Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989)

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 # (If Commission Files): 41113

2 Total pages filed: 22

OFFICE USE ONLY
Date Received
Date Hand-delivered or Postmarked
Receipt # | Amount
Date Processed
Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME
MS / MRS / MR: Mr | FIRST: Luis | MI: A.
NICKNAME | LAST: Leon | SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
☐ change of address
ADDRESS / PO BOX: 11299 Enid Wilson | APT / SUITE #: | CITY: El Paso | STATE: TX | ZIP CODE: 79936

5 CANDIDATE / OFFICEHOLDER PHONE
AREA CODE: (915) | PHONE NUMBER: 490-2034 | EXTENSION: El Paso

6 CAMPAIGN TREASURER NAME
MS / MRS / MR: Mr | FIRST: Robert | MI: A
NICKNAME | LAST: White | SUFFIX

7 CAMPAIGN TREASURER ADDRESS (residence or business)
STREET ADDRESS (NO PO BOX PLEASE): 11163 Leo Collins | APT / SUITE #: | CITY: El Paso | STATE: TX | ZIP CODE: 79936

8 CAMPAIGN TREASURER PHONE
AREA CODE: (915) | PHONE NUMBER: 2042117 | EXTENSION:

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 01 / Day 16 / Year 2013 THROUGH Month 04 / Day 11 / Year 2013

11 ELECTION
ELECTION DATE: Month 05 / Day 11 / Year 2013
ELECTION TYPE: ☐ Primary ☐ Runoff ☐ General ☐ Special

12 OFFICE
OFFICE HELD (if any):
13 OFFICE SOUGHT (if known): City Council District #7

GO TO PAGE 2

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989)

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME
Luis A. Leon

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

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	$ 75.00
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 4,750.00
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF $100 OR LESS, UNLESS ITEMIZED	$ 630.71
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 14,266.64
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 1,983.36
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 11,500.00

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.

Luis A. Leon

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20 _____, 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

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 3

2 FILER NAME: Luis A. Leon

3 ACCOUNT # (Ethics Commission Filers)

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)	Principal occupation / Job title (See Instructions)	Employer (See Instructions)
1/25/13	Gustavo DeAndar 11450 Cedar Oak El Paso, TX 79936	500.00		Owner	Indel Foods
1/26/13	Dr. Paul Resignato 1722 N. Zaragoza El Paso, TX 79936	1000.00		Podiatrist	Dr. Paul Resignato
1/30/13	Kent Summerford 11295 Enid Wilson El Paso, TX 79936	1,500.00		President	Savage Oil
1/26/13	Gilbert Ramos 11294 Enid Wilson El Paso, TX 79936	100.00		Insurance Broker	Creative Financial Stategies
3/6/13	James Graham 1385 Vista Granada Dr El Paso, TX 79936	50.00			

(If travel outside of Texas, complete Schedule T)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME: Luis A. Leon

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)	9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)
3/22/13	Dr. Robert Rohrbaugh	1579 Bengal Dr El Paso, TX 79936	100.00	(If travel outside of Texas, complete Schedule T)	DVM	McRae Animal Hospital
2/27/13	Mr & Mrs. Tom & Lea Masters	830 Tony Lama St El Paso, TX 79912	100.00	(If travel outside of Texas, complete Schedule T)	President	Masters Oil
2/27/13	Mr. & Mrs. Garlach	El Paso, Tx 79936	100.00	(If travel outside of Texas, complete Schedule T)	Retired	
3/13/13	George Bailey	224 Edith Dr El Paso, TX 79912	100.00	(If travel outside of Texas, complete Schedule T)	Retired	
3/5/13	Terry J. Chaumont	11660 Montwood Dr El Paso, TX 79936	100	(If travel outside of Texas, complete Schedule T)	Manager	State Farm Insurance

