

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

10/25/2020 9:51:25 PM

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) 2707648

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) 6373808

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 Month Day Year
09/25/2020 THROUGH 10/24/2020

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)

Mayor

GO TO PAGE 2

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

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)	\$ 29408.50
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 110288.51
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 25,419.95
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 26 day of October, 2020, to certify which, witness my hand and seal of office.

John Glendon

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

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

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME

Mr Oscar V Leaser

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 27571.00
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1837.50
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	\$ 97888.51
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	\$ 400.00
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

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:
24

2 FILER NAME

Mr Oscar V Leeser

3 Filer ID (Ethics Commission Filers)

4 Date

09/28/2020

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

Harold D Francis

6 Contributor address; City; State; Zip Code

2508 Copper El Paso Tx 79930

7 Amount of contribution (\$)

50

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/01/2020

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

Guy N Fields III

Contributor address; City; State; Zip Code

6381 La Posta El Paso Tx 79912

Amount of contribution (\$)

1000

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/24/2020

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

Connie Parsons

Contributor address; City; State; Zip Code

6728 Pino Real El Paso Tx 79912

Amount of contribution (\$)

500

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/01/2020

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

William J Ellis

Contributor address; City; State; Zip Code

2500 Scenic Crest #8 El Paso Tx 79930

Amount of contribution (\$)

750

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:
24

2 FILER NAME

Mr Oscar V Leeser

3 Filer ID (Ethics Commission Filers)

4 Date

10/05/2020

5 Full name of contributor

Cecilia Carpio

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

6 Contributor address; City; State; Zip Code

11231 Peacepipe El Paso Tx 79936

7 Amount of contribution (\$)

25

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/07/2020

Full name of contributor

Christina Acosta

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

Contributor address; City; State; Zip Code

9327 Elgin El Paso Tx 79907

Amount of contribution (\$)

500

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/05/2020

Full name of contributor

H Harris Hatfield

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

Contributor address; City; State; Zip Code

1039 Los Jardines El Paso Tx 79912

Amount of contribution (\$)

250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/05/2020

Full name of contributor

Lydia R de Haro

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

Contributor address; City; State; Zip Code

4309 Memphis El Paso Tx 79903

Amount of contribution (\$)

50

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
24

2 FILER NAME

Mr Oscar V Leeser

3 Filer ID (Ethics Commission Filers)

4 Date

10/01/2020

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

Christopher A Antcliff

6 Contributor address; City; State; Zip Code

221 N Kansas Ste 609 El Paso Tx 79901

7 Amount of contribution (\$)

500

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/01/2020

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

Belen B Robles

Contributor address; City; State; Zip Code

3336 Fillmore El Paso Tx 79930

Amount of contribution (\$)

50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/02/2020

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

Mary Eileen Karlsruher

Contributor address; City; State; Zip Code

716 Maxie Marie El Paso Tx 79932

Amount of contribution (\$)

500

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/02/2020

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

Adolfo Quijano

Contributor address; City; State; Zip Code

221 N Kansas Ste 609 El Paso Tx 79901

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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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:
24

2 FILER NAME

Mr Oscar V Leeser

3 Filer ID (Ethics Commission Filers)

4 Date

10/01/2020

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

SGM Curtis L Brown

6 Contributor address; City; State; Zip Code

1612 Sun Valley El Paso Tx 79924

7 Amount of contribution (\$)

50

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

09/30/2020

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

Trepac Texas Assoc of Realtors Pac

Contributor address; City; State; Zip Code

PO Box 2246 Austin Tx 78768

Amount of contribution (\$)

5000

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/02/2020

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

Ana Perez

Contributor address; City; State; Zip Code

673 Santiago Bustamante El Paso Tx 79927

Amount of contribution (\$)

50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/07/2020

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

Enriqueta Fierro

Contributor address; City; State; Zip Code

8612 Whitus El Paso Tx 79925

Amount of contribution (\$)

