

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: 55
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr. Oscar NICKNAME LAST SUFFIX Leeser CITY CLERK DEPT.		OFFICE USE ONLY Date Received Date Hand-delivered or Postmarked Receipt # Amount Date Processed Date Imaged
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1017 Quinta Antigua El Paso TX 79912 ☐ change of address		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (915) 373-1234		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Ms. Christina NICKNAME LAST SUFFIX Acosta		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 9327 Elgin El Paso Texas 79907		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (915) 433-1647		
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 \$500 limit ☐ Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 5 / 2 / 2013 6 / 5 / 2013		
11 ELECTION	ELECTION DATE Month Day Year 6 / 15 / 2013 ELECTION TYPE ☐ Primary ☒ Runoff ☐ General ☐ Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Mayor	
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME
Oscar Leaser

15 ACCOUNT # (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.

COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

CITY CLERK DEPT.

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COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

**17 CONTRIBUTION
TOTALS**

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0

2. **TOTAL POLITICAL CONTRIBUTIONS**
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 130,434.94

**EXPENDITURE
TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 0

4. **TOTAL POLITICAL EXPENDITURES**

\$ 135,576.60

**CONTRIBUTION
BALANCE**

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

\$ 17,345.06

**OUTSTANDING
LOAN TOTALS**

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 89,484.31

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 Leaser

Electronic Filing

*** Electronically Certified ***

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said John Glendon, this the 08 day of Jun, 20 13, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

CITY CLERK DEPT.

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SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 39	
2 FILER NAME Oscar Leeser		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3/26/2013	5 Full name of contributor ☐ out-of-state PAC (ID#: Steven M. Orozco	7 Amount of contribution (\$) \$30.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 2708 Gene Littler El Paso, Texas 79936		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4/10/2013	Full name of contributor ☐ out-of-state PAC (ID#: Lindsay B. Holt	Amount of contribution (\$) \$1,000	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5555 Westside Dr.		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/23/2013	Full name of contributor ☐ out-of-state PAC (ID#: Annie Mcalmon Zimmerman	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/25/2013	Full name of contributor ☐ out-of-state PAC (ID#: Travis R. Crawford	Amount of contribution (\$) \$500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1123 Calle Parque Dr.		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/25/2013	Full name of contributor ☐ out-of-state PAC (ID#: Elizabeth H. Mcalmon	Amount of contribution (\$) \$500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1800 N. Stanton St. #507 El Paso, Texas 79902		(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.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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SCHEDULE A

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2 FILER NAME Oscar Leeser		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/26/2013	5 Full name of contributor ☐ out-of-state PAC (ID#: Michael Ludeman	7 Amount of contribution (\$) \$300	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 5472 Calle Del Solir El Paso, Texas 79912		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4/26/2013	Full name of contributor ☐ out-of-state PAC (ID#: Larry Trejo	Amount of contribution (\$) \$1,000	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4625 Ripley		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/26/2013	Full name of contributor ☐ out-of-state PAC (ID#: Anthony W. Baird	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4940 Pikes Peak El Paso, Texas 79904		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/26/2013	Full name of contributor ☐ out-of-state PAC (ID#: Paul Dipp	Amount of contribution (\$) \$500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O.Box 55 El Paso, Texas 79940		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/26/2013	Full name of contributor ☐ out-of-state PAC (ID#: Mr. & Mrs Harris Hatfield	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1039 Los Jardines Cir. El Paso, Texas 79912		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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2 FILER NAME Oscar Leeser		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/26/2013	5 Full name of contributor ☐ out-of-state PAC (ID#: Richard M. Kaufman	7 Amount of contribution (\$) \$200	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 6033 Torrey Pines El Paso, Texas 79912		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4/29/2013	Full name of contributor ☐ out-of-state PAC (ID#: Gary R. Hedrick	Amount of contribution (\$) \$1,000	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 328 Crimson Cloud Ln. El Paso, Texas 79912		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/1/2013	Full name of contributor ☐ out-of-state PAC (ID#: Don K. Russell	Amount of contribution (\$) \$500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 440 Country Oaks Dr. El Paso, Texas 79932		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/1/2013	Full name of contributor ☐ out-of-state PAC (ID#: Bernard J. Staponavich	Amount of contribution (\$) \$50	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1090 Tom Weiskopf #D El Paso, Texas 79936		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/1/2013	Full name of contributor ☐ out-of-state PAC (ID#: Randy Johnson	Amount of contribution (\$) \$250	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5860 N. Mesa El Paso, Texas 79912		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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SCHEDULE A

