

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		<b>1 ACCOUNT #</b> (Ethics Commission Filers)	<b>2 Total pages filed:</b> <div style="text-align: center; font-size: 2em;">11</div>
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR <u>OSCAR</u> FIRST MI NICKNAME LAST SUFFIX <u>LEESER</u>		<b>OFFICE USE ONLY</b> Date Received  Date Hand-delivered or Postmarked  Receipt #      Amount  Date Processed  Date Imaged
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <u>1017 QUINTA ANTIGUA</u> <u>EL PASO, TEXAS 79912</u>		
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE PHONE NUMBER EXTENSION <u>(915) 373-1234</u>		
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR <u>CHRISTINA</u> FIRST MI NICKNAME LAST SUFFIX <u>ACOSTA</u>		
<b>7 CAMPAIGN TREASURER ADDRESS</b> (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <u>9327 ELGIN EL PASO, TEXAS 79907</u>		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE PHONE NUMBER EXTENSION <u>(915) 433-1647</u>		
<b>9 REPORT TYPE</b>	<input checked="" 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 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)		
<b>10 PERIOD COVERED</b>	Month Day Year      THROUGH      Month Day Year <u>7 / 1 / 2013</u> <u>12 / 31 / 2013</u>		
<b>11 ELECTION</b>	ELECTION DATE      ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special / /		
<b>12 OFFICE</b>	OFFICE HELD (if any) <u>MAYOR</u>	<b>13 OFFICE SOUGHT (if known)</b>	
<b>GO TO PAGE 2</b>			

2014 JAN 15 PM 4:02  
CITY CLERK DEPT.

# 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.

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

\$ 0

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

\$ 21,700

EXPENDITURE TOTALS

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

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 25,190.40

CONTRIBUTION BALANCE

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

\$ 1,049.84

OUTSTANDING LOAN TOTALS

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

\$ 89,484.31

18 AFFIDAVIT

CITY CLERK  
2014 JAN 15 10:41 AM '14

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.

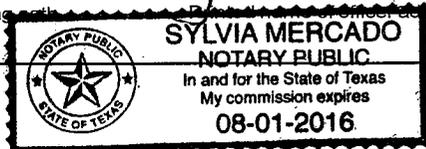
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Oscar Leeser, this the 15<sup>th</sup> day of January 20 14, to certify which, witness my hand and seal of office.

Sylvia Mercado Signature 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: <b>7</b>	
2 FILER NAME <b>OSCAR LEESER</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>7-11-13</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>BENJAMIN A. VANECEK</b>	7 Amount of contribution (\$) <b>\$500</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>304 CORAL SKY LN, EL PASO, TX 79912</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>7-17-13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>TENET HEALTHCARE PAC</b>	Amount of contribution (\$) <b>\$500</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>1445 ROSS AVE. SUITE 1400 DALLAS, TX 75202</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>8-16-13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>TRE PAC / TX ASSOC. OF REALTORS PAC</b>	Amount of contribution (\$) <b>\$5,000</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>P.O. BOX 2246 AUSTIN, TX 78768</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>9-9-13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ANGELA SANTOSCOY</b>	Amount of contribution (\$) <b>\$500</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>900 VIA PENASCO EL PASO, TX 79912</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>9-10-13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>THOMAS P. YEGGE</b>	Amount of contribution (\$) <b>\$250</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>11112 TERRELL AVE. EL PASO, TX 79936</b>		(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.

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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 <b>OSCAR LEESER</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>9-10-13</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JAMES A. MARTINEZ</b> 6 Contributor address; City; State; Zip Code <b>7170 WESTWIND SUITE 201 EL PASO, TX 79912</b>	7 Amount of contribution (\$) <b>\$500</b>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>9-12-13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>EL PASO ASSOC. OF BUILDERS - PAC</b> Contributor address; City; State; Zip Code <b>6046 SURETY DRIVE EL PASO, TX 79905</b>	Amount of contribution (\$) <b>\$500</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>9-12-13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>CHRISTINE Z. SMITH</b> Contributor address; City; State; Zip Code <b>5900 QUINTA REAL CT. EL PASO, TX 79912</b>	Amount of contribution (\$) <b>\$250</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>9-12-13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>RANDALL J. BOWLING</b> Contributor address; City; State; Zip Code <b>4655 COHEN AVE. EL PASO, TX 79924</b>	Amount of contribution (\$) <b>\$1,000</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>9-12-13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>FRANZ THEARD</b> Contributor address; City; State; Zip Code <b>63 KINGERY DR. EL PASO, TX 79902</b>	Amount of contribution (\$) <b>\$250</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <b>OSCAR LEESER</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>9-12-13</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>CRAIG FORTUNE</b>	7 Amount of contribution (\$) <b>\$250</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>6006 BALCONES #29 EL PASO, TX 79912</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>9-12-13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>GARY W. SOTIR</b>	Amount of contribution (\$) <b>\$500</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>1532 VIA APPIA ST. EL PASO, TX 79912</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>9-12-13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ROBERT L. BOWLING IV</b>	Amount of contribution (\$) <b>\$500</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>457 SAN CLEMENTE EL PASO, TX 79912</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>9-12-13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>TOMAS CARDENAS / CARMEN OCHOA</b>	Amount of contribution (\$) <b>\$500</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>5901 POMONA CT. EL PASO, TX 79912</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>9-12-13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>LOREN H. HODGES</b>	Amount of contribution (\$) <b>\$500</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>401 VALPLANO EL PASO, TX 79912</b>		(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.

