

# SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

## FORM SPAC COVER SHEET PG 1

The SPAC INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers) 00001234	2 PAGE # 1 of 30
3 COMMITTEE NAME Friends for Peter Svarzbein		OFFICE USE ONLY	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address 705 E. Baltimore El Paso, TX 79912		Date Received Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
5 CAMPAIGN TREASURER NAME MS / MRS / MR FIRST MI Ms. Noel R NICKNAME LAST SUFFIX Rosenbaum		2015 JUN 4 PM 12:58 CITY CLERK DEPT.	
6 CAMPAIGN TREASURER'S STREET ADDRESS (Residence or business) 405 Valplano Drive El Paso, TX 79912		STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE #; CITY; STATE; ZIP CODE	
7 CAMPAIGN TREASURER'S MAILING ADDRESS <input type="checkbox"/> Change of Address 405 Valplano Drive El Paso, TX 79912		STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	
8 CAMPAIGN TREASURER PHONE (915) 588-9858		AREA CODE PHONE NUMBER EXTENSION	
9 REPORT TYPE <input type="checkbox"/> January 15 <input type="checkbox"/> July 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Dissolution (attach PAC-DR) <input type="checkbox"/> 10th day after campaign treasurer termination			
10 PERIOD COVERED Month Day Year 04/30/2015 THROUGH 06/03/2015		Month Day Year	
11 ELECTION ELECTION DATE Month Day Year 06/13/2015 ELECTION TYPE <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special			
GO TO PAGE 2			

# SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE & TOTALS

## FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME Friends for Peter Svarzbein

ACCOUNT # (Ethics Commission filers)  
00001234

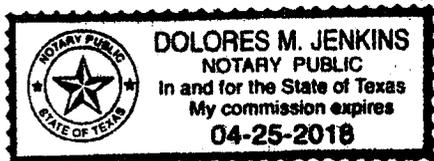
13 COMMITTEE PURPOSE  (Attach lists on plain paper to complete this report if necessary.)  <input checked="" type="checkbox"/> SUPPORT (Candidate or Measure) <input type="checkbox"/> OPPOSE (Candidate or Measure) <input type="checkbox"/> ASSIST (Officeholder only)	<input checked="" type="checkbox"/> CANDIDATE	CANDIDATE / OFFICEHOLDER NAME <b>Peter Svarzbei</b>	
	<input type="checkbox"/> OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) <b>City Council District #1</b>	
	<input type="checkbox"/> MEASURE	BALLOT IDENTIFICATION / #	ELECTION DATE Month Day Year
		DESCRIPTION	

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14 CONTRIBUTION TOTALS	1.	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	816.59
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	22,414.65
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	1,691.73
	4.	TOTAL POLITICAL EXPENDITURES	\$	23,055.61
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	6,726.63
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

### 15 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.



*Noel R. Rosenbaum*

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Noel R. Rosenbaum, this the 4th day of June, 2015, to certify which, witness my hand and seal of office.

*Dolores M. Jenkins*  
Signature of officer administering oath

Dolores M. Jenkins  
Print name of officer administering oath

*Notary*  
Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/13 Report: 3/30	
2 FILER NAME Friends for Peter Svarzbein		3 ACCOUNT # (Ethics Commission filers) 00001234	
4 Date  05/11/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Aguilar, Abe  6 Contributor address; City; State; Zip Code 7150 Sito Caballero Carlsbad, CA 92009	7 Amount of contribution (\$)  \$485.20	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date  05/27/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Aguilar, Richard  6 Contributor address; City; State; Zip Code 8201 Lockheed El Paso, TX 79925	7 Amount of contribution (\$)  \$485.20	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date  05/29/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Anderson, Penny  6 Contributor address; City; State; Zip Code 6848 Inca Ddrive El Paso, TX 79911	7 Amount of contribution (\$)  \$96.80	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date  05/15/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Batkin, Mike  6 Contributor address; City; State; Zip Code 6112 Via Fortuna Lane El Paso, TX 79912-2603	7 Amount of contribution (\$)  \$300.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date  05/19/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Berg, Tanny  6 Contributor address; City; State; Zip Code P.O. Box 96 El Paso, TX 77941	7 Amount of contribution (\$)  \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