50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
24

2 FILER NAME

Mr Oscar V Leeser

3 Filer ID (Ethics Commission Filers)

4 Date

10/06/2020

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

Dorine Brown

6 Contributor address; City; State; Zip Code

201 Wenda El Paso Tx 79915

7 Amount of contribution (\$)

50

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/04/2020

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

Noel R Rosenbaum

Contributor address; City; State; Zip Code

405 Valplano El paso Tx 79912

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/07/2020

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

Alejandro C Orozco

Contributor address; City; State; Zip Code

5924 Ojo de Agua El Paso Tx 79912

Amount of contribution (\$)

1500

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/13/2020

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

Oscar Gonzales

Contributor address; City; State; Zip Code

1749 Dale Douglas El Paso Tx 79936

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
24

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#: _____)
Rebecca Interian
6 Contributor address; City; State; Zip Code
12240 Chisholm I Paso Tx 79936

7 Amount of contribution (\$)

650

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/06/2020

Full name of contributor out-of-state PAC (ID#: _____)
El Paso County Sheriff's Officers Assoc PAC
Contributor address; City; State; Zip Code
747 E San Antonio No. 103 El Paso Tx 79901

Amount of contribution (\$)

2500

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/15/2020

Full name of contributor out-of-state PAC (ID#: _____)
El Paso Chapter Associated General
Contributor address; City; State; Zip Code
810 E Yandell Ste B El Paso Tx 79902

Amount of contribution (\$)

1000

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/10/2020

Full name of contributor out-of-state PAC (ID#: _____)
Lawrence Bower
Contributor address; City; State; Zip Code
1102 Los Jardines Circle 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:
24

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#: _____)

Ramona de la Paz Torres

6 Contributor address; City; State; Zip Code

2706 Frankfort El Paso Tx 79930

7 Amount of contribution (\$)

50

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/12/2020

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

Sylvia Mercado

Contributor address; City; State; Zip Code

610 Alethea Park Dr El Paso Tx 79902

Amount of contribution (\$)

60

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/12/2020

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

Ira Batt

Contributor address; City; State; Zip Code

6130 Los Felinos El Paso Tx 79912

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/03/2020

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

Laura Urritia

Contributor address; City; State; Zip Code

14048 Highweed El Paso Tx 79928

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.
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
24

2 FILER NAME

Mr Oscar V Leaser

3 Filer ID (Ethics Commission Filers)

4 Date

10/23/2020

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

Sharon Endlich

6 Contributor address; City; State; Zip Code

138 Augusta Santa Teresa NM 88008

7 Amount of contribution (\$)

500

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/10/2020

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

C.C. Dunn Jr

Contributor address; City; State; Zip Code

1321 Hookrodge El Paso Tx 79925

Amount of contribution (\$)

50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/17/2020

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

Eldon J Lawrence

Contributor address; City; State; Zip Code

10801 Vista Alegre El Paso Tx 79935

Amount of contribution (\$)

200

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/20/2020

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

El Paso Association of Builders Build PAC El Paso

Contributor address; City; State; Zip Code

6046 Surety El Paso Tx 79905

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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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:
24

2 FILER NAME

Mr Oscar V Leeser

3 Filer ID (Ethics Commission Filers)

4 Date

09/25/2020

5 Full name of contributor out-of-state PAC (ID#: _____)
Jeff Cowan
.....
6 Contributor address; City; State; Zip Code
6129 Los felinos El Paso Tx 79912

7 Amount of contribution (\$)

450

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

09/26/2020

Full name of contributor out-of-state PAC (ID#: _____)
Ann Spady
.....
Contributor address; City; State; Zip Code
4320 Mobile El Paso Tx 79903

Amount of contribution (\$)

25

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/26/2020

Full name of contributor out-of-state PAC (ID#: _____)
Sherre Vann
.....
Contributor address; City; State; Zip Code
10633 Vista Lomas El Paso Tx 79935

Amount of contribution (\$)

50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/26/2020

Full name of contributor out-of-state PAC (ID#: _____)
Ceci Ponce
.....
Contributor address; City; State; Zip Code
3428 Clearview El Paso Tx 79904

