

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:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input checked="" type="radio"/> FIRST MI OSCAR NICKNAME LAST SUFFIX LEESER	OFFICE USE ONLY Date Received Date Hand-delivered or Postmarked Receipt # Amount Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1017 QUINTA ANTIGUA EL PASO, TEXAS 79912	2013 JUN 15 PM 3:23 CITY CLERK DEPT.	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (915) 373-1234		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <input checked="" type="radio"/> FIRST MI 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	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 6 / 6 / 2013 THROUGH 6 / 30 / 2013		
11 ELECTION	ELECTION DATE Month Day Year / /	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) MAYOR	13 OFFICE SOUGHT (if known)	
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME OSCAR LEESER 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.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME	CITY CLERK DEPT. 2013 JUL 15 PM 3:23
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>32,335.00</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>71,176.38</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>8,278.05</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>89,484.31</u>

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 Oscar Leeser, this the 15th day of July, 20 13, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Sylvia Mercado
Printed name of officer administering oath

notary
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:	
2 FILER NAME OSCAR LEESER		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5/1/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MUNEER E. ASSI, D.D., P.A.	7 Amount of contribution (\$) \$1,000	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1700 E. CLIFF, BLDG. A, STE. 100 EL PASO, TEXAS 79902		(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 <input type="checkbox"/> out-of-state PAC (ID#: _____) STUART I. MEYERS	Amount of contribution (\$) \$3,000	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2100 HOLLYWOOD BLVD. HOLLYWOOD, FL 33020		(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 <input type="checkbox"/> out-of-state PAC (ID#: _____) FRANK SPENCER III	Amount of contribution (\$) \$250.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 216 HIDDEN CREST EL PASO, TEXAS 79912		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/7/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RAFAEL MARTINEZ	Amount of contribution (\$) \$500.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 800 N. MESA, SUITE 250 EL PASO, TEXAS 79902		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/7/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SABINO R. LARA	Amount of contribution (\$) \$200.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1501 N. MESA STE. LL402 EL PASO, TEXAS 79902		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

2013 JUL 15 AM 3:23
 CITY CLERK DEPT.

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**

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 6/6/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PATRICIA S. HOY	7 Amount of contribution (\$) \$500.⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 11183 LEO COLLINS EL PASO, TEXAS 79936		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 6/6/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EUGENE C. CARREJO	Amount of contribution (\$) \$500.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1916 CALLE PARQUE EL PASO, TEXAS 79912		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/6/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HAVEN R. WILLIAMS	Amount of contribution (\$) \$500.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4649 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 6/7/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EL PASO ASSOC. OF BUILDERS/BUILD PAC	Amount of contribution (\$) \$5,000	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6046 SURETY DRIVE EL PASO, TEXAS 79905		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/7/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROD & VICKI PFEIFER	Amount of contribution (\$) \$150.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2215 N. ST. VRAIN 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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 CITY CLERK DEPT

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**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 OSCAR LEESER		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 6/8/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KAY A. MOOY	7 Amount of contribution (\$) \$100.⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 11853 PETE ROSE DR. EL PASO, TEXAS 79936		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 6/10/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROBERT M. POTAMKIN	Amount of contribution (\$) \$5,000	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7714 FISHER ISLAND DR. MIAMI BEACH, FL. 33109		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/10/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RANDY JOHNSON	Amount of contribution (\$) \$500.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1320 N. ZARAGOZA EL PASO, TEXAS 79936		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/10/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALAN H. POTAMKIN	Amount of contribution (\$) \$5,000	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1 CASUARINA CONCOURSE CORAL GABLES, FL. 33143		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/10/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JULIET HART	Amount of contribution (\$) \$50.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 9129 TURRENTINE EL PASO, TEXAS 79925		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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CITY CLERK DEPT.

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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 OSCAR LEESER		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 6/11/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AFSCME - AFL-CIO	7 Amount of contribution (\$) \$2,500.⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1625 L. STREET N.W. WASHINGTON, DC. 20036		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 6/11/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRENT D. HARRIS	Amount of contribution (\$) \$5,000.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4909 OLMOS ST. EL PASO, TEXAS 79922		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/11/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAURA D. BOGGS	Amount of contribution (\$) \$500.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6028 CAMINO ALEGRE EL PASO, TEXAS 79912		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/12/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEO & FRANCES DURAN	Amount of contribution (\$) \$100.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 721 WELLESLEY RD. EL PASO, TEXAS 79902		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/12/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KAY A. MOODY	Amount of contribution (\$) \$100.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 11853 PETE ROSE 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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2013 JUL 5 PM 3:29

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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 OSCAR LEESER		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 6/14/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOYCE E. CHAVEZ	7 Amount of contribution (\$) \$250.⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1912 PASEO REAL CIR. EL PASO, TX 79936		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 6/14/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) J. C. CURREY	Amount of contribution (\$) \$250.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 200 S. ALTO MESA DR. EL PASO, TX 79912		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/14/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DRESPANZA HOPE HARMON	Amount of contribution (\$) \$500.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5151 CAMINO DE LA VISTA EL PASO, TX 79932		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/15/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GARY W. DICKEY	Amount of contribution (\$) \$500.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 408 LINDBERGH EL PASO, TX 79932		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/6/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EDWARD ROSS	Amount of contribution (\$) \$35.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6811 DELTA DR. EL PASO, TX 79905		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