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**SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> PAGE # Schedule: 2/13 Report: 4/30	
<b>2</b> FILER NAME Friends for Peter Svarzbein		<b>3</b> ACCOUNT # (Ethics Commission filers) 00001234	
<b>4</b> Date  05/21/2015	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bohannon, Matt  <b>6</b> Contributor address; City; State; Zip Code 5525 M. Stanton St Ste 28C El Paso, TX 79912	<b>7</b> Amount of contribution (\$)  \$250.00	<b>8</b> In-kind contribution description (if applicable) Matt
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	
<b>4</b> Date  05/31/2015	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brennand, Ruth  <b>6</b> Contributor address; City; State; Zip Code 6006 Balcones Cte. No. 27 El Paso, TX 79912	<b>7</b> Amount of contribution (\$)  \$100.00	<b>8</b> In-kind contribution description (if applicable)
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	
<b>4</b> Date  05/16/2015	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brief, Simon  <b>6</b> Contributor address; City; State; Zip Code 116 Dean Drive Unit 16 Tenafly, NJ 07670	<b>7</b> Amount of contribution (\$)  \$69.71	<b>8</b> In-kind contribution description (if applicable)
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	
<b>4</b> Date  04/30/2015	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Castellanos, Jesus  <b>6</b> Contributor address; City; State; Zip Code 500 Thunderbird Dr. #75 El Paso, TX 79912	<b>7</b> Amount of contribution (\$)  \$96.80	<b>8</b> In-kind contribution description (if applicable)
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	
<b>4</b> Date  05/21/2015	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ehrlich, Herbert (Mr.)  <b>6</b> Contributor address; City; State; Zip Code 424 Crown Point Dr. El Paso, TX 79912	<b>7</b> Amount of contribution (\$)  \$100.00	<b>8</b> In-kind contribution description (if applicable) H
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/13 Report: 5/30	
2 FILER NAME Friends for Peter Svarzbein		3 ACCOUNT # (Ethics Commission filers) 00001234	
4 Date  05/29/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fernandez, Miguel (Mr.)  6 Contributor address; City; State; Zip Code 411 Rim Road El Paso, TX 79902	7 Amount of contribution (\$)  \$1,000.00	8 In-kind contribution description (if applicable)     (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  05/29/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fernandez, Miguel (Mr.)  Contributor address; City; State; Zip Code 411 Rim Road El Paso, TX 79902	Amount of contribution (\$)  \$1,000.00	In-kind contribution description (if applicable)     (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/22/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fernandez, Ricardo  Contributor address; City; State; Zip Code 500 W. Overland Suite 250 El Paso, TX 79901	Amount of contribution (\$)  \$485.20	In-kind contribution description (if applicable)     (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/27/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fowlkes, Kerran  Contributor address; City; State; Zip Code 632 Spring Crest El Paso, TX 79912	Amount of contribution (\$)  \$96.80	In-kind contribution description (if applicable) K     (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/15/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Frank, Adam & Dana  Contributor address; City; State; Zip Code 801 River Oaks Dr. El Paso, TX 79912	Amount of contribution (\$)  \$1,000.00	In-kind contribution description (if applicable)     (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