Amount of contribution (\$)

10

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:
24

2 FILER NAME

Mr Oscar V Leeser

3 Filer ID (Ethics Commission Filers)

4 Date

09/26/2020

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

6 Contributor address; City; State; Zip Code
5024 Vista del Monte El Paso Tx 79922

7 Amount of contribution (\$)

50

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

09/26/2020

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

Contributor address; City; State; Zip Code
1919 E University Ave El Paso Tx 79902

Amount of contribution (\$)

50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/26/2020

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

Contributor address; City; State; Zip Code
11025 Lakewood Ave El Paso Tx 79935

Amount of contribution (\$)

5

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/26/2020

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

Contributor address; City; State; Zip Code
7728 Broadway El Paso Tx 79915

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

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1 Total pages Schedule A1:
24

2 FILER NAME

Mr Oscar V Leeser

3 Filer ID (Ethics Commission Filers)

4 Date

09/26/2020

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

Terri Smythe

6 Contributor address; City; State; Zip Code

240 W Castello Unit 431 El Paso Tx 79912

7 Amount of contribution (\$)

25

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

09/27/2020

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

Jerry Lyles

Contributor address; City; State; Zip Code

9036 Mount Shasta El Paso Tx 04

Amount of contribution (\$)

5

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/28/2020

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

Jerry Dixon

Contributor address; City; State; Zip Code

4525 Willow west El Paso Tx 79922

Amount of contribution (\$)

25

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/28/2020

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

Patricia Milliken

Contributor address; City; State; Zip Code

5512 Last Waltz 79932

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
24

2 FILER NAME

Mr Oscar V Leeser

3 Filer ID (Ethics Commission Filers)

4 Date

09/28/2020

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

6 Contributor address; City; State; Zip Code
6811Delta #100 El Paso Tx 79905

7 Amount of contribution (\$)

49

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

09/29/2020

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

Contributor address; City; State; Zip Code
8449 Lasso Circle El Paso Tx 79907

Amount of contribution (\$)

10

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/29/2020

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

Contributor address; City; State; Zip Code
417 Grace Pl El Paso Tx 79915

Amount of contribution (\$)

5

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/29/2020

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

Contributor address; City; State; Zip Code
821 Twin Hills El Paso Tx 79912

Amount of contribution (\$)

50

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:
24

2 FILER NAME

Mr Oscar V Leeser

3 Filer ID (Ethics Commission Filers)

4 Date

10/01/2020

5 Full name of contributor out-of-state PAC (ID#: _____)
Gerald Miller
.....
6 Contributor address; City; State; Zip Code
7101 N Mesa #352 El Paso Tx 79912

7 Amount of contribution (\$)

500

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/02/2020

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

10/02/2020

Full name of contributor out-of-state PAC (ID#: _____)
Paul Vargus
.....
Contributor address; City; State; Zip Code
12033 Copper point El Paso Tx 79934

Amount of contribution (\$)

50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/03/2020

Full name of contributor out-of-state PAC (ID#: _____)
Robert Santoscoy
.....
Contributor address; City; State; Zip Code
900 Via Penasco 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
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
24

2 FILER NAME

Mr Oscar V Leeser

3 Filer ID (Ethics Commission Filers)

4 Date

10/06/2020

5 Full name of contributor

Andreas Enriquez

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

6 Contributor address; City; State; Zip Code

5015 Vista del Monte El Paso Tx 79922

7 Amount of contribution (\$)

250

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/07/2020

Full name of contributor

Daniel Rodriguez

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

Contributor address; City; State; Zip Code

9813 Trinidad El Paso Tx 79925

Amount of contribution (\$)

10

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/07/2020

Full name of contributor

Jesse Coleman

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

Contributor address; City; State; Zip Code

6501 Calle Placido El Paso Tx 79912

Amount of contribution (\$)