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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

9-12-13

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

THOMAS G. AHMANN

6 Contributor address; City; State; Zip Code

5951 MIRA HERMOSA DR.  
EL PASO, TX 79912

7 Amount of contribution (\$)

\$150

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

9-12-13

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

MIGUEL E. CORONA

Contributor address; City; State; Zip Code

441 MAJESTIC MOUNTAIN  
EL PASO, TX 79912

Amount of contribution (\$)

\$150

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-12-13

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

ROBERT DIAZ

Contributor address; City; State; Zip Code

1905 MARY ALICE PL.  
EL PASO, TX 79936

Amount of contribution (\$)

\$200

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-13-13

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

SELENE Q. HAMMON

Contributor address; City; State; Zip Code

657 MOONDALE DR.  
EL PASO, TX 79912

Amount of contribution (\$)

\$150

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-13-13

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

LAURA & LOUIS ALPERN

Contributor address; City; State; Zip Code

4171 N. MESA BLDG. D, STE. 100  
EL PASO, TX 79902

Amount of contribution (\$)

\$2,500

In-kind contribution 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

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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

9-18-13

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

DONALD C. LUCIANO

6 Contributor address; City; State; Zip Code

718 BLACKER  
FL PASO, TX 79902

7 Amount of contribution (\$)

\$250

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

9-24-13

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

JUAN CARLOS DURON

Contributor address; City; State; Zip Code

3516 ORIO PALMER  
EL PASO, TX 79938

Amount of contribution (\$)

\$500

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-16-13

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

NANCY L. BOMBACH

Contributor address; City; State; Zip Code

5638 SEDONA DR.  
AUSTIN, TX 78759

Amount of contribution (\$)

\$500

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-16-13

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

PABLO DIAZ

Contributor address; City; State; Zip Code

1921 MONTANA AVE.  
EL PASO, TX 79903

Amount of contribution (\$)

\$200

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-16-13

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

DENNIS D. HEALY

Contributor address; City; State; Zip Code

5401 SILENT SUN LANE  
EL PASO, TX 79912

Amount of contribution (\$)

\$250

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  
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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 <b>OSCAR LEESER</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>10-16-13</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>GUY N. FIELDS III</b>	7 Amount of contribution (\$) <b>\$ 250</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>501 EXECUTIVE CENTER, STE. 101 EL PASO, TX 79902</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>9-12-13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>SIRIA ROCHA</b>	Amount of contribution (\$) <b>\$2,100</b>	In-kind contribution description (if applicable) <b>IN-KIND FOR FUNDRAISER</b>
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>9-12-13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ALBERT APODACA</b>	Amount of contribution (\$) <b>\$600</b>	In-kind contribution description (if applicable) <b>IN-KIND FOR FUNDRAISER</b>
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>9-12-13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ROBERT BOWLING SR.</b>	Amount of contribution (\$) <b>\$600</b>	In-kind contribution description (if applicable) <b>IN-KIND FOR FUNDRAISER</b>
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>9-12-13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ROBERT BOWLING IV</b>	Amount of contribution (\$) <b>\$600</b>	In-kind contribution description (if applicable) <b>IN-KIND FOR FUNDRAISER</b>
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**  
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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 <b>OSCAR LEESER</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>9-12-13</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>RANDY BOWLING</b>	7 Amount of contribution (\$) <b>\$1000</b>	8 In-kind contribution description (if applicable) <b>IN-KIND FOR FUNRAISER</b>
6 Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>9-12-13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>GREG BOWLING</b>	Amount of contribution (\$) <b>\$1000</b>	In-kind contribution description (if applicable) <b>IN-KIND FOR FUNDRAISER</b>
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)	
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)	

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2014 JAN 1 PM 4:03

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor 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            |
| 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.

<b>1</b> Total pages Schedule F:	<b>2</b> FILER NAME	<b>3</b> ACCOUNT # (Ethics Commission Filers)
2	OSCAR LEESER	
<b>4</b> Date	<b>5</b> Payee name	
7-17-13	EL DIARIO	
<b>6</b> Amount (\$)	<b>7</b> Payee address; City; State; Zip Code	
\$756. <sup>00</sup>	1801 TEXAS AVE. EL PASO, TX 79901	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule)	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T)
	ADVERTISING EXPENSE	MEDIA BUYS
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date	Payee name	
7-17-13	EL DIARIO	
Amount (\$)	Payee address; City; State; Zip Code	
\$599.76	1801 TEXAS AVE. EL PASO, TX 79901	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	ADVERTISING EXPENSE	MEDIA BUYS
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date	Payee name	
7-18-13	SELECT PRINTING	
Amount (\$)	Payee address; City; State; Zip Code	
\$7,000. <sup>00</sup>	6800 GATEWAY EAST, STE. 3-F EL PASO, TX 79915	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	PRINTING EXPENSE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date	Payee name	
9-9-13	SELECT PRINTING	
Amount (\$)	Payee address; City; State; Zip Code	
\$2,834.64	6800 GATEWAY EAST, STE. 3-F EL PASO, TX 79915	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	PRINTING EXPENSE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

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 CITY CLERK DEPT.

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            |
| 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.

<b>1</b> Total pages Schedule F:	<b>2</b> FILER NAME OSCAR LEESER	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 11-11-2013	<b>5</b> Payee name LEVY AD GROUP	
<b>6</b> Amount (\$) \$14,000	<b>7</b> Payee address; City; State; Zip Code 5905 S. DECATUR #1 LAS VEGAS, NV 89118	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T)
<b>9</b> 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
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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