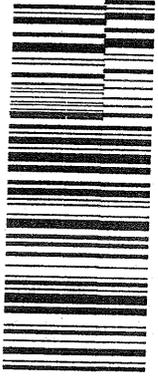


CITY CLERK DEPT.  
09 APR 10 PM 2:03



7160 3901 9845 6054 0903

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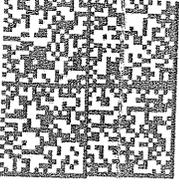
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04/09/2009

Mailed From 79901

US POSTAGE

Hasler



**FROM:**

Oscar J. Ornelas  
P.O. Box 99123  
El Paso, Texas 79999-9123

**TO:**

Office of the Municipal Clerk  
2 Civic Center Plaza  
City Hall 2nd Floor  
El Paso, TX 79901



# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME Haddad, Leo Gus (Mr.)

15 ACCOUNT # (Ethics Commission filers)  
00000001

16 NOTICE FROM POLITICAL COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

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

CITY CLERK DEPT.  
03 APR 10 PM 2:04

additional pages

17 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 19,575.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$ 0.00

4. TOTAL POLITICAL EXPENDITURES \$ 19,263.79

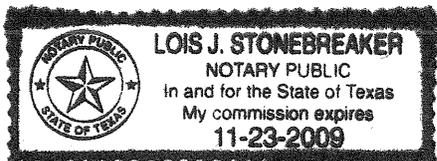
CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 7,781.33

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.00

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.

*[Signature]*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Leo Goson Haddad, this the 8th day of April, 2009, to certify which, witness my hand and seal of office.

*[Signature]* Signature of officer administering oath  
 Lois J. Stonebreaker Print name of officer administering oath  
 Notary Public Title of officer administering oath



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 2/15 Report: 4/25

**2** FILER NAME Haddad, Leo Gus (Mr.)

**3** ACCOUNT # (Ethics Commission filers)  
00000001

**4** Date **5** Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
02/02/2009 Anderson, Shelley

**7** Amount of contribution (\$) **8** In-kind contribution description (if applicable)

**6** Contributor address; City; State; Zip Code  
5525 N Stanton  
Apt 18B  
El Paso, TX 79912

\$50.00

(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# \_\_\_\_\_)  
03/09/2009 Anderson, Steve

Amount of contribution (\$) In-kind contribution description (if applicable)  
Fundraiser

Contributor address; City; State; Zip Code  
916 Park Dr  
El Paso, TX 79902

\$250.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
Attorney

Employer (See Instructions)  
Anderson Anderson Bright & Crout PC

Date Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
03/09/2009 Anderson, Steve

Amount of contribution (\$) In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
916 Park Dr  
El Paso, TX 79902

\$250.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
Attorney

Employer (See Instructions)  
Anderson Anderson Bright & Crout PC

Date Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
02/02/2009 Anderson Anderson Bright & Crout PC

Amount of contribution (\$) In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
1533 N Lee Trevino  
Ste 205  
El Paso, TX 79936

\$1,000.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
N/A

Employer (See Instructions)  
Law Firm

Date Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
03/18/2009 Benning, G Henry

Amount of contribution (\$) In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
1205 Myrtle Ave  
El Paso, TX 79901

\$250.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

CITY CLERK DEPT.  
COMMUNICATIONS  
03/09/09 02:04 PM







# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> PAGE # Schedule: 6/15 Report: 8/25	
<b>2</b> FILER NAME Haddad, Leo Gus (Mr.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00000001	
<b>4</b> Date  03/24/2009	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gaddy, Charles M  ..... <b>6</b> Contributor address; City; State; Zip Code 825 Cherry Hill Ln El Paso, TX 79912	<b>7</b> Amount of contribution (\$)  \$250.00	<b>8</b> In-kind contribution description (if applicable)          <input type="checkbox"/> (If travel outside of Texas, complete Schedule T)
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	
Date  03/12/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gallagher, W Claiborne  ..... Contributor address; City; State; Zip Code 3933 Flamingo Dr El Paso, TX 79902	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)          <input type="checkbox"/> (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  03/12/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) George E Salom Family Limited Partnership  ..... Contributor address; City; State; Zip Code 807 S El Paso El Paso, TX 79901	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)          <input type="checkbox"/> (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  03/09/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Glass, Connie  ..... Contributor address; City; State; Zip Code 1601 N Campbell St El Paso, TX 79902	Amount of contribution (\$)  \$300.00	In-kind contribution description (if applicable)          <input type="checkbox"/> (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  03/12/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) GMS Investments  ..... Contributor address; City; State; Zip Code 807 S El Paso El Paso, TX 79901	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)          <input type="checkbox"/> (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

