor address; City;	State; Zip Code	5	
	2009 Thunder Ridge El Paso Tx38			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)	
Date	Full name of contributor out-of-state PAC	· (ID#:)	Amount of contribution (\$)	
	Arnulfo Hernandez Jr			
10/22/2020	Contributor address; City;	State; Zip Code	50	
10/22/2020	1490 George Dieter A-194 El Paso T	x79936	00	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)	
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)	
10/22/2020	Rolando Pablos10/22/2020Contributor address;City;State;Zip Code500			
	9601 McAllister Fwy Ste 401 San An	tonio Tx 78216		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)	
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)	
	Wade Daw			
10/22/2020	Contributor address; City;	State; Zip Code	100	
10/22/2020	4755 Pine Creek El Paso Tx 79923			
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	ctions)	
	ATTACH ADDITIONAL COPIES			
	If contributor is out-of-state PAC, please see Instru	uction guide for additional	reporting requirements.	

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

	The Instruction Guide explains how to complete this for	n.	1 Total pages Schedule A2: 0
2 FILER NA	ME		3 Filer ID (Ethics Commission Filers)
Mr Oscar			
	OF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$
5 Date	6 Full name of contributor)	8 Amount of 9 In-kind contribution Contribution \$ description
	7 Contributor address; City; State;	Zip Code	
10 Principal c	ccupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	Check if travel outside of Texas. Complete Schedule T. er (FOR NON-JUDICIAL)(See Instructions)
12 Contributo	r's principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
14 Contributo	r's employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
16 If contribu	or is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of In-kind contribution Contribution \$ description
	Contributor address; City; State;	Zip Code	Check if travel outside of Texas. Complete Schedule T.
Principal c	ccupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)
Contributo	r's principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
Contributo	r's employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
lf contribu	or is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1	
	ATTACH ADDITIONAL COPIES OF 1		
	If contributor is out-of-state PAC, please see Instruct		-

PLEDGED CONTRIBUTIONS

SCHEDULE B

٦	he Instruction Guide explains how to complete this	s form.	1 Total pages Sched	lule B:
2 FILER NA	ME		3 Filer ID (Ethics C	Commission Filers)
Mr Oscar `	V Leeser			
4 TOTAL (OF UNITEMIZED PLEDGES		\$0	
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; St	ate; Zip Code		- - -
				ide of Texas. Complete Schedule
10 Principal o	ccupation / 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; Si	tate; Zip Code		
			Check if travel outs	ide of Texas. Complete Schedule
Principal oc	cupation / 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; St	tate; Zip Code		
				ide of Texas. Complete Schedule
Principal o	ccupation / Job title (See Instructions)	Employer (See	e Instructions)	
Date	Full name of pledgor out-of-state PAC (ID#:)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State	e; Zip Code		
Dringinglas	numerice / Joh title (Coo Instructions)	Employer (See		ide of Texas. Complete Schedule
Fincipal oc	cupation / Job title (See Instructions)			
	ATTACH ADDITIONAL COPIES If contributor is out-of-state PAC, please see Inst		-	requirements.

Forms provided by Texas Ethics Commission

LOANS			SCHEDULE E
The	Instruction Guide explains how to comp	lete this form.	1 Total pages Schedule E:
² FILER NAME Mr Oscar V Lee	asar		3 Filer ID (Ethics Commission Filers)
TOTAL OF UN	NITEMIZED LOANS		\$0
5 Date of loan	7 Name of lender out-of-state	PAC (ID#:)	9 Loan Amount (\$)
5 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate
Y N			11 Maturity date
12 Principal occupati	ion / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Col	lateral	15 Check if personal fun- account (See Instruct	ds were deposited into political ions)
I6 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable not applicable 20 Principal Occupa	tion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender out-of-state	PAC (ID#:)	Loan Amount (\$)
Is lender a financial	Lender address; City;	State; Zip Code	Interest rate
Institution? Y N			Maturity date
	ion / Job title (See Instructions)	Employer (See Instructions)	
Description of Col	lateral	Check if personal fun	ds were deposited into political
none		account (See Instruct	ions)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable			
Principal Occupat	ion (See Instructions)	Employer (See Instructions)	
If Id	ATTACH ADDITIONAL COF ender is out-of-state PAC, please see In	PIES OF THIS SCHEDULE AS NEE struction guide for additional re	