CITY CLERK DEPT
 2013 JUL 15 PM 3:24

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If contributor is out-of-state PAC, please see instruction guide for additional 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 **OSCAR LEESER** 3 ACCOUNT # (Ethics Commission Filers)

4 Date 6/12/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHARLES CAVARETTA	7 Amount of contribution (\$) \$250.⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 729 TWIN HILLS DR. EL PASO, TEXAS 79912		(If travel outside of Texas, complete Schedule T)	

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

Date 6/12/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVID & ROSE SCHECTER	Amount of contribution (\$) \$100.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6235 LOS ALTOS EL PASO, TEXAS 79912		(If travel outside of Texas, complete Schedule T)	

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

Date	Full name of contributor <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 for additional reporting requirements.

2013 JUN 15 PM 3:24
 CITY CLERK DEPT.

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 |
| 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)
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4 Date 6/7/2013	5 Payee name KDBC
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6 Amount (\$) \$1,946.50	7 Payee address; City; State; Zip Code 801 N. OREGON EL PASO, TX 79902
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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) MEDIA BUYS
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 6/7/2013	Payee name K FOX
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Amount (\$) \$3,893.00	Payee address; City; State; Zip Code 6004 N. MESA EL PASO, TX 79912
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	Description (If travel outside of Texas, complete Schedule T) MEDIA BUYS
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 6/7/2013	Payee name KINT
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Amount (\$) \$4,675.00	Payee address; City; State; Zip Code 5426 N. MESA EL PASO, TX 79912
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	Description (If travel outside of Texas, complete Schedule T) MEDIA BUYS
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 6/7/2013	Payee name KTSM
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Amount (\$) \$2,006.00	Payee address; City; State; Zip Code 801 N. OREGON EL PASO, TX 79902
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	Description (If travel outside of Texas, complete Schedule T) MEDIA BUYS
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

2013 JUL 15 PM 3:25
 CITY CLERK DEPT.

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 |
| 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 6/7/2013	5 Payee name SPA, LLC	
6 Amount (\$) \$1,145.06	7 Payee address; City; State; Zip Code P.O. BOX 12946 EL PASO, TX 79932	
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)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 6/7/2013	Payee name MOISES BUJANDA	
Amount (\$) \$4,000.00	Payee address; City; State; Zip Code 8600 BRODIE LN. SUITE 937 AUSTIN, TX 78745	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONSULTING 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 6/7/2013	Payee name TIME WARNER	
Amount (\$) \$323.00	Payee address; City; State; Zip Code 7010 AIRPORT EL PASO, TX 79906	
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 6/7/2013	Payee name NAC	
Amount (\$) \$25.00	Payee address; City; State; Zip Code 141 NAC DRIVE DUNCANVILLE, 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 FEE
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

CITY CLERK DEPT.
JUL 15 PM 3:2

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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 |
| 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)
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4 Date 6/7/2013	5 Payee name KVIA
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6 Amount (\$) #4,802.50	7 Payee address; City; State; Zip Code 4140 RIO BRAVO EL PASO, TX 79902
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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) MEDIA BUYS
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 6/7/2013	Payee name CHRIS ACOSTA
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Amount (\$) \$1,978.13	Payee address; City; State; Zip Code 9327 ELGIN EL PASO, TX 79907
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 6/7/2013	Payee name TIME WARNER
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Amount (\$) #331.50	Payee address; City; State; Zip Code 7010 AIRPORT EL PASO, TX 79906
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 6/7/2013	Payee name SPA, LLC
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Amount (\$) #3,695.00	Payee address; City; State; Zip Code P.O. BOX 12946 EL PASO, TEXAS 79932
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONSULTING EXPENSE	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CITY CLERK DEPT
 2013 JUL 15 PM 3:24

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 |
| 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 6-12-2013	5 Payee name LEVY AD GROUP	
6 Amount (\$) \$16,068.70	7 Payee address; City; State; Zip Code 5905 S. DECATUR #1 LAS VEGAS, NV 89118	
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 6-12-2013	Payee name NAC	
Amount (\$) \$6,196.50	Payee address; City; State; Zip Code 141 NAC DRIVE DUNCANVILLE, PA 16635	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) PRINTING 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 6-18-2013	Payee name CHRIS ACOSTA	
Amount (\$) \$1,046.95	Payee address; City; State; Zip Code 9327 ELGIN EL PASO, TX 79907	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD/BEVERAGE 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	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

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 |
| 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 6-18-2013		5 Payee name CAMINO REAL HOTEL			
6 Amount (\$) \$3,714.44		7 Payee address; City; State; Zip Code 101 S, EL PASO EL PASO, TX 79901			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) EVENT EXPENSE		(b) Description (If travel outside of Texas, complete Schedule T) ELECTION NIGHT	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 6-26-2013		Payee name SPA, LLC			
Amount (\$) \$15,329.10		Payee address; City; State; Zip Code P.O. BOX 12946 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)	
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	
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	

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