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2 FILER NAME Oscar Leeser		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5/2/2013	5 Full name of contributor ☐ out-of-state PAC (ID#: Nicolas R. Rosa	7 Amount of contribution (\$) \$50	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 3524 Sheppard El Paso, Texas 79904		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 5/3/2013	Full name of contributor ☐ out-of-state PAC (ID#: Lisa Mcalmon Brown	Amount of contribution (\$) \$200	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5828 Vista Corona Ct. El Paso, Texas 79912		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/3/2013	Full name of contributor ☐ out-of-state PAC (ID#: Richard E. Glancey	Amount of contribution (\$) \$125	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O.Box 221546 El Paso, Texas 79913		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/6/2013	Full name of contributor ☐ out-of-state PAC (ID#: Bill Terrell	Amount of contribution (\$) \$1,000	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 34 Cielo Vista Anthony, NM 88021		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/6/2013	Full name of contributor ☐ out-of-state PAC (ID#: Allan Sharpe	Amount of contribution (\$) \$250	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6012 Alcala Ct. El Paso, Texas 79932		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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2 FILER NAME Oscar Leeser		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5/6/2013	5 Full name of contributor ☐ out-of-state PAC (ID#: Lawrence Madrid	7 Amount of contribution (\$) \$50	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 6720 Brisa Del Mar 6720 Brisa Del Mar		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 5/6/2013	Full name of contributor ☐ out-of-state PAC (ID#: Greg Malooly	Amount of contribution (\$) \$500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6006 Torrey Pines Dr. El Paso, Texas 79912		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/6/2013	Full name of contributor ☐ out-of-state PAC (ID#: Randy Kuykendall	Amount of contribution (\$) \$1,000	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 10225 Buckwood El Paso, Texas 79925		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/7/2013	Full name of contributor ☐ out-of-state PAC (ID#: Mary Cano	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3025 Taylor El Paso, Texas 79930		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/7/2013	Full name of contributor ☐ out-of-state PAC (ID#: Marcel & Elvira Bourgon	Amount of contribution (\$) \$200	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 110 Casas Bella Lane Santa Teresa, NM 88008		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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2 FILER NAME Oscar Leeser		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5/7/2013	5 Full name of contributor ☐ out-of-state PAC (ID#: Louie Rico	7 Amount of contribution (\$) \$100	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 5/7/2013	Full name of contributor ☐ out-of-state PAC (ID#: Jackie Mata	Amount of contribution (\$) \$500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/7/2012	Full name of contributor ☐ out-of-state PAC (ID#: John C. Martin	Amount of contribution (\$) \$250	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 609 Mt. Cristo Rey El Paso, Texas 79922		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/7/2013	Full name of contributor ☐ out-of-state PAC (ID#: Jorge Herrera	Amount of contribution (\$) \$300	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 491 N. Resler Dr. Ste. F El Paso, Texas 79912		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/7/2013	Full name of contributor ☐ out-of-state PAC (ID#: Yakup Ozelik	Amount of contribution (\$) \$75	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2401 Lakeview Rd. Apt. 91 North Little Rock, AR 72116		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Oscar Leeser		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5/8/2013	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Frank Corral	7 Amount of contribution (\$) \$100	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 13400 Emerald Pond El Paso, Texas 79928		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 5/8/2013	Full name of contributor ☐ out-of-state PAC (ID#: _____) Jorge Grajeda	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 525 Flanagan El Paso, Texas 79928		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/8/2013	Full name of contributor ☐ out-of-state PAC (ID#: _____) Hakan Simsek	Amount of contribution (\$) \$75	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1808 Hidden Brook Grand Prairie, Texas 75050		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/9/2013	Full name of contributor ☐ out-of-state PAC (ID#: _____) Frederick R. Hoffman	Amount of contribution (\$) \$25	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5113 N. Mesa Apt. B302		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/8/2013	Full name of contributor ☐ out-of-state PAC (ID#: _____) Rene O. Casavantes	Amount of contribution (\$) \$1,000	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 615 E. Schuster El Paso, Texas 79902		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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2 FILER NAME Oscar Leeser		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5/8/2013	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Jeffrey B. Keckley	7 Amount of contribution (\$) \$1,000	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1221 Cerrito Alegre El Paso, Texas 79912		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 5/8/2013	Full name of contributor ☐ out-of-state PAC (ID#: _____) Robert A. Olivarez	Amount of contribution (\$) \$500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5913 Quinta Real Ct. El Paso, Texas 79912		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/9/2013	Full name of contributor ☐ out-of-state PAC (ID#: _____) Michael Jacobs	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6561 Majestic Ridge Dr. El Paso, Texas 79912		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/9/2013	Full name of contributor ☐ out-of-state PAC (ID#: _____) Saul Frank	Amount of contribution (\$) \$200	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 620 Camino Real Ave. El Paso, Texas 79922		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/9/2013	Full name of contributor ☐ out-of-state PAC (ID#: _____) Joyce E. Chavez	Amount of contribution (\$) \$200	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1912 Paseo Real Cir. El Paso, Texas 79936		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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2 FILER NAME Oscar Leeser		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5/9/2013	5 Full name of contributor ☐ out-of-state PAC (ID#: Patricia Martinez Guzman	7 Amount of contribution (\$) \$500	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 2120 Escarpa Dr. El Paso, Texas 79935		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 5/12/2013	Full name of contributor ☐ out-of-state PAC (ID#: R. A. Rosen	Amount of contribution (\$) \$150	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3808 85th St. Lubbock, Texas 79423		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/13/2013	Full name of contributor ☐ out-of-state PAC (ID#: Travis R. Crawford	Amount of contribution (\$) \$500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6800 Montana Ave. El Paso, Texas 79925		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/13/2013	Full name of contributor ☐ out-of-state PAC (ID#: Cassie J. Holman	Amount of contribution (\$) \$800	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O.Box 345 Canutillo, Texas 79835		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/13/2013	Full name of contributor ☐ out-of-state PAC (ID#: George E. Salom Jr.	Amount of contribution (\$) \$2,000	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 510 Blacker Ave. El Paso, Texas 79902		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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2 FILER NAME Oscar Leeser		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5/13/2013	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) George Salom, Jr.	7 Amount of contribution (\$) \$500	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 807 S. El Paso St. El Paso, Texas 79901		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 5/13/2013	Full name of contributor ☐ out-of-state PAC (ID#: _____) Loren H. Hodges	Amount of contribution (\$) \$1,000	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 401 Valplano El Paso, Texas 79912		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/13/2013	Full name of contributor ☐ out-of-state PAC (ID#: _____) Dusty Henson	Amount of contribution (\$) \$1,000	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6926 Gateway East El Paso, Texas 79915		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/13/2013	Full name of contributor ☐ out-of-state PAC (ID#: _____) Dwain L. Johnson Jr.	