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

City Clerk Dept. 10/26/2020 1:18:40 PM

	EXPENDITURE CATEGO	ORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics	Fees Food/Beverage Expense Gift/Awards/Memorials Expense Food/Beverage Expense Food/Beve	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)
Credit Card Payment	The Instruction Guide explains	how to complete this form.	
1 Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
3	Mr Oscar V Leeser		
4 Date	5 Payee name Univision		
09/30/2020 6 Amount (\$)	7 Payee address;	City;	State; Zip Code
15130	5426 N Mesa El Paso Tx 79912	-	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sch Advertising	(b) Description TV Advertising	3
	(c) Check if travel outside of Texas. Complete Sche	edule T. Check if Austi	in, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Mayor	Office held
Date	Payee name		
09/25/2020	H&H Dinero Tree		
Amount (\$)	Payee address;	City;	State; Zip Code
25539.49	9431 Carnegie El Paso Tx 7992	25	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sche Advertising	edule) Description mailing expen	se
	Check if travel outside of Texas. Complete Sche	edule 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	¹ Oscar Leeser	Mayor	
Date	Payee name	,	
10/01/2020	Kfox		
Amount (\$)	Payee address;	City;	State; Zip Code
21224.5	200 S Alto Mesa El Paso Tx 79	912	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sche Advertising	edule) Description Tv Advertising	
	Check if travel outside of Texas. Complete Sche	dule T. Check if Austi	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES O	•	EDED

Forms provided by Texas Ethics Commission

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

	EXPENDITURE CATEGO	RIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic: Credit Card Payment	Fees O Food/Beverage Expense P Gift/Awards/Memorials Expense P	pan Repayment/Reimbursement Iffice Overhead/Rental Expense olling Expense rinting Expense alaries/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 h	ow to complete this form.	
1 Total pages Schedule F1: 3	² FILER NAME Mr Oscar V Leeser		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
10/06/2020	Paula Gines		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
570	940 Penrith El Paso Tx 79928		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sche Advertising	edule) (b) Description Graphic desig	IN
	(C) Check if travel outside of Texas. Complete Sched	dule T. Check if Aust	in, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name Oscar Leeser	Office sought Mayor	Office held
Date	Payee name		
10/14/2020	Airport Printing		
Amount (\$)	Payee address;	City;	State; Zip Code
17141.33	7 Leigh Fisher Blvd Ste A El Pas	so Tx 79906	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schere Advertising	dule) Description Printing	
	Check if travel outside of Texas. Complete Sched	lule T. Check if Aust	in, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
	Oscar Leeser	Mayor	
Date	Payee name		
10/20/2020	Airport Printing		
Amount (\$)	Payee address;	City;	State; Zip Code
17141.34	7 Leigh Fisher Blvd Ste A El Pas	so Tx 79906	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched Advertising	dule) Description Printing	
	Check if travel outside of Texas. Complete Sched	ule T. Check if Aust	in, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name Oscar Leeser	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NE	EDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

	EXPENDITURE CATEGO	RIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees C Food/Beverage Expense P y Gift/Awards/Memorials Expense P	oan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Balaries/Wages/Contract Labor Now to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1: 3	2 FILER NAME Mr Oscar V Leeser		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
10/23/2020	Donateway		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
529.35			
8	(a) Category (See Categories listed at the top of this sch	edule) (b) Description	
PURPOSE	Fees	Online Donation	on Fees
OF EXPENDITURE			
	(c) Check if travel outside of Texas. Complete Sched	dule T.	n, TX, officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	⁺ Oscar Leeser	Mayor	
Date	Payee name	<u>,</u>	
10/07/2020	Leap Interactive		
Amount (\$)	Payee address;	City;	State; Zip Code
612.5	PO Box 23521 San Antonio Tx 7	78223	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sche Advertising	dule) Description Website desig	n
	Check if travel outside of Texas. Complete Sched	dule 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	Mayor	
Date	Payee name		
10/09/2020	Sun Circle Strategic Group		
Amount (\$)	Payee address;	City;	State; Zip Code
12000	501 E Nevada El Paso Tx 79902	2	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sche Consulting services	dule) Description Consulting ser	vices
	Check if travel outside of Texas. Complete Sched	dule T. Check if Austi	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Mayor	Office held
		-	
	ATTACH ADDITIONAL COPIES OF	F THIS SCHEDULE AS NEE	EDED