CITY CLERK DEPT  
09 APR 2010 PM 2:05

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> PAGE # Schedule: 7/15 Report: 9/25	
<b>2</b> FILER NAME Haddad, Leo Gus (Mr.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00000001	
<b>4</b> Date  02/11/2009	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gorman, Frank W Jr  <b>6</b> Contributor address; City; State; Zip Code 1606 Dede Ln El Paso, TX 79902	<b>7</b> Amount of contribution (\$)  \$200.00	<b>8</b> In-kind contribution description (if applicable)          <input type="checkbox"/> (If travel outside of Texas, complete Schedule T)
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	
Date  03/12/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Haddad, Bryan  Contributor address; City; State; Zip Code 4308 O'Keefe Dr El Paso, TX 79902	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)          <input type="checkbox"/> (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  02/17/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Haddad, Jackie  Contributor address; City; State; Zip Code 10447 Cumpston St Hollywood, CA 91601	Amount of contribution (\$)  \$1,000.00	In-kind contribution description (if applicable)          <input type="checkbox"/> (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Counselor		Employer (See Instructions) Los Angeles Indep School Dist	
Date  03/18/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Haddad, John A  Contributor address; City; State; Zip Code 3208 Centralia Cove Austin, TX 78745	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)          <input type="checkbox"/> (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  03/12/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Haddad, Johnny  Contributor address; City; State; Zip Code 4141 Westcity Ct Apt 161 El Paso, TX 79902	Amount of contribution (\$)  \$30.00	In-kind contribution description (if applicable)          <input type="checkbox"/> (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	







# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 11/15 Report: 13/25	
2 FILER NAME Haddad, Leo Gus (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 02/24/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Melcan Ltd  6 Contributor address; City; State; Zip Code 5595 Westside Dr El Paso, TX 79932	7 Amount of contribution (\$) \$1,500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) N/A		10 Employer (See Instructions) Investments	
Date 03/12/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Meyer, Bruce  Contributor address; City; State; Zip Code 813 Forest Willow Cir El Paso, TX 79912	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/12/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Moore, Victor C  Contributor address; City; State; Zip Code 5521 Ventana Del Sol El Paso, TX 79912	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/10/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mundy, Gary D DDS  Contributor address; City; State; Zip Code 5551 N Mesa El Paso, TX 79912	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Orthodontist		Employer (See Instructions) Self Employed	
Date 03/09/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Nebhan, Joe  Contributor address; City; State; Zip Code 1708 Rod Curl El Paso, TX 79935	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Self Employed	



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 13/15 Report: 15/25	
2 FILER NAME Haddad, Leo Gus (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date  03/12/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Roman, Tony San  6 Contributor address; City; State; Zip Code 3311 Tyrone Dr El Paso, TX 79925	7 Amount of contribution (\$)  \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  02/02/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rosales, Joe  Contributor address; City; State; Zip Code 9609 Carnegie Ave El Paso, TX 79925	Amount of contribution (\$)  \$400.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  03/18/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Safi, George F  Contributor address; City; State; Zip Code 8626 Golden Chord Cir Houston, TX 77040	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  03/12/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Safi, S A  Contributor address; City; State; Zip Code 755 Fairway Cir El Paso, TX 79922	Amount of contribution (\$)  \$40.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  03/12/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Safi, Sarah  Contributor address; City; State; Zip Code 1520 Rocky Bluff El Paso, TX 79902	Amount of contribution (\$)  \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	





**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 1/3 Report: 18/25**2** FILER NAME Haddad, Leo Gus (Mr.)**3** ACCOUNT # (Ethics Commission filers)  
00000001

<b>4</b> Date	<b>5</b> Payee name	<b>7</b> Amount (\$)
02/23/2009	Anderson Anderson Bright & Crout PC	\$1,000.00
	<b>6</b> Payee address; City; State; Zip Code 1533 N Lee Trevino Ste 205 El Paso, TX 79936	

**8** Purpose of payment (See instructions regarding type of information required.)

Returned contribution

(If travel outside of Texas, complete Schedule T) **9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:Office sought:  
Office held:

Date	Payee name	Amount (\$)
03/09/2009	City of El Paso	\$500.00
	Payee address; City; State; Zip Code 2 Civic Center Plaza 2nd Fl El Paso, TX 79901	

Purpose of payment (See instructions regarding type of information required.)