Amount of contribution (\$) \$50	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3137 Vogue El Paso, Texas 79935		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/13/2013	Full name of contributor ☐ out-of-state PAC (ID#: _____) Steve Rash	Amount of contribution (\$) \$250	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5304 Cory Ln. El Paso, Texas 79932		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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2 FILER NAME Oscar Leeser		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5/14/2013	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Demetrio M. Jimenez	7 Amount of contribution (\$) \$1,000	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 442 Country Oaks El Paso, Texas 79932		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 5/14/2013	Full name of contributor ☐ out-of-state PAC (ID#: _____) Phil Highfill	Amount of contribution (\$) \$500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3212 Mesa Verde Ln. El Paso, Texas 79904		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/14/2013	Full name of contributor ☐ out-of-state PAC (ID#: _____) Kelly M. Sorenson	Amount of contribution (\$) \$1,000	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 11708 Valor Court El Paso, Texas 79936		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/14/2013	Full name of contributor ☐ out-of-state PAC (ID#: _____) Kenneth Wade	Amount of contribution (\$) \$500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4200 Loma Diamante El Paso, Texas 79934		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/14/2013	Full name of contributor ☐ out-of-state PAC (ID#: _____) Nahed Khouri	Amount of contribution (\$) \$500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6616 Los Altos El Paso, Texas 79912		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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2 FILER NAME Oscar Leeser		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5/14/2013	5 Full name of contributor ☐ out-of-state PAC (ID#: James M. Speer	7 Amount of contribution (\$) \$200	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 300 E. Main Ste. 1032 El Paso, Texas 79901		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 5/14/2013	Full name of contributor ☐ out-of-state PAC (ID#: Terry Paschich	Amount of contribution (\$) \$2,000	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 661 Rosinante Rd. El Paso, Texas 79922		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/14/2013	Full name of contributor ☐ out-of-state PAC (ID#: Ruben Ortiz	Amount of contribution (\$) \$1,000	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1141 E. Rio Grande El Paso, Texas 79902		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/15/2013	Full name of contributor ☐ out-of-state PAC (ID#: Gilbert Pineda	Amount of contribution (\$) \$250	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 9201 Montana El Paso, Texas 79925		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/15/2013	Full name of contributor ☐ out-of-state PAC (ID#: Francisco Arroyos III	Amount of contribution (\$) \$1,000	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 11996 Paseo Del Rey El Paso, Texas 79936		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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2 FILER NAME Oscar Leeser		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5/15/2013	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Robert Skipworth	7 Amount of contribution (\$) \$100	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 310 N. Mesa Ste. 600 El Paso, Texas 79901		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 5/15/2013	Full name of contributor ☐ out-of-state PAC (ID#: _____) Michael Ludeman	Amount of contribution (\$) \$200	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6472 Calle Del Sol El Paso, Texas 79912		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/15/2013	Full name of contributor ☐ out-of-state PAC (ID#: _____) EPMPO Association PAC	Amount of contribution (\$) \$5,000	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 747 E. San Antonio, Ste. 108 El Paso, Texas 79901		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/15/2013	Full name of contributor ☐ out-of-state PAC (ID#: _____) Jim Cardwell	Amount of contribution (\$) \$5,000	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5772 Diamond Point Cir. El Paso, Texas 79912		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/15/2013	Full name of contributor ☐ out-of-state PAC (ID#: _____) Dean Inniss	Amount of contribution (\$) \$500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7345 Luz De Villa Ct. El Paso, Texas 79912		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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2 FILER NAME Oscar Leeser		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5/15/2013	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Yvonne Stevens	7 Amount of contribution (\$) \$200	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 945 Via Monte St. El Paso, Texas 79912		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 5/16/2013	Full name of contributor ☐ out-of-state PAC (ID#: _____) David Fuller	Amount of contribution (\$) \$2,500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4021 Hercules El Paso, Texas 79904		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/16/2013	Full name of contributor ☐ out-of-state PAC (ID#: _____) Ed Soto	Amount of contribution (\$) \$2,500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 515 S. Kansas St. El Paso, Texas 79901		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/16/2013	Full name of contributor ☐ out-of-state PAC (ID#: _____) Lindsay B. Holt	Amount of contribution (\$) \$1,000	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5555 Westside Dr. El Paso, Texas 79932		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/16/2013	Full name of contributor ☐ out-of-state PAC (ID#: _____) Sylvia Sandoval	Amount of contribution (\$) \$500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 10900 Loma De Color El Paso, Texas 79934		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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2 FILER NAME Oscar Leeser		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5/18/2013	5 Full name of contributor ☐ out-of-state PAC (ID#: Elizabeth Branham	7 Amount of contribution (\$) \$25	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 10725 Vista Lomas El Paso, Texas 79935		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 5/18/2013	Full name of contributor ☐ out-of-state PAC (ID#: Elizabeth H. Mcalmon	Amount of contribution (\$) \$500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1800 N. Stanton #507 1800 N. Stanton #507		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/19/2013	Full name of contributor ☐ out-of-state PAC (ID#: Scott Blumenfeld	Amount of contribution (\$) \$50	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 708 Waltham Court El Paso, Texas 79922		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/19/2013	Full name of contributor ☐ out-of-state PAC (ID#: Scott Blumenfeld	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6103 Pinehurst El Paso, Texas 79912		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/19/2013	Full name of contributor ☐ out-of-state PAC (ID#: Daniel Blumenfeld	Amount of contribution (\$) \$75	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 817 River Oaks El Paso, Texas 79912		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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2 FILER NAME Oscar Leeser		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5/19/2013	5 Full name of contributor ☐ out-of-state PAC (ID#: William Steele	7 Amount of contribution (\$) \$100	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 6598 Eagle Ridge El Paso, Texas 79912		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 5/20/2013	Full name of contributor ☐ out-of-state PAC (ID#: Rhoberta Leeser	Amount of contribution (\$) \$200	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7465 Plaza Taurina El Paso, Texas 79912		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/20/2013	Full name of contributor ☐ out-of-state PAC (ID#: EPSheriff's Officers Assoc. PAC	Amount of contribution (\$) \$3,000	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 747 E. San Antonio #103 El Paso, Texas		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/20/2013	Full name of contributor ☐ out-of-state PAC (ID#: Louella J. Kegerreis	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1816 Tom Bolt El Paso, Texas 79936		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/21/2013	Full name of contributor ☐ out-of-state PAC (ID#: Robert L. Blumenfeld	Amount of contribution (\$) \$200	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6440 Calle Vista El Paso, Texas 79912		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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2 FILER NAME Oscar Leeser		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5/21/2013	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Enrique N. Medrano	7 Amount of contribution (\$) \$25	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 10209 Luella El Paso, Texas 79925		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 5/21/2013	Full name of contributor ☐ out-of-state PAC (ID#: _____) James R. Rey	Amount of contribution (\$) \$1,000	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 501 N. Kansas Ste. 100 El Paso, Texas 79901		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/21/2013	Full name of contributor ☐ out-of-state PAC (ID#: _____) David Tokoph	Amount of contribution (\$) \$2,500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/21/2013	Full name of contributor ☐ out-of-state PAC (ID#: _____) Jayvant Desai	Amount of contribution (\$) \$200	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7174 Alameda El Paso, Texas 79915		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/21/2013	Full name of contributor ☐ out-of-state PAC (ID#: _____) Gary Tokoph	Amount of contribution (\$) \$2,500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 721 Cervantes El Paso, Texas 79922		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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2 FILER NAME Oscar Leeser		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5/21/2013	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Donald C. Luciano	7 Amount of contribution (\$) \$300	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 718 