UNPAID INC	URRED OBLIGATIONS	SCHEDULE F2
	EXPENDITURE CATEGORIES FOR BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F2:	2 FILER NAME Mr Oscar V Leeser	3 Filer ID (Ethics Commission Filers)
	IZED UNPAID INCURRED OBLIGATIONS	3 Filer ID (Ethics Commission Filers) \$
5 Date	6 Payee name	
7 Amount (\$)	8 Payee address; City;	State; Zip Code
9 TYPE OF EXPENDITURE	Political Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate / Officeholder name Office sought	Ustin, TX, officeholder living expense
Date	Payee name	
Amount (\$)	Payee address; City;	State; Zip Code
TYPE OF EXPENDITURE	Political Non-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	Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate / Officeholder name Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	EEDED

Forms provided by Texas Ethics Commission

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

T!	he Instruction Guide explains how to complete this form.	1 Total pages Schedule F3: 0
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Mr Oscar V I	Leeser	
4 Date	5 Name of person from whom investment is purchased	
	6 Address of person from whom investment is purchased; C	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; C	City; State; Zip Code
	Description of investment	
	Amount of investment (\$)	
	1	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDUL	

Mr Oscar V Leeser Mr Oscar V Leeser * TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date 6 Payee name 7 Amount (\$) 8 Payee address: City; State; Zip Code 7 Amount (\$) 8 Payee address; City; State; Zip Code 9 EXPENDITURE Political Non-Political (b) Description 10 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description 10 PURPOSE (c) Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 11 Complete DNLY if direct payee name Candidate / Officeholder name Office sought Office held 12 Date Payee name Candidate / Officeholder name Office sought Office held 12 Date Payee address; City; State; Zip Code 13 Date Payee address; City; State; Zip Code 14 Date Payee address; City; State; Zip Code 15 Date Payee address; City; State; Zip Code 15 Date Payee address; City;					
1 Total pages Schedule F4: 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 9 TYPE OF EXPENDITURE Political Non-Political (b) Description (c) Category (See Categories listed at the top of this schedule) (b) Description 0 PURPOSE EXPENDITURE Candidate / Office holder name Office sought Office held 1 Candidate / Officeholder name Office sought Office held Office held 1 Date Payee address; City; State; Zip Code 1 Candidate / Officeholder name Office sought Office held Office held 1 Date Payee address; City; State; Zip Code 1 Category (See Categories listed at the top of this schedule) Description Description	Accounting/Banking Consulting Expense Contributions/Donations Made B	Event Expense Fees Food/Beverage Expense By Gift/Awards/Memorials Expen cal Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense se Printing Expense Salaries/Wages/Contract Labor	Transportation Equipment & Re Travel In District Travel Out Of District	elated Expense
5 Date 6 Payee name 7 Amount (\$) 8 Payee address; City; State; Zip Code P EXPENDITURE Political Non-Political 0 PURPOSE OF EXPENDITURE Political Non-Political 0 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description 1 Candidate / Officeholder name Office sought Office held 1 Candidate / Officeholder name Office sought Office held Date Payee name City; State; Zip Code Amount (\$) Payee address; City; State; Zip Code TYPE OF EXPENDITURE Political Non-Political Office held Date Payee name City; State; Zip Code TYPE OF EXPENDITURE Political Non-Political City; State; Zip Code Purpose Category (See Categories listed at the top of this schedule) Description Description Description	Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics Commiss	ion Filers)
7 Amount (\$) 8 Payee address; City; State; Zip Code 9 EXPENDITURE Political Non-Political 10 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 11 Complete ONLY if direct Expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held Date Payee name City; State; Zip Code Amount (\$) Payee address; City; State; Zip Code TYPE OF EXPENDITURE Political Non-Political Query (See Categories listed at the top of this schedule) Description	4 TOTAL OF UNITEN	1IZED EXPENDITURES CHAR	GED TO A CREDIT CARD	\$	
P TYPE OF EXPENDITURE Political Non-Political IO PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description (c) Check if traveloutside of Toxas. Complete Schedule T. Check if Austin, TX, officeholder living expense M Candidate / Officeholder name Office sought Office held Date Payee name Category (See Categories listed at the top of this schedule) City; State; Zip Code TYPE OF EXPENDITURE Payee address; City; State; Zip Code PURPOSE Political Non-Political	5 Date	6 Payee name			
EXPENDITURE Political Non-Political 10 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description (c) Check if traveloutside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 11 Candidate / Officeholder name Office sought Office held Date Payee name Office sought Office held Amount (\$) Payee address; City; State; Zip Code EXPENDITURE Political Non-Political PURPOSE Category (See Categories listed at the top of this schedule) Description	7 Amount (\$)	8 Payee address;	City;	State; Zip (Code
PURPOSE OF EXPENDITURE Image: Construction of the second of the seco	ITPE OF	Political	Non-Political		
II Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Office held Date Payee name City; State; Zip Code Amount (\$) Payee address; City; State; Zip Code EXPENDITURE Political Non-Political Category (See Categories listed at the top of this schedule) Description	PURPOSE OF				
Date Payee address; City; State; Zip Code Amount (\$) Payee address; City; State; Zip Code EXPENDITURE Political Non-Political Image: Category (See Categories listed at the top of this schedule) Description PURPOSE Image: Category (See Categories listed at the top of this schedule) Description	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	1	ne Office sought		
TYPE OF EXPENDITURE Political Category (See Categories listed at the top of this schedule) Description	Date				
EXPENDITURE Political Non-Political Category (See Categories listed at the top of this schedule) Description	Amount (\$)	Payee address;	City;	State; Zip (Code
PURPOSE		Political	Non-Political		
	OF	Category (See Categories listed at the to	op of this schedule) Description		
EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	EXPENDITORE	Check if travel outside of Texas. Co	omplete Schedule T.	Austin, TX, officeholder living expense	•
Complete ONLY if direct expenditure to benefit C/OH			ne Office sought	Office held	