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

3 ACCOUNT # (Ethics Commission Filers)

Luis A. Leon

4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#:) | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable)

false

Dr. Robert Garrick false

6 Contributor address; City; State; Zip Code

1705 Larry Hinson El Paso, TX 79925

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions) | 10 Employer (See Instructions)

DVM

Date | Full name of contributor ☐ out-of-state PAC (ID#:) | Amount of contribution ($) | In-kind contribution description (if applicable)

3/17/13

McRae Animal Hospital

Contributor address; City; State; Zip Code

3/16/13 Mr. & Mrs. Lorenzo G. La Farar

1201 Turnberry Road

(If travel outside of Texas, complete Schedule T)

10504 Springwood Dr El Paso, TX 79935

Date | Full name of contributor ☐ out-of-state PAC (ID#:) | Amount of contribution ($) | In-kind contribution description (if applicable)

25.00

Contributor address; City; State; Zip Code

El Paso, TX 50.00

Retired 3/22/13

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions) | Employer (See Instructions)

President

false

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)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

PLEDGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:

2 FILER NAME
Luis A. Leon

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)
	N/A		

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)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E: 2

2 FILER NAME: Luis A. Leon

3 ACCOUNT # (Ethics Commission Filers):

4 TOTAL OF UNITEMIZED LOANS: $ 11,500.00

5 Date of loan: 2/10/13

7 Name of lender: Luis A. Leon ☐ out-of-state PAC (ID#:)

9 Loan Amount ($): 5,000.00

6 Is lender a financial institution? Y N

8 Lender address; City; State; Zip Code: 11299 Enid Wilson, El Paso, TX 79936

10 Interest rate: 0

11 Maturity date: 0

12 Principal occupation / Job title (See Instructions): Retired

13 Employer (See Instructions):

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: 2/20/13

Name of lender: Luis A. Leon ☐ out-of-state PAC (ID#:)

Loan Amount ($): 5,000.00

Is lender a financial institution? Y N

Lender address; City; State; Zip Code: 12299 Enid Wilson, El Paso, TX 79936

Interest rate: 0

Maturity date: 0

Principal occupation / Job title (See Instructions): Retired

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):

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME
Luis A. Leon

3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS: ➪ ➪ ➪ ➪ ➪ ➪ $

5 Date of loan
3/10/13

7 Name of lender
Luis A. Leon
☐ out-of-state PAC (ID#:)

9 Loan Amount ($)
1,500.00

6 Is lender a financial institution?
Y ☒ N

8 Lender address; City; State; Zip Code
11299 Enid Wilson, El Paso, TX 79936

10 Interest rate
0

11 Maturity date
0

12 Principal occupation / Job title (See Instructions)
Retired

13 Employer (See Instructions)

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)

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

POLITICAL EXPENDITURES

SCHEDULE F

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 Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	
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: 3	2 Filer's name: Luis A. Leon	3 ACCOUNT # (Ethics Commission Filers)

Expenditure 1

4 Date: 1/31/13	5 Payee name: Robert Andrade		
6 Amount ($): 1,500.00	7 Payee address; City; State; Zip Code: 3500 Zircon Dr, El Paso, TX 79904		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule): Consulting Expense	(b) Description (If travel outside of Texas, complete Schedule T): Consulting	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Expenditure 2

Date: 2/20/13	Payee name: Robert Andrade		
Amount ($): 1,500.00	Payee address; City; State; Zip Code: 3500 Zircon Dr, El Paso, TX 79904		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule): Consulting Expense	Description (If travel outside of Texas, complete Schedule T): Consulting	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Expenditure 3

Date: 3/4/13	Payee name: Clear Channel Outdoor		
Amount ($): 4.613.75	Payee address; City; State; Zip Code: 2305 Sparkman, El Paso, TX 79903		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule): Advertising	Description (If travel outside of Texas, complete Schedule T): Billboards	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Expenditure 4

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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

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 Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	
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	3 ACCOUNT # (Ethics Commission Filers)
	Luis A. Leon	3/14/13