Blacker El Paso, Texas 79902		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 5/22/2013	Full name of contributor ☐ out-of-state PAC (ID#: _____) Dan Dawes	Amount of contribution (\$) \$25	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code El Paso, Texas 79901		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/22/2013	Full name of contributor ☐ out-of-state PAC (ID#: _____) Etta Mae Scherr	Amount of contribution (\$) \$500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 744 Gomez Rd. El Paso, Texas 79932		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/22/2013	Full name of contributor ☐ out-of-state PAC (ID#: _____) Betty D. Boggs	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 910 KE Redd Rd. #531 El Paso, Texas 79912		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/22/2013	Full name of contributor ☐ out-of-state PAC (ID#: _____) Enrique Castro	Amount of contribution (\$) \$500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 8621 NorthLoop El Paso, Texas 79907		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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2 FILER NAME Oscar Leaser		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5/23/2013	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Thomas G. Wicker Jr.	7 Amount of contribution (\$) \$100	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 6533 Calle Bonita El Paso, Texas 79912		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 5/23/2013	Full name of contributor ☐ out-of-state PAC (ID#: _____) Raymond N. Malooly	Amount of contribution (\$) \$500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 804 Cherry Hill El Paso, Texas 79912		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/23/2013	Full name of contributor ☐ out-of-state PAC (ID#: _____) Mendel Blumenfeld	Amount of contribution (\$) \$125	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5809 Acacia Cir. El Paso, Texas 79912		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/22/2013	Full name of contributor ☐ out-of-state PAC (ID#: _____) Carl Wright	Amount of contribution (\$) \$50	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 8715 Magnetic El Paso, Texas 79904		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/23/2013	Full name of contributor ☐ out-of-state PAC (ID#: _____) Gordon E. Welch	Amount of contribution (\$) \$1,000	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O.BOX 220927 El Paso, Texas 79913		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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2 FILER NAME Oscar Leeser		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5/24/2013	5 Full name of contributor ☐ out-of-state PAC (ID#: Lisa R. Hartman	7 Amount of contribution (\$) \$200	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 905 Kern Dr. El Paso, Texas 79902		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 5/24/2013	Full name of contributor ☐ out-of-state PAC (ID#: Anthony Mullen	Amount of contribution (\$) \$500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 304 Rosemont El Paso, Texas 79922		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/24/2013	Full name of contributor ☐ out-of-state PAC (ID#: Mark H. Barnett	Amount of contribution (\$) \$500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 8272 Gateway East El Paso, Texas 79907		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/24/2013	Full name of contributor ☐ out-of-state PAC (ID#: Laura Ann Aguilar	Amount of contribution (\$) \$25	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 401 Crestmont El Paso, Texas 79912		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/25/2013	Full name of contributor ☐ out-of-state PAC (ID#: Andrew Avila	Amount of contribution (\$) \$250	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6365 Los Robles El Paso, Texas 79912		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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2 FILER NAME Oscar Leeser		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5/25/2013	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Les Parker	7 Amount of contribution (\$) \$300	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 293 Puesta Del Sol El Paso, Texas 79912		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 5/26/2013	Full name of contributor ☐ out-of-state PAC (ID#: _____) Jeffrey B. Keckley	Amount of contribution (\$) \$1,000	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1221 Cerrito Alegre El Paso, Texas 79912		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/28/2013	Full name of contributor ☐ out-of-state PAC (ID#: _____) Andy Dominguez	Amount of contribution (\$) \$1,500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1608 Billy Casper El Paso, Texas 79936		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/28/2013	Full name of contributor ☐ out-of-state PAC (ID#: _____) Anthony W. Baird	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4940 Pikes Peak El Paso, Texas 79904		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/30/2013	Full name of contributor ☐ out-of-state PAC (ID#: _____) Louis Alpern, M.D.	Amount of contribution (\$) \$2,500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4171 N. Mesa Bldg. D. Ste. 100 El Paso, Texas 79902		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Oscar Leeser		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5/30/2013	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Laura K. Alpern, PH. D. 6 Contributor address; City; State; Zip Code 4171 N. Mesa Bldg. D. Ste. 105 El Paso, Texas 79902	7 Amount of contribution (\$) \$2,500 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 5/31/2013	Full name of contributor ☐ out-of-state PAC (ID#: _____) EPMPolice Officers Association Contributor address; City; State; Zip Code 747 E. San Antonio Ste. 105 El Paso, Texas 79901	Amount of contribution (\$) \$5,000 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/31/2013	Full name of contributor ☐ out-of-state PAC (ID#: _____) Ricardo Medina Contributor address; City; State; Zip Code 299 Vaquero Ln. El Paso, Texas 79902	Amount of contribution (\$) \$100 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/1/2013	Full name of contributor ☐ out-of-state PAC (ID#: _____) Gerald Rubin Contributor address; City; State; Zip Code 538 Laurel Canyon El Paso, Texas 79912	Amount of contribution (\$) \$5,000 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/1/2013	Full name of contributor ☐ out-of-state PAC (ID#: _____) John M. Fields Contributor address; City; State; Zip Code 6385 Franklin Trail Dr. El Paso, Texas 79912	Amount of contribution (\$) \$1,000 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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2 FILER NAME Oscar Leeser		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 6/1/2013	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Donald R. Margo II	7 Amount of contribution (\$) \$1,000	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 201 E. Main 1603 El Paso, Texas 79901		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 6/3/2013	Full name of contributor ☐ out-of-state PAC (ID#: _____) Hector Flores	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 292 Everest Dr. El Paso, Texas 79912		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/3/2013	Full name of contributor ☐ out-of-state PAC (ID#: _____) Hector Almeida	Amount of contribution (\$) \$200	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6043 Bandolero El Paso, Texas 79912		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/3/2013	Full name of contributor ☐ out-of-state PAC (ID#: _____) Frank E. Graf	Amount of contribution (\$) \$50	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4652 Globe Willow Dr. El Paso, Texas 79922		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/3/2013	Full name of contributor ☐ out-of-state PAC (ID#: _____) Ronald C. Malooly	Amount of contribution (\$) \$500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3737 Gateway West El Paso, Texas 79903		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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2 FILER NAME Oscar Leeser		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 6/3/2013	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Cheryl Malooly	7 Amount of contribution (\$) \$500	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 3737 Gateway West El Paso, Texas 79903		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 6/3/2013	Full name of contributor ☐ out-of-state PAC (ID#: _____) G. Malooly	Amount of contribution (\$) \$500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3737 Gateway West El Paso, Texas 79903		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/26/2013	Full name of contributor ☐ out-of-state PAC (ID#: _____) Linebarger Goggan	Amount of contribution (\$) \$500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O.BOX 17428 Austin, Texas 78760		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/21/2013	Full name of contributor ☐ out-of-state PAC (ID#: _____) Linebarger Goggan	Amount of contribution (\$) \$500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O.BOX 17428 Austin, Texas 78760		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/4/2013	Full name of contributor ☐ out-of-state PAC (ID#: _____) Carlos Aguilar	Amount of contribution (\$) \$200	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3414 Montana El Paso, Texas 79903		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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2 FILER NAME Oscar Leeser		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 6/5/2013	5 Full name of contributor ☐ out-of-state PAC (ID#: Dora Oaxaca	7 Amount of contribution (\$) \$50	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 30 Bandolina Dr. El Paso, Texas 79927		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 