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

		EXPENDITURE CAT	EGORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide expl	Office Ov Polling Ex Printing E Salaries/	xpense Wages/Contract Labor	Solicitation/Fundraisin Transportation Equipn Travel In District Travel Out Of District Other (enter a categor	ent & Related Expense
1 Total pages Schedule G:		ME V Leeser			3 Filer ID (Ethics	Commission Filers)
4 _{Date} 10/13/2020	5 Payee nar Leap Inte	eractive			I	
6 Amount (\$) 400 Reimbursement from political contributions intended	7 Payee ad PO Box 2	^{dress;} 23521 San Antonio T	x 78223		State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category Advertisi	(See Categories listed at the top of thi NG	s schedule)	(b) Description Graphic Desig	n	
_	(c)	Check if travel outside of Texas. Complete	Schedule T.	Check if Austir	n, TX, officeholder living ex	pense
9	Candid	ate / Officeholder name		Office sought		Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Oscar I	_eeser	Mayor			
Date	Payee nar	ne				
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code
Reimbursement from political contributions intended						
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of the	s schedule)	Description		
		Check if travel outside of Texas. Complete	Schedule T.	Check if Austir	n, TX, officeholder living ex	kpense
Complete <u>ONLY</u> if direct expenditure to benefit C/		ate / Officeholder name		Office sought		Office held
Date	Payee nar	ne				
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code
Reimbursement from political contributions intended						
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of thi	s schedule)	Description		
		Check if travel outside of Texas. Complete	Schedule T.	Check if Austir	n, TX, officeholder living ex	pense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	ate / Officeholder name		Office sought		Office held
	ATTA	CH ADDITIONAL COPIES	OF THIS S	CHEDULE AS NEED	DED	

		EXPENDITURE CA	TEGORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Polii Credit Card Payment	•	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Ov Polling E Printing E		Solicitation/Fundraisi Transportation Equipr Travel In District Travel Out Of District Other (enter a catego	nent & Related Expense
	2 54 55 14	The Instruction Guide exp	lains how to	complete this form.	3 Filer ID (Ethics	Commission Filore)
Total pages Schedule H:	² FILER NA				3 FIIEI ID (Ethics	Commission Filers)
Date	5 Business	name				
Amount (\$)	7 Business	address;		City;	State;	Zip Code
B PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of th	nis schedule)	(b) Description		
	(c) Cł	neck if travel outside of Texas. Complet	e Schedule T.	Check if Aust	in, TX, officeholder living e	kpense
Complete <u>ONLY</u> if direct expenditure to benefit C/C		te / Officeholder name		Office sought		Office held
Date	Business	name				
Amount (\$)	Business	address;		City;	State;	Zip Code
PURPOSE OF	Category (See Categories listed at the top of th	iis schedule)	Description		
EXPENDITURE		neck if travel outside of Texas. Complete	e Schedule T.	Check if Aust	in, TX, officeholder living ex	pense
Complete <u>ONLY</u> if direct expenditure to benefit C/C		te / Officeholder name		Office sought		Office held
Date	Business	name				
Amount (\$)	Business	address;		City;	State;	Zip Code
PURPOSE OF	Category (See Categories listed at the top of th	nis schedule)	Description		
EXPENDITURE	Cr	neck if travel outside of Texas. Complete	e Schedule T.	Check if Aust	in, TX, officeholder living e	kpense
				Office sought		Office held