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The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> PAGE # Schedule: 4/13 Report: 6/30	
<b>2</b> FILER NAME Friends for Peter Svarzbein		<b>3</b> ACCOUNT # (Ethics Commission filers) 00001234	
<b>4</b> Date  05/21/2015	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gaddy, Lane  ..... <b>6</b> Contributor address; City; State; Zip Code 908 Cincinnati El Paso, TX 79902	<b>7</b> Amount of contribution (\$)  \$729.75	<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  05/31/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gaddy, Phillip  ..... Contributor address; City; State; Zip Code 2611 N. Kansas El Paso, TX 79902	Amount of contribution (\$)  \$242.45	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  05/01/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Goldberg, Brett  ..... Contributor address; City; State; Zip Code 717 River Elms El Paso, TX 79922	Amount of contribution (\$)  \$96.80	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  04/30/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Greenberg, Harvey  ..... Contributor address; City; State; Zip Code 624 Spring Crest Drive El Paso, TX 79912	Amount of contribution (\$)  \$291.00	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  05/12/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Guzman, Joel (Mr.)  ..... Contributor address; City; State; Zip Code 1210 Los Angeles El Paso, TX 79902	Amount of contribution (\$)  \$125.00	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)	

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 5/13 Report: 7/30	
2 FILER NAME Friends for Peter Svarzbein		3 ACCOUNT # (Ethics Commission filers) 00001234	
4 Date  05/13/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hahn, Harold  6 Contributor address; City; State; Zip Code 2244 Trawood, Suite 100 El Paso, TX 79935	7 Amount of contribution (\$)  \$485.20	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  05/21/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Harrell, Chrithopher B.  Contributor address; City; State; Zip Code 5840 Lawndale Dr. El Paso, TX 79912	Amount of contribution (\$)  \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  05/19/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Heydemann, Jacob S.  Contributor address; City; State; Zip Code 1300 Murchison Dr. Suite 310 El Paso, TX 79902	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  05/11/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Horak, Ann  Contributor address; City; State; Zip Code 617 Cincinnati El Paso, TX 79902	Amount of contribution (\$)  \$193.90	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  05/15/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kern, David  Contributor address; City; State; Zip Code 1108 Thunderbird El Paso, TX 79912	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A  
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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 6/13 Report: 8/30	
2 FILER NAME Friends for Peter Svarzbein		3 ACCOUNT # (Ethics Commission filers) 00001234	
4 Date  05/13/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kurland, Maurice J.. ..... 6 Contributor address; City; State; Zip Code 2510 Q St. NW #420 Washington, DC 20007	7 Amount of contribution (\$)  \$150.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date  05/30/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lee, Jr., Howard M. Jr. (Dr.) ..... 6 Contributor address; City; State; Zip Code 1601 Rim Road El Paso, TX 79902	7 Amount of contribution (\$)  \$500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date  05/22/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Linebarger Goggan Blair & Sampson LLP ..... 6 Contributor address; City; State; Zip Code P.O. Box 17428 Austin, TX 78760	7 Amount of contribution (\$)  \$500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date  05/01/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Longoria, Daniel & Joann Fritz ..... 6 Contributor address; City; State; Zip Code 140 Camino Baranca El Paso, TX 79912	7 Amount of contribution (\$)  \$1,500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date  05/06/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Longoria, Daniel & Joann Fritz ..... 6 Contributor address; City; State; Zip Code 140 Camino Baranca El Paso, TX 79912	7 Amount of contribution (\$)  \$500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 7/13 Report: 9/30	
2 FILER NAME Friends for Peter Svarzbein		3 ACCOUNT # (Ethics Commission filers) 00001234	
4 Date  05/06/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Longoria, Daniel & Joann Fritz  6 Contributor address; City; State; Zip Code 140 Camino Baranca El Paso, TX 79912	7 Amount of contribution (\$)  \$500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
05/13/2015	Lorey, Martina  2100 N. Stanton St. El Paso, TX 79902	\$242.45	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
05/20/2015	Luciano, Don  718 Blacker El Paso, TX 79902	\$200.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
05/21/2015	Marcus, David & Jeryl Z.  442 Crown Point Dr. El Paso, TX 79912	\$100.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
05/30/2015	Marcus, Hal & Patricia Medici  1319 N. Oregon El Paso, TX 79902	\$100.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 8/13 Report: 10/30	
2 FILER NAME Friends for Peter Svarzbein		3 ACCOUNT # (Ethics Commission filers) 00001234	
4 Date  05/29/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Martin, John  6 Contributor address; City; State; Zip Code 709 Mt. Cristo Rey El Paso, TX 79922	7 Amount of contribution (\$)  \$250.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  05/21/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Martinez, Hector  Contributor address; City; State; Zip Code 629 Rosinante El Paso, TX 79922	Amount of contribution (\$)  \$145.95	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  05/29/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Morgades, Martin Alberto  Contributor address; City; State; Zip Code 5100B Hunters Glenn El Paso, TX 79932	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  05/01/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mowles, Sherry  Contributor address; City; State; Zip Code 730 Kerbey El Paso, TX 79902	Amount of contribution (\$)  \$193.90	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  05/19/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mowles, Sherry  Contributor address; City; State; Zip Code 730 Kerbey El Paso, TX 79902	Amount of contribution (\$)  \$193.90	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