6/5/2013	Full name of contributor ☐ out-of-state PAC (ID#: Julius Lowenberg	Amount of contribution (\$) \$200	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 222 Hermosa El Paso, Texas 79922		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/5/2013	Full name of contributor ☐ out-of-state PAC (ID#: Ignacio Rivero	Amount of contribution (\$) \$200	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2901 W. Sam Houston Ste. 1600 Houston, Texas 77043		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/5/2013	Full name of contributor ☐ out-of-state PAC (ID#: Victor M. Maquez	Amount of contribution (\$) \$200	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 205 Dream Spirit Santa Teresa, NM 88008		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/5/2013	Full name of contributor ☐ out-of-state PAC (ID#: Armida Teran	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 404 Rose Ln. El Paso, Texas 79915		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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2 FILER NAME Oscar Leeser		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 6/5/2013	5 Full name of contributor ☐ out-of-state PAC (ID#: Ivan Garza	7 Amount of contribution (\$) \$200	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 7337 Franklin Dr. El Paso, Texas 79915		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 6/5/2013	Full name of contributor ☐ out-of-state PAC (ID#: Kathy Porras	Amount of contribution (\$) \$200	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O.BOX 1248 Canutillo, Texas 79835		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/5/2013	Full name of contributor ☐ out-of-state PAC (ID#: Maria Teresa Gutierrez	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 10708 Alcazar Ct. El Paso, Texas 79935		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/5/2013	Full name of contributor ☐ out-of-state PAC (ID#: Giancarlo Da Prato	Amount of contribution (\$) \$200	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4016 Siete Leguas El Paso, Texas 79922		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/5/2013	Full name of contributor ☐ out-of-state PAC (ID#: Mr./Mrs. Frank Spencer	Amount of contribution (\$) \$500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1130 Montana El Paso, Texas		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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2 FILER NAME Oscar Leeser		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 6/5/2013	5 Full name of contributor ☐ out-of-state PAC (ID#: Jesus Reyes	7 Amount of contribution (\$) \$200	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 436 Mockingbird El Paso, Texas 79907		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 6/5/2013	Full name of contributor ☐ out-of-state PAC (ID#: Javier Reyes	Amount of contribution (\$) \$2,000	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 476 Timber Oaks El Paso, Texas 79932		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/5/2013	Full name of contributor ☐ out-of-state PAC (ID#: Victor R. Reyes	Amount of contribution (\$) \$2,000	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1301 N. Oregon #300		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/5/2013	Full name of contributor ☐ out-of-state PAC (ID#: Emma Acosta	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 8904 WH Burges El Paso, Texas 79925		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/5/2013	Full name of contributor ☐ out-of-state PAC (ID#: Rodolfo Fernandez-HEPO	Amount of contribution (\$) \$200	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1033 Calle Parque El Paso, Texas 79912		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
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2 FILER NAME Oscar Leeser		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5/3/2013	5 Full name of contributor ☐ out-of-state PAC (ID#: Ricardo Aguilar	7 Amount of contribution (\$) \$1,000	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 388 Emerald El Paso, Texas 79928		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 5/6/2013	Full name of contributor ☐ out-of-state PAC (ID#: Tom Bohannon	Amount of contribution (\$) \$5,000	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5525 N. Stanton El Paso, Texas 79912		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/6/2013	Full name of contributor ☐ out-of-state PAC (ID#: Mark Fenenbock	Amount of contribution (\$) \$500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 405 Camino Real El Paso, Texas 79912		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/7/2013	Full name of contributor ☐ out-of-state PAC (ID#: Charles Clark	Amount of contribution (\$) \$250	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1139 Eagle Ridge El Paso, Texas 79912		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/9/2013	Full name of contributor ☐ out-of-state PAC (ID#: Pamela Anderson	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 200 Village Ct. El Paso, Texas 79922		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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2 FILER NAME Oscar Leeser		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5/9/2013	5 Full name of contributor ☐ out-of-state PAC (ID#: Doug Rutter	7 Amount of contribution (\$) \$50	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 220 Thunderbird El Paso, Texas 79912		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 5/10/2013	Full name of contributor ☐ out-of-state PAC (ID#: Richard Glancey	Amount of contribution (\$) \$125	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O.BOX 2215246 El Paso, Texas 79913		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/12/2013	Full name of contributor ☐ out-of-state PAC (ID#: Steve Finn	Amount of contribution (\$) \$1,000	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 8020 Alameda El Paso, Texas 79915		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/13/2013	Full name of contributor ☐ out-of-state PAC (ID#: Arlene Pauciello	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3145 Royal Crest El Paso, Texas 79936		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/13/2013	Full name of contributor ☐ out-of-state PAC (ID#: George Wayne	Amount of contribution (\$) \$250	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5595 Westside Dr. El Paso, Texas 79932		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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2 FILER NAME Oscar Leeser		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5/13/2013	5 Full name of contributor ☐ out-of-state PAC (ID#: Harold Hahn	7 Amount of contribution (\$) \$5,000	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 2244 Trawood El Paso, Texas 79935		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 5/13/2013	Full name of contributor ☐ out-of-state PAC (ID#: Randy Massey	Amount of contribution (\$) \$250	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 11908 Paseo Bonito El Paso, Texas 79936		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/13/2013	Full name of contributor ☐ out-of-state PAC (ID#: Scott Cohe	Amount of contribution (\$) \$50	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5556 Bacon Oakland, CA 94619		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/13/2013	Full name of contributor ☐ out-of-state PAC (ID#: Chris Rowley	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3233 N. Mesa El Paso, Texas 79902		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/13/2013	Full name of contributor ☐ out-of-state PAC (ID#: Fernando Parra	Amount of contribution (\$) \$25	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 919 B. Agua Caliente El Paso, Texas 79912		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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2 FILER NAME Oscar Leeser		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5/13/2013	5 Full name of contributor ☐ out-of-state PAC (ID#: Susan Malone	7 Amount of contribution (\$) \$25	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 6205 Via Aventura El Paso, Texas 79912		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 5/13/2013	Full name of contributor ☐ out-of-state PAC (ID#: Philip Gabbard	Amount of contribution (\$) \$250	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 727 C Espada El Paso, Texas 79912		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/13/2013	Full name of contributor ☐ out-of-state PAC (ID#: Ronald Saenz	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4413 N. Stanton El Paso, Texas 79902		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/13/2013	Full name of contributor ☐ out-of-state PAC (ID#: Joseph Frandina	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1327 Murchison El Paso, Texas 79902		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/13/2013	Full name of contributor ☐ out-of-state PAC (ID#: Marvin Rosenbaum	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1200 Brown El Paso, Texas 79912		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Oscar Leeser		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5/14/2013	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Michael Balmer 6 Contributor address; City; State; Zip Code 1111 Los Jardines El Paso, Texas 79912	7 Amount of contribution (\$) \$1,000 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 5/14/2013	Full name of contributor ☐ out-of-state PAC (ID#: _____) Mark Fenenbock Contributor address; City; State; Zip Code 405 Camino Real Ave. El Paso, Texas 79922	Amount of contribution (\$) \$500 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/15/2013	Full name of contributor ☐ out-of-state PAC (ID#: _____) Kim Wilkinson Contributor address; City; State; Zip Code 709 Dover Ct. El Paso, Texas 79922	Amount of contribution (\$) \$200 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/17/2013	