4 Date	5 Payee name
3	Robert Andrade

6 Amount ($)	7 Payee address; City; State; Zip Code
1,500.00	3500 Zircon Dr, El Paso, TX 79904

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)
	Consulting Expense	Consulting

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date	Payee name
3/15/13	David's Banners

Amount ($)	Payee address; City; State; Zip Code
900.00	9911 Carnegie Ave, El Paso, TX 79925

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	Advertising Expense	Yard Signs

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

Date	Payee name
3/16/13	GEPRW

Amount ($)	Payee address; City; State; Zip Code
22.00	PO Box 97221, El Paso, TX 79997

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	Event Expense	Attend event

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

Date	Payee name
3/21/13	David's Banners

Amount ($)	Payee address; City; State; Zip Code
940.00	9911 Carnegie Ave, El Paso, TX 79925

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	Advertising Expense	Yard Signs

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

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 Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	
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: 3	2 Luis A. Leon	3 ACCOUNT # (Ethics Commission Filers)

4 Date: 3/22/13	5 Payee name: Clear Channel Outdoors		
6 Amount ($): 218.75	7 Payee address; City; State; Zip Code: 2305 Sparkman St, El Paso, TX 79903		
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): Billboards	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date: 4/8/13	Payee name: Robert Andrade		
Amount ($): 506.32	Payee address; City; State; Zip Code: 3500 Zircon Dr, El Paso, TX 79904		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule): Consulting Expense	Description (If travel outside of Texas, complete Schedule T): Reimburse Expenses	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date: 4/11/13	Payee name: Robert Andrade		
Amount ($): 1,500.00	Payee address; City; State; Zip Code: 3500 Zircon Dr, El Paso, TX 79904		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule): Consulting Expense	Description (If travel outside of Texas, complete Schedule T): Consulting	
Complete ONLY 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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	
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 G: 6

2 FILER NAME: Luis A. Leon

3 ACCOUNT # (Ethics Commission Filers)

4 Date: 1/8/13

5 Payee name: Village Inn

6 Amount ($): 24.47

☒ Reimbursement from political contributions intended

7 Payee address; City; State; Zip Code: 2275 Trawood, El Paso, TX 79936

8 PURPOSE OF EXPENDITURE

(a) Category (See categories listed at the top of this schedule): Fd/Bev Exp

(b) Description (If travel outside of Texas, complete Schedule T): Volunteers Food

---

Date: 1/25/13

Payee name: Soup & Salad

Amount ($): 14.92

☒ Reimbursement from political contributions intended

Payee address; City; State; Zip Code: 8900 Viscount Blvd, El Paso, TX 79936

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): Fd/Bev Exp

Description (If travel outside of Texas, complete Schedule T): Volunteers Food

---

Date: 2/7/13

Payee name: Village Inn

Amount ($): 21.71

☒ Reimbursement from political contributions intended

Payee address; City; State; Zip Code: 2275 Trawood, El Paso, TX 79936

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): Fd/Bev Exp

Description (If travel outside of Texas, complete Schedule T): Volunteers Food

---

Date: 2/8/13

Payee name: Target

Amount ($): 19.92

☒ Reimbursement from political contributions intended

Payee address; City; State; Zip Code: George Dieter@Montwood, El Paso, TX 79936

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): Other

Description (If travel outside of Texas, complete Schedule T): Thank You Cards

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	
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 G:	2 FILER NAME: Luis A. Leo	3 ACCOUNT # (Ethics Commission Filers)

Entry 1

4 Date: 2/11/13	5 Payee name: Village Inn	
6 Amount ($): 19.68 [X] Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code: 2275 Trawood, El Paso, TX 79936	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule): Fd/Bev Exp	(b) Description (If travel outside of Texas, complete Schedule T): Volunteers Food