CITY CLERK DEPT. SCHEDULE A  
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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 9/13 Report: 11/30	
2 FILER NAME Friends for Peter Svarzbein		3 ACCOUNT # (Ethics Commission filers) 00001234	
4 Date  05/15/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Patel, Sonny  6 Contributor address; City; State; Zip Code 7840 N. Mesa El Paso, TX 79932	7 Amount of contribution (\$)  \$200.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  05/19/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Reunion, Namir  Contributor address; City; State; Zip Code 1221 E. Baltimore El Paso, TX 79902	Amount of contribution (\$)  \$242.45	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  05/11/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Roe, Bradley (Mr.)  Contributor address; City; State; Zip Code 601 N. Cotton Ste. 6 El Paso, TX 79902	Amount of contribution (\$)  \$75.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  05/19/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rogers, J. W. Jr.  Contributor address; City; State; Zip Code 1600 Dede Lane El Paso, TX 79902	Amount of contribution (\$)  \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  05/05/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Romero, Samuel F.  Contributor address; City; State; Zip Code 717 E. Baltimore El Paso, TX 79902	Amount of contribution (\$)  \$375.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 10/13 Report: 12/30	
2 FILER NAME Friends for Peter Svarzbein		3 ACCOUNT # (Ethics Commission filers) 00001234	
4 Date 05/29/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rosenbaum, Louis & Miriam ..... 6 Contributor address; City; State; Zip Code 315 Rim Road El Paso, TX 79902	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/15/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rubin, Gerald & Stanlee ..... Contributor address; City; State; Zip Code 538 Laurel Canyon El Paso, TX 79912	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/31/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ryan, Gary & Gloria ..... Contributor address; City; State; Zip Code 1626 Rim Road 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 05/21/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Salazar, Louie I. ..... Contributor address; City; State; Zip Code 3431 Fort Blvd. El Paso, TX 79930	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/26/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sapp, Gary (Mr.) ..... Contributor address; City; State; Zip Code 4204 Park Hill El Paso, TX 79902	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

CITY CLERK DEPT  
2015 JUN -4 PM 12:59  
**SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> PAGE # Schedule: 11/13 Report: 13/30	
<b>2</b> FILER NAME Friends for Peter Svarzbein		<b>3</b> ACCOUNT # (Ethics Commission filers) 00001234	
<b>4</b> Date  06/03/2015	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Schwartz, Douglas  ..... <b>6</b> Contributor address; City; State; Zip Code P.O. Box 13611 El Paso, TX 79913	<b>7</b> Amount of contribution (\$)  \$970.70	<b>8</b> In-kind contribution description (if applicable)           (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	
Date  05/14/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Schwartz, Stuart  ..... Contributor address; City; State; Zip Code 1025 Singing Hills El Paso, TX 79912	Amount of contribution (\$)  \$339.55	In-kind contribution description (if applicable)           (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/30/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Stanley, Christopher  ..... Contributor address; City; State; Zip Code 416 Stonebluff Rd. El Paso, TX 79911	Amount of contribution (\$)  \$485.20	In-kind contribution description (if applicable)           (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/01/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sundrani, Shanker & Asha  ..... Contributor address; City; State; Zip Code 1155 Eagle Ridge Drive El Paso, TX 79912	Amount of contribution (\$)  \$500.00	In-kind contribution description (if applicable) Sh           (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/06/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Svarzbein, Peter  ..... Contributor address; City; State; Zip Code 705 E. Baltimore El Paso, TX 79902	Amount of contribution (\$)  \$116.35	In-kind contribution description (if applicable)           (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