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

Total pages Schedule I	2 FILER NAME		3 Filer ID (Ethics C	ommission Filers)		
	Mr Oscar V Leeser					
Date	5 Payee name					
Amount (\$)	7 Payee address;	City	State	Zip Code		
PURPOSE OF EXPENDITURE	(a)Category (See instructions for examples of acceptable categories.)	(b) Description (Sea required.)	e instructions regarding type o	f information		
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 (Ser required.)	e instructions regarding type o	f information		
Date	Payee name					
Amount (\$)	Payee address;	City	State	Zip Code		
PURPOSE	Category (See instructions for examples of acceptable categories.)	Description (Ser required.)	e instructions regarding type o	f information		

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		3 Filer ID (Ethics Commission Filers)
Mr Oscar V I	_eeser	
4 Date	5 Name of person from whom amount is received	8 Amount (\$)
	6 Address of person from whom amount is received; City; Sta	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	ate; 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; Sta	
	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	ate; Zip Code
	Purpose for which amount is received Check if	political contribution returned to filer
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	ASNEEDED

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

SCHEDULE T

The Instru	ction Guide	explains ho	w to complete	this form.	1 Total pages Schedule T: 0	
² FILER NAME Mr Oscar V Lees				3 Filer ID (Ethics Commission Filers)		
4 Name of Contributor /	-	or Labor Orga	nization / Pledgo	r / Payee		
 5 Contribution / Expend Schedule A2 Schedule F2 6 Dates of travel 	Sche Sche Sche	edule B	Schedule B(J) Schedule G veling e of departure loc	ation	Schedule D Schedule F1 Schedule COH-UC Schedule B-SS	
10 Means of transportati	on	11 Purpose	of travel (includin	g name of conference	e, seminar, or other event)	
Name of Contributor /	Corporation	or Labor Orga	nization / Pledgo	r / Payee		
Contribution / Expend	Sche	on: edule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1 Schedule COH-UC Schedule B-SS	
Dates of travel	Departu		e of departure loc			
Means of transportation		tion city or name of destination location Purpose of travel (including name of conference, seminar, or other event)				
Name of Contributor /	Corporation	or Labor Orga	nization / Pledgo	r / Payee		
Contribution / Expend	liture reported	le B	Schedule B(J) Schedule G	Schedule C2	Schedule D Schedule F1 Schedule COH-UC Schedule B-SS	
Dates of travel		re city or name	veling e of departure loc	ation		
	Destinat	ion city or nan	ne of destination	location		
Means of transportation		Purpose of travel (including name of conference, seminar, or other event)				
	ΓA	TACH ADDI	TIONAL COPIE	S OF THIS SCHED	JLE AS NEEDED	

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

	NAME		2 Filer ID (Ethics Commission Filers)
Ir Osc	ar V Leeser		
SIGNA	TURE		
ing a re	expect any further political contributions or political expect as a final report terminates my campaign treasure utions or make any campaign expenditures without a ca	er appointment. I also understa	nd that I may not accept any campaign
		Signatu	re of Candidate / Officeholder
	WHO IS NOT AN OFFICEHOLDER nplete A & B below <i>only</i> if you are not an officeho	lder. ••	
A.	CAMPAIGN FUNDS		
Chec	k only one:		
	I do not have unexpended contributions or unexpend	ed interest or income earned fr	om political contributions.
	I have unexpended contributions or unexpended inter- may not convert unexpended political contributions personal use. I also understand that I must file an unexpended contributions or unexpended interest or this final report. Further, I understand that I must dis income earned on political contributions in accordance	or unexpended interest or inco annual report of unexpended income earned on political contr pose of unexpended political co	me earned on political contributions to contributions and that I may not retain ibutions longer than six years after filing portributions and unexpended interest or
В.	ASSETS		
Chec	k only one:		
	I do not retain assets purchased with political contrib	utions or interest or other incom	ne from political contributions.
	I do retain assets purchased with political contribution that I may not convert assets purchased with politica personal use. I also understand that I must dispose		om political contributions. I understand
	requirements of Election Code, § 254.204.		-