Entry 2

Date: 2/20/13	Payee name: JB's Restaurant	
Amount ($): 90.83 [X] Reimbursement from political contributions intended	Payee address; City; State; Zip Code: 111905 Gateway West, El Paso, TX 79936	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule): Fd/Bev Exp	Description (If travel outside of Texas, complete Schedule T): Volunteers Food

Entry 3

Date: 2/21/13	Payee name: La Red Assn Breakfast Mtg - Camino Real Hotel	
Amount ($): 20.00 [X] Reimbursement from political contributions intended	Payee address; City; State; Zip Code: 11601 Pellicano, STE A2, El Paso, TX 79936	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule): Fd/Bev Exp	Description (If travel outside of Texas, complete Schedule T): Breakfast for two

Entry 4

Date: 2/20/13	Payee name: Village Inn	
Amount ($): 11.68 [X] Reimbursement from political contributions intended	Payee address; City; State; Zip Code: 2275 Trawood, El Paso, TX 79936	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule): Fd/Bev Exp	Description (If travel outside of Texas, complete Schedule T): Volunteer Exp

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	
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 G:

2 FILER NAME: Luis A. Leon

3 ACCOUNT # (Ethics Commission Filers)

---

4 Date: 2/24/13

5 Payee name: Village Inn

6 Amount ($): 14.60

☒ Reimbursement from political contributions intended

7 Payee address; City; State; Zip Code: 2275 Trawood, El Paso, TX 79936

8 PURPOSE OF EXPENDITURE

(a) Category (See categories listed at the top of this schedule): Fd/Be Exp

(b) Description (If travel outside of Texas, complete Schedule T): Volunteers Food

---

Date: 2/25/13

Payee name: Luby's Cafeteria

Amount ($): 25.08

☒ Reimbursement from political contributions intended

Payee address; City; State; Zip Code: 2601 N. Mesa, El Paso, TX 79936

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): Fd/Bev Exp

Description (If travel outside of Texas, complete Schedule T): Lunch Mtg - Rep Niland

---

Date: 2/27/13

Payee name: Village Inn

Amount ($): 24.28

☒ Reimbursement from political contributions intended

Payee address; City; State; Zip Code: 2275 Trawood, El Paso, TX 79936

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): Fd/Bev Exp

Description (If travel outside of Texas, complete Schedule T): Volunteers Food

---

Date: 2/27/13

Payee name: Shangi La Restaurant

Amount ($): 114.13

☒ Reimbursement from political contributions intended

Payee address; City; State; Zip Code: 8030 Gateway East, El Paso, TX 79936

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): Fd/Bev Exp

Description (If travel outside of Texas, complete Schedule T): Candidacy Anncmnt Food

---

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	
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 G:

2 FILER NAME: Luis A. Leon

3 ACCOUNT # (Ethics Commission Filers)

4 Date: 2/28/13

5 Payee name: US Postal Service

6 Amount ($): 19.00

☒ Reimbursement from political contributions intended

7 Payee address; City; State; Zip Code: Sandy Creek Station, 2100 George Dieter, El Paso, TX 799

8 PURPOSE OF EXPENDITURE

(a) Category (See categories listed at the top of this schedule): Fees

(b) Description (If travel outside of Texas, complete Schedule T): PO Box expediture for 6 mos

---

Date: 2/28/13

Payee name: Village Inn

Amount ($): 17.01

☒ Reimbursement from political contributions intended

Payee address; City; State; Zip Code: 2275 Trawood, El Paso, TX 79936

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): Fd/Bev Exp

Description (If travel outside of Texas, complete Schedule T): Volunteers Food

---

Date: 3/4/13

Payee name: Village Inn

Amount ($): 14.42

☒ Reimbursement from political contributions intended

Payee address; City; State; Zip Code: 2275 Trawood, El Paso, TX 79936

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): Fd/Bev Exp

Description (If travel outside of Texas, complete Schedule T): Volunteers Food

---

Date: 3/6/13

Payee name: Village Inn

Amount ($): 24.01

☒ Reimbursement from political contributions intended

Payee address; City; State; Zip Code: 2275 Trawood, El Paso, TX 79936

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): Fd/Bev Exp

Description (If travel outside of Texas, complete Schedule T): Volunteers Food

---

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	
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 G:	2 FILER NAME: Luis A. Leon	3 ACCOUNT # (Ethics Commission Filers)