Full name of contributor ☐ out-of-state PAC (ID#: _____) Marie Garland Contributor address; City; State; Zip Code 1800 N. Stanton El Paso, Texas 79902	Amount of contribution (\$) \$250 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/18/2013	Full name of contributor ☐ out-of-state PAC (ID#: _____) Mark Dore Contributor address; City; State; Zip Code 5721 N. Stanton El Paso, Texas 79912	Amount of contribution (\$) \$150 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Oscar Leeser		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5/21/2013	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Scott Kobren	7 Amount of contribution (\$) \$100	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1212 Cerrito Bello El Paso, Texas 79912		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 5/22/2013	Full name of contributor ☐ out-of-state PAC (ID#: _____) Robert Foster	Amount of contribution (\$) \$5,000	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6080 Surety El Paso, Texas 79905		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/23/2013	Full name of contributor ☐ out-of-state PAC (ID#: _____) Victoria Borrego	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O.BOX 164101 Fort Worth, Texas 76161		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/26/2013	Full name of contributor ☐ out-of-state PAC (ID#: _____) Mark Heins	Amount of contribution (\$) \$250	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 750 Sunland El Paso, Texas 79912		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/26/2013	Full name of contributor ☐ out-of-state PAC (ID#: _____) James Ruby	Amount of contribution (\$) \$50	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 706 Mississippi El Paso, Texas 79902		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Oscar Leeser		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 6/1/2013	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Richard Knopp	7 Amount of contribution (\$) \$100	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 5756 Box Elder El Paso, Texas 79932		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 6/1/2013	Full name of contributor ☐ out-of-state PAC (ID#: _____) Richard Knopp	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5756 Box Elder El Paso, Texas 79932		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/5/2013	Full name of contributor ☐ out-of-state PAC (ID#: _____) Jay Zimmerman	Amount of contribution (\$) \$250	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1120 E. Yandell El Paso, Texas 79902		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/5/2013	Full name of contributor ☐ out-of-state PAC (ID#: _____) Lloyd Ingraham	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 625 Cascade Ln. El Paso, Texas 79912		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/5/2013	Full name of contributor ☐ out-of-state PAC (ID#: _____) Jaime Portillo	Amount of contribution (\$) \$200	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5905 N. Mesa El Paso, Texas		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Oscar Leeser		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5/24/2013	5 Full name of contributor ☐ out-of-state PAC (ID#: Oscar Vega Jr.	7 Amount of contribution (\$) \$500	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 905 Via Penasco Ln El Paso, Texas 79912		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 5/28/2013	Full name of contributor ☐ out-of-state PAC (ID#: Albert Gamboa, Jr.	Amount of contribution (\$) \$1000	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 10913 Don January El Paso, TX 79935		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/3/2013	Full name of contributor ☐ out-of-state PAC (ID#: Elaine Barron	Amount of contribution (\$) \$500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 900 Cherry Hill, Ln El Paso, TX 79912		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/3/2013	Full name of contributor ☐ out-of-state PAC (ID#: Hector A Flores	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 292 Everest Dr. El Paso, TX 79912		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/1/2013	Full name of contributor ☐ out-of-state PAC (ID#: Richard Harris	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code Los Felinos Cir. El Paso, TX 79912		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Oscar Leeser		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 6/4/2013	5 Full name of contributor ☐ out-of-state PAC (ID#: Tania Schwartz	7 Amount of contribution (\$) \$5000	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 619 Camino Real Ave El Paso, TX 79922		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 6/4/2013	Full name of contributor ☐ out-of-state PAC (ID#: Helen Sobol Villegas	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3037 N. Stanton El Paso, TX 79902		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/3/2013	Full name of contributor ☐ out-of-state PAC (ID#: C R Cranford	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1205 Cerrito Alegre El Paso, TX 79912		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/4/2013	Full name of contributor ☐ out-of-state PAC (ID#: Nita Phillips	Amount of contribution (\$) \$500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 900 Thunderbird El Paso, TX 79912		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/4/2013	Full name of contributor ☐ out-of-state PAC (ID#: Barbara Berliner	Amount of contribution (\$) \$300	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 213 Northwind El Paso, TX 79912		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Oscar Leeser		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 6/4/2013	5 Full name of contributor ☐ out-of-state PAC (ID#: Douglas Schwartz	7 Amount of contribution (\$) \$5000	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code PO Box 13611 El Paso, TX 79913		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
			(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/4/2013	Full name of contributor ☐ out-of-state PAC (ID#: Mr. and Mrs. H. Harris Hatfield	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1039 Los Jardines El Paso, TX 79912		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/5/2013	Full name of contributor ☐ out-of-state PAC (ID#: Jaime Papa	Amount of contribution (\$) \$50	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7232 Longspur El Paso, TX 79911		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
			(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Oscar Leeser		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/29/2013	5 Full name of contributor ☐ out-of-state PAC (ID#: Adam Frank	7 Amount of contribution (\$) \$2311.14	8 In-kind contribution description (if applicable) In-kind (signs)
6 Contributor address; City; State; Zip Code 801 River Oaks Dr. El Paso, TX 79912		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 5/1/2013	Full name of contributor ☐ out-of-state PAC (ID#: Oscar Leeser	Amount of contribution (\$) \$800	In-kind contribution description (if applicable) In-kind (rent)
Contributor address; City; State; Zip Code 7101 N. Mesa, Ste. A El Paso, TX 79912		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/5/2013	Full name of contributor ☐ out-of-state PAC (ID#: Kay Mooy	Amount of contribution (\$) \$65.28	In-kind contribution description (if applicable) In-kind (food for volunteers)
Contributor address; City; State; Zip Code 11853 Pete Rose El Paso, TX 79936		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/13/2013	Full name of contributor ☐ out-of-state PAC (ID#: Oscar Leeser	Amount of contribution (\$) \$52.80	In-kind contribution description (if applicable) In-kind (Cricket phones)
Contributor address; City; State; Zip Code 7101 N. Mesa El Paso, TX 79912		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/5/2013	Full name of contributor ☐ out-of-state PAC (ID#: Kay Mooy	Amount of contribution (\$) \$52.80	In-kind contribution description (if applicable) In-kind (food for volunteers)
Contributor address; City; State; Zip Code 11853 Pete Rose El Paso, TX 79936		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
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SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Oscar Leeser		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5/5/2013	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Oscar Leeser	7 Amount of contribution (\$) \$8.78	8 In-kind contribution description (if applicable) In-kind (Uhaul Fuel, Propane)
6 Contributor address; City; State; Zip Code 7101 N. Mesa, Ste. A El Paso, TX 79912		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 6/5/2013	Full name of contributor ☐ out-of-state PAC (ID#: _____) Rod Sterling	Amount of contribution (\$) \$64.27	In-kind contribution description (if applicable) In-kind (paper goods)
Contributor address; City; State; Zip Code 310 N. Dallas El Paso, TX 79901		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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SCHEDULE B**PLEDGED CONTRIBUTIONS**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES: ⇄ ⇄ ⇄ ⇄ ⇄ ⇄		\$	
5 Date	6 Full name of pledgor ☐ out-of-state PAC (ID#: _____) 7 Pledgor address; City; State; Zip Code	8 Amount of pledge (\$)	9 In-kind description (if applicable)
		(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#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
		(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#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
		(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#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
		(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#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
		(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#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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LOANS