25

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/10/2020

Full name of contributor

Ira Dodge

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

Contributor address; City; State; Zip Code

56 Sun Point Ln El Paso Tx 799112

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.
10/26/2020 1:18:40 PM

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
24

2 FILER NAME

Mr Oscar V Leeser

3 Filer ID (Ethics Commission Filers)

4 Date

10/10/2020

5 Full name of contributor

Alfredo Tovad

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

6 Contributor address;

City;

State;

Zip Code

7304 Windsong El Paso Tx 79912

7 Amount of contribution (\$)

25

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/10/2020

Full name of contributor

Bonnie Rodriguez

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

Contributor address;

City;

State;

Zip Code

8643 San Juan Lane El Paso Tx 79915

Amount of contribution (\$)

5

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/10/2020

Full name of contributor

Carlos Villareal

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

Contributor address;

City;

State;

Zip Code

1387 Whirlaway El Paso Tx 79936

Amount of contribution (\$)

25

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/10/2020

Full name of contributor

Gloria Tantillo

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

Contributor address;

City;

State;

Zip Code

1350 Vista Granada El Paso Tx 36

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.

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
24

2 FILER NAME

Mr Oscar V Leeser

3 Filer ID (Ethics Commission Filers)

4 Date

10/10/2020

5 Full name of contributor out-of-state PAC (ID#: _____)
Miguel Terrazas
.....
6 Contributor address; City; State; Zip Code
12616 Tierra Perla El Paso Tx 79938

7 Amount of contribution (\$)

2500

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/10/2020

Full name of contributor out-of-state PAC (ID#: _____)
Yvonne Quezairé
.....
Contributor address; City; State; Zip Code
1530 George Dieter Apt 6-0 El Paso Tx 79936

Amount of contribution (\$)

5

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/10/2020

Full name of contributor out-of-state PAC (ID#: _____)
Sonia stevens
.....
Contributor address; City; State; Zip Code
124 Calle Olaso El Paso Tx 79932

Amount of contribution (\$)

25

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/10/2020

Full name of contributor out-of-state PAC (ID#: _____)
Francisco Luevano
.....
Contributor address; City; State; Zip Code
12268 Tierra Alaska El Paso Tx 79938

Amount of contribution (\$)

1

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.
10/26/2020 1:18:40 PM

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
24

2 FILER NAME

Mr Oscar V Leeser

3 Filer ID (Ethics Commission Filers)

4 Date

10/11/2020

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

Therese Avalos

6 Contributor address; City; State; Zip Code

4545 Gen Maloney Cir El Paso Tx 79924

7 Amount of contribution (\$)

5

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/11/2020

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

Guillermina Ontiveros

Contributor address; City; State; Zip Code

3830 Pierce El Paso Tx 79930

Amount of contribution (\$)

5

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/11/2020

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

William Holt

Contributor address; City; State; Zip Code

9202 Stonewall El Paso Tx 79924

Amount of contribution (\$)

10

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/11/2020

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

Rosa Maria Diaz

Contributor address; City; State; Zip Code

2117 Solano El Paso Tx 79935

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.

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
24

2 FILER NAME

Mr Oscar V Leeser

3 Filer ID (Ethics Commission Filers)

4 Date

10/11/2020

5 Full name of contributor

Robert Resendes

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

6 Contributor address; City; State; Zip Code

3150 N Yarbrough A-3 El Paso Tx 79925

7 Amount of contribution (\$)

200

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/12/2020

Full name of contributor

Grace Marrufo

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

Contributor address; City; State; Zip Code

8709 Catalpa El Paso Tx 79925

Amount of contribution (\$)

10

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/12/2020

Full name of contributor

Hilda Lawrence

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

Contributor address; City; State; Zip Code

6811 Villa Hermosa El Paso Tx 79912

Amount of contribution (\$)

5

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/12/2020

Full name of contributor

Lorena Castaneda

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

Contributor address; City; State; Zip Code

12255 Via Campo El Paso Tx 79936

Amount of contribution (\$)

10

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
24

2 FILER NAME

Mr Oscar V Leeser

3 Filer ID (Ethics Commission Filers)

4 Date

10/12/2020

5 Full name of contributor

Aida Aguilar

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

6 Contributor address;

City;