CITY CLERK DEPT. SCHEDULE A

2015 JUN -4 PM 12:59

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 12/13 Report: 14/30	
2 FILER NAME Friends for Peter Svarzbein		3 ACCOUNT # (Ethics Commission filers) 00001234	
4 Date  05/08/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Svarzbein, Sylvia (Mrs.)  6 Contributor address; City; State; Zip Code 807 Live Oak El Paso, TX 79932	7 Amount of contribution (\$)  \$291.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date  05/26/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Theard, Franz (Mr.)  6 Contributor address; City; State; Zip Code 64 Kingery Dr. El Paso, TX 79902	7 Amount of contribution (\$)  \$500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date  05/10/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tures, Stephen  6 Contributor address; City; State; Zip Code 1083 Esplanada El Paso, TX 79932	7 Amount of contribution (\$)  \$96.80	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date  05/19/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Urbina, Maria F.  6 Contributor address; City; State; Zip Code 4800 N. Stanton Unit 202 El Paso, TX 79902	7 Amount of contribution (\$)  \$250.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date  05/01/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Villa, Christopher  6 Contributor address; City; State; Zip Code 1107 E. Robinson Ave. El Paso, TX 79902	7 Amount of contribution (\$)  \$150.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

CITY CLERK DEPT.  
2015 JUN -4 PM 12:59

**SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 13/13 Report: 15/30	
2 FILER NAME Friends for Peter Svarzbein		3 ACCOUNT # (Ethics Commission filers) 00001234	
4 Date  06/01/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Warach Soto & Associates  6 Contributor address; City; State; Zip Code 7300 Viscount Suite 101 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  05/21/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wyatt, Michael (Mr.)  Contributor address; City; State; Zip Code 2906 Silver Ave. El Paso, TX 79930	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# PLEGGED CONTRIBUTIONS

# SCHEDULE B

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #  
Schedule: 1/1 Report: 16/30

2 FILER NAME Friends for Peter Svarzbein

3 ACCOUNT # (Ethics Commission filers)  
00001234

4 TOTAL OF UNITEMIZED PLEDGES:      ⇨   ⇨   ⇨   ⇨   ⇨   ⇨

\$

5 Date  
05/20/2015

6 Full name of pledgor  out-of-state PAC (ID# \_\_\_\_\_)  
Kastrin, Deborah

8 Amount of  
pledge (\$)

9 In-kind description  
(if applicable)

05/20/2015

7 Pledgor address;      City; State; Zip Code  
3940 Flamingo Dr.  
El Paso, TX 79902

\$450.00

(If travel outside of Texas, complete Schedule T)

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

CITY CLERK DEPT.  
2015 JUN -4 PM 12: 59

**POLITICAL EXPENDITURES**

CITY CLERK DEPT.

**SCHEDULE F**

2015 JUN -4 PM 12:59

**EXPENDITURE CATEGORIES**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

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

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1</b> PAGE # Schedule: 1/14 Report: 17/30	<b>2</b> FILER NAME Friends for Peter Svarzbein	<b>3</b> ACCOUNT # (TEC filers) 00001234
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<b>4</b> Date 05/02/2015	<b>5</b> Payee name Alon 7-Eleven #601
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<b>6</b> Amount (\$) \$39.00	<b>7</b> Payee address City; State; Zip Code 2000 N. Piedras El Paso, TX 79930
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Gas for blockwalking
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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