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SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:
3**2** FILER NAME
Oscar Leeser**3** ACCOUNT # (Ethics Commission Filers)**4** TOTAL OF UNITEMIZED LOANS: ⇄ ⇄ ⇄ ⇄ ⇄ ⇄

\$

5 Date of loan
5/3/2013**7** Name of lender
Oscar Leeser
☐ out-of-state PAC (ID#: _____)**9** Loan Amount (\$)
\$1164.07**6** Is lender
a financial
Institution?

Y N**8** Lender address; City; State; Zip Code

7101 N. Mesa, Ste. 374

El Paso, TX 79912

10 Interest rate**11** Maturity date**12** Principal occupation / Job title (See Instructions)
Business Owner**13** Employer (See Instructions)
Hyundai of El Paso**14** Description of Collateral
☒ none**15** Check if personal funds were deposited into political account
☐**16** GUARANTOR
INFORMATION**17** Name of guarantor**19** Amount Guaranteed (\$)☒ not applicable**18** Guarantor address; City; State; Zip Code**20** Principal Occupation (See Instructions)**21** Employer (See Instructions)Date of loan
5/13/2013Name of lender
Oscar Leeser
☐ out-of-state PAC (ID#: _____)Loan Amount (\$)
\$1696.62Is lender
a financial
Institution?