State;

Zip Code

4240 la Adelita El Paso Tx 79922

7 Amount of contribution (\$)

5

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/12/2020

Full name of contributor

John Limas

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

Contributor address;

City;

State;

Zip Code

1558 Whistler El Paso Tx 79936

Amount of contribution (\$)

5

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/12/2020

Full name of contributor

Debra Gomez

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

Contributor address;

City;

State;

Zip Code

1315 Rio Grande El Paso Tx 79902

Amount of contribution (\$)

5

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/12/2020

Full name of contributor

Debra Gomez

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

Contributor address;

City;

State;

Zip Code

1315 Rio Grande El Paso Tx 79902

Amount of contribution (\$)

1

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:
24

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#: _____)

Eder Barron

6 Contributor address; City; State; Zip Code

4432 Emory El Paso Tx 79922

7 Amount of contribution (\$)

5

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/13/2020

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

Derrick Vasquez

Contributor address; City; State; Zip Code

5360 Ignacio frias 79934

Amount of contribution (\$)

5

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/13/2020

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

Debra Fraire

Contributor address; City; State; Zip Code

4318 BlissEl Paso Tx 79903

Amount of contribution (\$)

50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/13/2020

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

Laura Rubalcaba

Contributor address; City; State; Zip Code

10077 Ontario El Paso Tx 79924

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.

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:
24

2 FILER NAME

Mr Oscar V Leeser

3 Filer ID (Ethics Commission Filers)

4 Date

10/13/2020

5 Full name of contributor

Randall Bowling

6 Contributor address;

6504 Contessa Ridge El Paso Tx 79912

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

City; State; Zip Code

7 Amount of contribution (\$)

5

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/14/2020

Full name of contributor

Jennifer Bencomo

Contributor address;

5151 Thorton El Paso Tx 79932

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

City; State; Zip Code

Amount of contribution (\$)

1500

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/14/2020

Full name of contributor

Jorge Vargas

Contributor address;

4131 Larchmont El Paso Tx 79912

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

City; State; Zip Code

Amount of contribution (\$)

5

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/14/2020

Full name of contributor

Jose E Gomez

Contributor address;

1443 Sierra Bonita El Paso Tx 79936

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

City; State; Zip Code

Amount of contribution (\$)

50

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:
24

2 FILER NAME

Mr Oscar V Leeser

3 Filer ID (Ethics Commission Filers)

4 Date

10/15/2020

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

Ruben Ortiz

6 Contributor address; City; State; Zip Code

513 Crown Point El Paso Tx 79912

7 Amount of contribution (\$)

500

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/15/2020

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

Donna Britton

Contributor address; City; State; Zip Code

905 Fairlane Canutillo Tx 79835

Amount of contribution (\$)

10

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/16/2020

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

Kirk Jefferson

Contributor address; City; State; Zip Code

10916Bywood El Paso Tx 79936

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/16/2020

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

Richard Theroux

Contributor address; City; State; Zip Code

5645 Costa Blanca El Paso Tx 79932

Amount of contribution (\$)

10

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:
24

2 FILER NAME

Mr Oscar V Leeser

3 Filer ID (Ethics Commission Filers)

4 Date

10/18/2020

5 Full name of contributor

Karla Moreno

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

6 Contributor address;

City;

State;

Zip Code

4408 Lazy Willow El Paso Tx 79922

7 Amount of contribution (\$)

25

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/19/2020

Full name of contributor

Scott Stevens

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

Contributor address;

City;

State;

Zip Code

6521 Bear Cat Ridge El Paso Tx 79912

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/19/2020

Full name of contributor

Robert Vera

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

Contributor address;

City;

State;

Zip Code

14 Cumberland Circlee El Paso Tx 79903

Amount of contribution (\$)

50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/21/2020

Full name of contributor

Cynthia Trevizo

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

Contributor address;

City;

State;