4 Date: 3/8/13	5 Payee name: Pho So	
6 Amount ($): 49.62 ☒ Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code: 11360 Montwood, #E, El Paso, TX 79936	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule): Fd/Bev Exp	(b) Description (If travel outside of Texas, complete Schedule T): Volunteers Exp
Date: 3/22/13	Payee name: Moe's Restaurant	
Amount ($): 37.83 ☒ Reimbursement from political contributions intended	Payee address; City; State; Zip Code: 6298 Alameda Ave, El Paso, TX 79905	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule): Fd/Bev Exp	Description (If travel outside of Texas, complete Schedule T): Volunteers Food
Date: 3/12/13	Payee name: Village Inn	
Amount ($): 18.64 ☒ Reimbursement from political contributions intended	Payee address; City; State; Zip Code: 2275 Trawood, El Paso, TX 79936	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule): Fd/Bev Exp	Description (If travel outside of Texas, complete Schedule T): Volunteers Food
Date: 3/27/13	Payee name: Corner Bakery	
Amount ($): 32.19 ☒ Reimbursement from political contributions intended	Payee address; City; State; Zip Code: 1144 N. Yarbrough, El Paso, TX 79936	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule): Fd/Bev Exp	Description (If travel outside of Texas, complete Schedule T): Volunteers Food

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	
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 G:	2 FILER NAME: Luis A. Leon	3 ACCOUNT # (Ethics Commission Filers)

Expenditure 1

4 Date: 4/2/13	5 Payee name: Corner Bakery	
6 Amount ($): 25.28 ☒ Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code: 1144 N. Yarbrough, El Paso, TX 79936	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule): Fd/Bev Exp	(b) Description (If travel outside of Texas, complete Schedule T): Volunteers Food

Expenditure 2

Date: 4/6/13	Payee name: Village Inn	
Amount ($): 23.92 ☒ Reimbursement from political contributions intended	Payee address; City; State; Zip Code: 2275 Trawood, El Paso, TX 79936	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule): Fd/Bev Exp	Description (If travel outside of Texas, complete Schedule T): Volunteers Food

Expenditure 3

Date: 4/8/13	Payee name: Village Inn	
Amount ($): 33.06 ☒ Reimbursement from political contributions intended	Payee address; City; State; Zip Code: 2275 Trawood, El Paso, TX 79936	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule): Fd/Bev Exp	Description (If travel outside of Texas, complete Schedule T): Volunteers Food

Expenditure 4

Date: 4/11/13	Payee name: Village Inn	
Amount ($): 12.14 ☒ Reimbursement from political contributions intended	Payee address; City; State; Zip Code: 2275 Trawood, El Paso, TX 79936	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule): Fd/Bev Exp	Description (If travel outside of Texas, complete Schedule T): Volunteers Food

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

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 Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	
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 Luis A, Leon	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Business name N/A	
6 Amount ($) 0.00	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 ONLY 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 ONLY 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 ONLY 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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

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 Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	
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 I:	2 FILER NAME Luis A. Leon	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name N/A	
6 Amount ($) 0.00	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount ($)	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.)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

2 FILER NAME
Luis A. Leon

3 ACCOUNT # (Ethics Commission Filers)

4 Date	5 Name of person from whom amount is received NONE 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	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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
Luis A. Leon

3 ACCOUNT # (Ethics Commission Filers)

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

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

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989)

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The instruction Guide explains how to complete this form.
**** Complete only if "Report Type" on page 1 is marked "Final Report" ****

1 C/OH NAME	2 ACCOUNT # (Ethics Commission Filers)
Luis A. Leon	

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.

N/A

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