Filing fee

(If travel outside of Texas, complete Schedule T) \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:Office sought:  
Office held:

Date	Payee name	Amount (\$)
02/11/2009	Deluxe Business Systems	\$285.31
	Payee address; City; State; Zip Code PO Box 1186 Lancaster, CA 93534	

Purpose of payment (See instructions regarding type of information required.)

Office supplies

(If travel outside of Texas, complete Schedule T) \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:Office sought:  
Office held:

Date	Payee name	Amount (\$)
03/10/2009	Office Depot	\$378.43
	Payee address; City; State; Zip Code 801 Sunland Park Dr Ste B201 El Paso, TX 79912	

Purpose of payment (See instructions regarding type of information required.)

Office supplies

(If travel outside of Texas, complete Schedule T) \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:Office sought:  
Office held:

# POLITICAL EXPENDITURES

## SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> PAGE # Schedule: 2/3 Report: 19/25
<b>2</b> FILER NAME Haddad, Leo Gus (Mr.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00000001
<b>4</b> Date  03/05/2009	<b>5</b> Payee name Oscar Ornelas Jr CPA  <b>6</b> Payee address; City; State; Zip Code ..... 1111 Montana Ave El Paso, TX 79902	<b>7</b> Amount (\$)  \$238.40
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Treasury services  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  03/05/2009	Payee name The Forma Group  Payee address; City; State; Zip Code ..... 1 Union Fashion Center Ste B201 El Paso, TX 79901	Amount (\$)  \$3,000.00
Purpose of payment (See instructions regarding type of information required.) Consulting services  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  03/05/2009	Payee name The Forma Group  Payee address; City; State; Zip Code ..... 1 Union Fashion Center Ste B201 El Paso, TX 79901	Amount (\$)  \$171.53
Purpose of payment (See instructions regarding type of information required.) Advertising  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  03/25/2009	Payee name The Forma Group  Payee address; City; State; Zip Code ..... 1 Union Fashion Center Ste B201 El Paso, TX 79901	Amount (\$)  \$2,550.00
Purpose of payment (See instructions regarding type of information required.) Advertising  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:

09 APR 2009 PM 2:05  
CITY CLERK EPT.

# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 3/3 Report: 20/25

**2** FILER NAME Haddad, Leo Gus (Mr.)

**3** ACCOUNT # (Ethics Commission filers)  
00000001

**4** Date  
  
03/27/2009

**5** Payee name  
The Forma Group

**7** Amount  
(\$)  
  
\$3,000.00

**6** Payee address; City; State; Zip Code  
.....  
1 Union Fashion Center  
Ste B201  
El Paso, TX 79901

**8** Purpose of payment (See instructions regarding type of information required.)  
Consulting services

**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

(If travel outside of Texas, complete Schedule T)

Office sought:  
Office held:

CITY CLERK DEPT.  
09 APR 10 PM 2:05

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/5 Report: 21/25
2 FILER NAME Haddad, Leo Gus (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001
4 Date 03/16/2009	5 Payee name Albertson's  6 Payee address; City; State; Zip Code 7022 N Mesa El Paso, TX 79912  7 Purpose of expenditure (See instructions regarding type of information required.) Meals - campaign meeting  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	8 Amount (\$)  \$26.87  <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 03/16/2009	Payee name Best Buy  Payee address; City; State; Zip Code 815 Sunland Park Dr El Paso, TX 79912  Purpose of expenditure (See instructions regarding type of information required.) Office equipment  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$)  \$216.48  <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 01/29/2009	Payee name Circuit City  Payee address; City; State; Zip Code 811 Sunland Park Dr El Paso, TX 79912  Purpose of expenditure (See instructions regarding type of information required.) Office supplies  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$)  \$10.38  <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 01/27/2009	Payee name Dennis Stewart  Payee address; City; State; Zip Code 7312 Clemente Ave El Paso, TX 79912  Purpose of expenditure (See instructions regarding type of information required.) Office equipment  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$)  \$150.00  <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 02/06/2009	Payee name Dennis Stewart  Payee address; City; State; Zip Code 7312 Clemente Ave El Paso, TX 79912  Purpose of expenditure (See instructions regarding type of information required.) Office equipment  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$)  \$500.00  <input checked="" type="checkbox"/> Reimbursement from political contributions intended