Zip Code

9221 Tenango 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.

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:
24

2 FILER NAME

Mr Oscar V Leeser

3 Filer ID (Ethics Commission Filers)

4 Date

10/21/2020

5 Full name of contributor

Angelica Gum

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

6 Contributor address; City; State; Zip Code

2009 Thunder Ridge El Paso Tx38

7 Amount of contribution (\$)

5

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/22/2020

Full name of contributor

Arnulfo Hernandez Jr

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

Contributor address; City; State; Zip Code

1490 George Dieter A-194 El Paso Tx79936

Amount of contribution (\$)

50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/22/2020

Full name of contributor

Rolando Pablos

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

Contributor address; City; State; Zip Code

9601 McAllister Fwy Ste 401 San Antonio Tx 78216

Amount of contribution (\$)

500

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/22/2020

Full name of contributor

Wade Daw

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

Contributor address; City; State; Zip Code

4755 Pine Creek El Paso Tx 79923

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.
10/26/2020 1:18:40 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

\$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; 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.

City Clerk Dept.
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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

\$0

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

9 Loan Amount (\$)

6 Is lender a financial Institution? 8 Lender address; City; State; Zip Code

10 Interest rate

Y N

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? Lender address; City; State; Zip Code

Interest rate

Y N

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: 3		2 FILER NAME Mr Oscar V Leeser		3 Filer ID (Ethics Commission Filers)	
4 Date 09/30/2020		5 Payee name Univision			
6 Amount (\$) 15130		7 Payee address; City; State; Zip Code 5426 N Mesa El Paso Tx 79912			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising		(b) Description TV 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	Office held
Date 09/25/2020	Payee name H&H Dinero Tree				
Amount (\$) 25539.49	Payee address; City; State; Zip Code 9431 Carnegie El Paso Tx 79925				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		Description mailing expense		
	<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	Office held
Date 10/01/2020	Payee name Kfox				
Amount (\$) 21224.5	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 Tv 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	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

City Clerk Dept.
10/26/2020 1:18:40 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: 3		2 FILER NAME Mr Oscar V Leeser		3 Filer ID (Ethics Commission Filers)	
4 Date 10/06/2020		5 Payee name Paula Gines			
6 Amount (\$) 570		7 Payee address; City; State; Zip Code 940 Penrith El Paso Tx 79928			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising		(b) Description Graphic design		
	(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 10/14/2020		Payee name Airport Printing			
Amount (\$) 17141.33		Payee address; City; State; Zip Code 7 Leigh Fisher Blvd Ste A El Paso Tx 79906			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		Description Printing		
	<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 10/20/2020		Payee name Airport Printing			
Amount (\$) 17141.34		Payee address; City; State; Zip Code 7 Leigh Fisher Blvd Ste A El Paso Tx 79906			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		Description Printing		
	<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: 3		2 FILER NAME Mr Oscar V Leeser		3 Filer ID (Ethics Commission Filers)	
4 Date 10/23/2020		5 Payee name Donateway			
6 Amount (\$) 529.35		7 Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Online Donation Fees		
	(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 10/07/2020		Payee name Leap Interactive			
Amount (\$) 612.5		Payee address; City; State; Zip Code PO Box 23521 San Antonio Tx 78223			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		Description Website design		
	<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 10/09/2020		Payee name Sun Circle Strategic Group			
Amount (\$) 12000		Payee address; City; State; Zip Code 501 E Nevada El Paso Tx 79902			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting services		Description Consulting 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	

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

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
--	-------------------------------	---------------	-------------

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
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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 10/13/2020	5 Payee name Leap Interactive	
6 Amount (\$) 400 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code PO Box 23521 San Antonio Tx 78223	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Graphic Design
	(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	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
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

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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 Leeser	3 Filer ID (Ethics Commission Filers)
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4 Date	5 Payee name
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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.)
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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
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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 6 Address of person from whom amount is received; City; State; Zip Code	8 Amount (\$)
7 Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		

Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		

Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		

Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
Purpose for which amount is received <input type="checkbox"/> 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

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