Date 05/07/2015	Payee name Alon 7-Eleven #601
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Amount (\$) \$40.39	Payee address City; State; Zip Code 2000 N. Piedras El Paso, TX 79930
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Travel In District	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Gas for blockwalking
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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

Date 05/07/2015	Payee name Alon 7-Eleven #601
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Amount (\$) \$30.02	Payee address City; State; Zip Code 2000 N. Piedras El Paso, TX 79930
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Travel In District	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Gas for blockwalking
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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

Date 05/16/2015	Payee name Alon 7-Eleven #601
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Amount (\$) \$41.32	Payee address City; State; Zip Code 2000 N. Piedras El Paso, TX 79930
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Travel In District	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Gas for blockwalking
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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

**POLITICAL EXPENDITURES**

CITY CLERK DEPT. SCHEDULE F

2015 JUN 4 PM 12:59

**EXPENDITURE CATEGORIES**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

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

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 2/14 Report: 18/30		<b>2 FILER NAME</b> Friends for Peter Svarzbein		<b>3 ACCOUNT # (TEC filers)</b> 00001234	
<b>4 Date</b> 05/22/2015		<b>5 Payee name</b> Alon 7-Eleven #601			
<b>6 Amount (\$)</b> \$46.13		<b>7 Payee address</b> City; State; Zip Code 2000 N. Piedras El Paso, TX 79930			
<b>8 PURPOSE OF EXPENDITURE</b>		<b>(a) Category</b> (See Categories listed at the top of this schedule) Travel In District		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Gas for blockwalking  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 05/11/2015		<b>Payee name</b> Apodaca, Michael (Mr.)			
<b>Amount (\$)</b> \$500.00		<b>Payee address</b> City; State; Zip Code 3323 Sacramento El Paso, TX 79930			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Field service  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 06/01/2015		<b>Payee name</b> Apodaca, Michael (Mr.)			
<b>Amount (\$)</b> \$500.00		<b>Payee address</b> City; State; Zip Code 3323 Sacramento El Paso, TX 79930			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Field service  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 04/30/2015		<b>Payee name</b> Ayers, Kenneth			
<b>Amount (\$)</b> \$100.00		<b>Payee address</b> City; State; Zip Code 3061 Tierra Fresno El Paso, TX 79938			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) Polling Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Literature drop  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought: Office held:	

**POLITICAL EXPENDITURES**

CITY CLERK DEPT.

**SCHEDULE F**

2015 JUN -6 PM 12:50

**EXPENDITURE CATEGORIES**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

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

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1</b> PAGE # Schedule: 3/14 Report: 19/30	<b>2</b> FILER NAME Friends for Peter Svarzbein	<b>3</b> ACCOUNT # (TEC filers) 00001234
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<b>4</b> Date 05/11/2015	<b>5</b> Payee name Bustillos, Gonzalo Ernesto (Mr.)
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<b>6</b> Amount (\$) \$100.00	<b>7</b> Payee address City; State; Zip Code 6337 Franklin Bluff El Paso, TX 79912
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Blockwalking
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 05/15/2015	Payee name Bustillos, Gonzalo Ernesto (Mr.)
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Amount (\$) \$110.00	Payee address City; State; Zip Code 6337 Franklin Bluff El Paso, TX 79912
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Block walking
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 05/18/2015	Payee name Bustillos, Gonzalo Ernesto (Mr.)
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Amount (\$) \$540.00	Payee address City; State; Zip Code 6337 Franklin Bluff El Paso, TX 79912
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Blockwalking
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 05/29/2015	Payee name Bustillos, Gonzalo Ernesto (Mr.)
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Amount (\$) \$375.00	Payee address City; State; Zip Code 6337 Franklin Bluff El Paso, TX 79912
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Blockwalking
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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