Y N

Lender address; City; State; Zip Code

7101 N. Mesa, Ste. 374 El Paso, TX 79912

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)
Business OwnerEmployer (See Instructions)
Hyundai of El PasoDescription of Collateral
☒ noneCheck if personal funds were deposited into political account
☐GUARANTOR
INFORMATION

Name of guarantor

Amount Guaranteed (\$)

☒ not applicable

Guarantor address; City; State; Zip Code

Principal Occupation (See Instructions)

Employer (See Instructions)

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LOANS

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SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E:
2 FILER NAME Oscar Leeser		3 ACCOUNT # (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS: ⇄ ⇄ ⇄ ⇄ ⇄ ⇄		\$
5 Date of loan 5/17/2013	7 Name of lender Oscar Leeser ☐ out-of-state PAC (ID#: _____)	9 Loan Amount (\$) \$25,000
6 Is lender a financial Institution? Y N	8 Lender address; City; State; Zip Code 7101 N Mesa, ste 374 El Paso, TX 79912	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions) Business Owner		13 Employer (See Instructions) Hyundai of El Paso
14 Description of Collateral ☒ none		15 Check if personal funds were deposited into political account ☐
16 GUARANTOR INFORMATION ☒ not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan 5/11/2013	Name of lender Oscar Leeser ☐ out-of-state PAC (ID#: _____)	Loan Amount (\$) \$4991.62
Is lender a financial Institution? Y N	Lender address; City; State; Zip Code 7101 N. Mesa, Ste. 374	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Hyundai of El Paso
Description of Collateral ☒ none		Check if personal funds were deposited into political account ☐
GUARANTOR INFORMATION ☒ not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
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.		

LOANS

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SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E:
2 FILER NAME Oscar Leeser		3 ACCOUNT # (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS: ⇄ ⇄ ⇄ ⇄ ⇄ ⇄		\$
5 Date of loan 5/30/2013	7 Name of lender Oscar Leeser ☐ out-of-state PAC (ID#: _____)	9 Loan Amount (\$) \$1511.20
6 Is lender a financial Institution? Y N	8 Lender address; City; State; Zip Code 7101 N. Mesa, Ste. 374 El Paso, TX 79912	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions) Business Owner		13 Employer (See Instructions) Hyundai of El Paso
14 Description of Collateral ☒ none		15 Check if personal funds were deposited into political account ☐
16 GUARANTOR INFORMATION ☒ not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender ☐ out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial Institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral ☐ none		Check if personal funds were deposited into political account ☐
GUARANTOR INFORMATION ☐ not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)

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

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SCHEDULE F**POLITICAL EXPENDITURES****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 11	2 FILER NAME Oscar Leaser		3 ACCOUNT # (Ethics Commission Filers)
4 Date 5/2/2013	5 Payee name NAC		
6 Amount (\$) \$9258.52	7 Payee address; City; State; Zip Code 141 NAC Dr. Duncansville, PA 16635		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Printing Expense	(b) Description (If travel outside of Texas, complete Schedule T)	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Date 5/2/2013	Candidate / Officeholder name NAC		
Amount (\$) \$25	Payee address; City; State; Zip Code 141 NAC Dr. Duncansville, PA 16635		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) Wire Transfer	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Date 5/3/2013	Candidate / Officeholder name Sierra Public Affairs		
Amount (\$) \$3400	Payee address; City; State; Zip Code 277 Fluorite El Paso, TX 79932		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting Expense	Description (If travel outside of Texas, complete Schedule T) Wire Transfer Fee	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Date 5/3/2013	Candidate / Officeholder name Diana Ramirez		
Amount (\$) \$2424.97	Payee address; City; State; Zip Code PO Box 497 El Paso, TX 79943		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Polling Expense	Description (If travel outside of Texas, complete Schedule T) Poll Workers	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
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SCHEDULE F**POLITICAL EXPENDITURES****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:		2 FILER NAME Oscar Leeser		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5/8/2013		5 Payee name El Diario			
6 Amount (\$) \$1008.00		7 Payee address; City; State; Zip Code 1801 Texas El Paso, TX 79901			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Advertising Expense		(b) Description (If travel outside of Texas, complete Schedule T)	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 5/8/2013		Payee name El Paso Inc.			
Amount (\$) \$1414.00		Payee address; City; State; Zip Code 120 Porfirio Diaz El Paso, TX 79902			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 5/7/2013		Payee name Big Media			
Amount (\$) \$487.13		Payee address; City; State; Zip Code 6600 N. Mesa El Paso, TX 79912			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
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			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
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

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SCHEDULE G**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:		2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date		5 Payee name			
6 Amount (\$)		7 Payee address; City; State; Zip Code			
☐ Reimbursement from political contributions intended					
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule)		(b) Description (If travel outside of Texas, complete Schedule T)	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
☐ Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
☐ Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
☐ Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
☐ Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	

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PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

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SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule H:		2 FILER NAME		3 ACCOUNT # (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 (If travel outside of Texas, complete Schedule T)	
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 (If travel outside of Texas, complete Schedule T)	
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 (If travel outside of Texas, complete Schedule T)	
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 (If travel outside of Texas, complete Schedule T)	
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 (If travel outside of Texas, complete Schedule T)	
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

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SCHEDULE I

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)

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INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

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SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K:
2 FILER NAME		3 ACCOUNT # (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		
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		
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		
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		
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		
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IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee			
5 Contribution / Expenditure reported on:			
☐ Schedule A ☐ Schedule B ☐ Schedule C ☐ Schedule D ☐ Schedule F ☐ Schedule G ☐ Schedule H ☐ Schedule N ☐ COH-UC ☐ COH-T ☐ PAC-C ☐ PAC-E			
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 A ☐ Schedule B ☐ Schedule C ☐ Schedule D ☐ Schedule F ☐ Schedule G ☐ Schedule H ☐ Schedule N ☐ COH-UC ☐ COH-T ☐ PAC-C ☐ PAC-E			
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 A ☐ Schedule B ☐ Schedule C ☐ Schedule D ☐ Schedule F ☐ Schedule G ☐ Schedule H ☐ Schedule N ☐ COH-UC ☐ COH-T ☐ PAC-C ☐ PAC-E			
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)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

**CANDIDATE / OFFICEHOLDER REPORT:
DESIGNATION OF FINAL REPORT**

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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**2 ACCOUNT #** (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