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/5 Report: 22/25
2 FILER NAME Haddad, Leo Gus (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001
4 Date 01/29/2009	5 Payee name Fastsigns ..... 6 Payee address; City; State; Zip Code 4224 N Mesa Unit F El Paso, TX 79902 7 Purpose of expenditure (See instructions regarding type of information required.) Advertising  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	8 Amount (\$) \$129.90  <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 03/20/2009	Payee name Great American Land & Cattle Company ..... Payee address; City; State; Zip Code 701 S Mesa Hills El Paso, TX 79912 Purpose of expenditure (See instructions regarding type of information required.) Meals - campaign meeting  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$) \$20.02  <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 02/27/2009	Payee name International Bakery ..... Payee address; City; State; Zip Code 6415 N Mesa El Paso, TX 79912 Purpose of expenditure (See instructions regarding type of information required.) Meals - grassroots  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$) \$102.35  <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 03/17/2009	Payee name International Bakery ..... Payee address; City; State; Zip Code 6415 N Mesa El Paso, TX 79912 Purpose of expenditure (See instructions regarding type of information required.) Meals - campaign meeting  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$) \$20.65  <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 02/26/2009	Payee name K-Mart ..... Payee address; City; State; Zip Code 655 Sunland Park Dr El Paso, TX 79912 Purpose of expenditure (See instructions regarding type of information required.) Meals - grassroots  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$) \$50.61  <input checked="" type="checkbox"/> Reimbursement from political contributions intended

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/5 Report: 23/25
2 FILER NAME Haddad, Leo Gus (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001
4 Date 03/30/2009	5 Payee name Lowe's ..... 6 Payee address; City; State; Zip Code 4531 Woodrow Bean El Paso, TX 79924	8 Amount (\$) \$230.40  <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	7 Purpose of expenditure (See instructions regarding type of information required.) Advertising supplies  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Date 02/13/2009	Payee name Office Depot ..... Payee address; City; State; Zip Code 801 Sunland Park Dr Ste B201 El Paso, TX 79912	Amount (\$) \$182.94  <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) Office supplies  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Date 03/16/2009	Payee name Office Depot ..... Payee address; City; State; Zip Code 801 Sunland Park Dr Ste B201 El Paso, TX 79912	Amount (\$) \$45.68  <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) Office supplies  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Date 03/20/2009	Payee name Office Depot ..... Payee address; City; State; Zip Code 801 Sunland Park Dr Ste B201 El Paso, TX 79912	Amount (\$) \$28.13  <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) Office supplies  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Date 03/27/2009	Payee name Office Depot ..... Payee address; City; State; Zip Code 801 Sunland Park Dr Ste B201 El Paso, TX 79912	Amount (\$) \$53.04  <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) Office supplies  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 4/5 Report: 24/25

**2** FILER NAME Haddad, Leo Gus (Mr.)

**3** ACCOUNT # (Ethics Commission filers)  
00000001

4 Date	5 Payee name	8 Amount (\$)
03/29/2009	Office Depot Payee address; City; State; Zip Code 801 Sunland Park Dr Ste B201 El Paso, TX 79912	\$253.80
	Purpose of expenditure (See instructions regarding type of information required.) Office supplies (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
01/27/2009	PC Technologies Payee address; City; State; Zip Code 9400 Carnegie Dr Unit B El Paso, TX 79925	\$15.00
	Purpose of expenditure (See instructions regarding type of information required.) Office equipment (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
03/22/2009	Pizza Hut Payee address; City; State; Zip Code 6115 N Mesa El Paso, TX 79912	\$60.59
	Purpose of expenditure (See instructions regarding type of information required.) Meals - grassroots (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
02/19/2009	Radioshack Payee address; City; State; Zip Code 6524 N Mesa El Paso, TX 79912	\$43.28
	Purpose of expenditure (See instructions regarding type of information required.) Office supplies (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
01/20/2009	The Forma Group Payee address; City; State; Zip Code 1 Union Fashion Center Ste B201 El Paso, TX 79901	\$4,000.00
	Purpose of expenditure (See instructions regarding type of information required.) Consulting services (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> PAGE # Schedule: 5/5 Report: 25/25
<b>2</b> FILER NAME Haddad, Leo Gus (Mr.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00000001
<b>4</b> Date 02/28/2009	<b>5</b> Payee name The Forma Group	<b>8</b> Amount (\$) \$2,000.00
	<b>6</b> Payee address; City; State; Zip Code 1 Union Fashion Center Ste B201 El Paso, TX 79901	
	<b>7</b> Purpose of expenditure (See instructions regarding type of information required.) Consulting services  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

CITY CLERK DEPT.  
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