CITY CLERK DEPT. SCHEDULE F  
2015 JUN -4 PM 12:59

**EXPENDITURE CATEGORIES**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

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

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 4/14 Report: 20/30		<b>2 FILER NAME</b> Friends for Peter Svarzbein		<b>3 ACCOUNT # (TEC filers)</b> 00001234	
<b>4 Date</b> 05/06/2015		<b>5 Payee name</b> Canal & Sky			
<b>6 Amount (\$)</b> \$102.03		<b>7 Payee address</b> City; State; Zip Code 2007 Myrtle El Paso, TX 79901			
<b>8 PURPOSE OF EXPENDITURE</b>		<b>(a) Category</b> (See Categories listed at the top of this schedule) Printing Expense		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign shirts <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 05/12/2015		<b>Payee name</b> Castaneda, Oscar (Mr.)			
<b>Amount (\$)</b> \$500.00		<b>Payee address</b> City; State; Zip Code 200 Atlantic El Paso, TX 79922			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Block Walking <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 05/08/2015		<b>Payee name</b> Castillo, Mario (Mr.)			
<b>Amount (\$)</b> \$449.00		<b>Payee address</b> City; State; Zip Code 10363 Shenandoah El Paso, TX 79924			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Blockwalking <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 05/29/2015		<b>Payee name</b> Castillo, Mario (Mr.)			
<b>Amount (\$)</b> \$217.00		<b>Payee address</b> City; State; Zip Code 10363 Shenandoah El Paso, TX 79924			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Blockwalking <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought: Office held:	

**POLITICAL EXPENDITURES**

CITY CLERK DEPT.

**SCHEDULE F**

2015 JUN -4 PM 12:59

**EXPENDITURE CATEGORIES**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

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

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1</b> PAGE # Schedule: 5/14 Report: 21/30	<b>2</b> FILER NAME Friends for Peter Svarzbein	<b>3</b> ACCOUNT # (TEC filers) 00001234
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<b>4</b> Date 05/02/2015	<b>5</b> Payee name Corner Store #1360
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<b>6</b> Amount (\$) \$31.58	<b>7</b> Payee address City; State; Zip Code 6040 N. Mesa El Paso, TX 79912
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Gas for blockwalking  <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 05/08/2015	Payee name Corner Store #1360
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Amount (\$) \$20.00	Payee address City; State; Zip Code 6040 N. Mesa El Paso, TX 79912
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Travel In District	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Gas for blockwalking  <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 05/18/2015	Payee name Corner Store #1360
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Amount (\$) \$38.33	Payee address City; State; Zip Code 6040 N. Mesa El Paso, TX 79912
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Travel In District	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Gas for blockwalking  <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 05/28/2015	Payee name Corner Store #1360
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Amount (\$) \$40.86	Payee address City; State; Zip Code 6040 N. Mesa El Paso, TX 79912
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Travel In District	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Gas for blockwalking  <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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# POLITICAL EXPENDITURES

## CITY CLERK DEPT. SCHEDULE F

2015 JUN - 6 PM 12:59

### EXPENDITURE CATEGORIES

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

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

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1</b> PAGE # Schedule: 6/14 Report: 22/30		<b>2</b> FILER NAME Friends for Peter Svarzbein		<b>3</b> ACCOUNT # (TEC filers) 00001234	
<b>4</b> Date 05/11/2015		<b>5</b> Payee name El Paso County			
<b>6</b> Amount (\$) \$10.00		<b>7</b> Payee address City; State; Zip Code 500 E. San Antonio Suite 314 El Paso, TX 79901			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) Polling Expense		<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Election data  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 05/12/2015		Payee name El Paso County			
Amount (\$) \$20.00		Payee address City; State; Zip Code 500 E. San Antonio Suite 314 El Paso, TX 79901			
<b>8</b> PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Polling Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Voter outreach  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 06/02/2015		Payee name El Paso County			
Amount (\$) \$95.00		Payee address City; State; Zip Code 500 E. San Antonio Suite 314 El Paso, TX 79901			
<b>8</b> PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Polling Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Voter outreach  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 05/09/2015		Payee name Eloise			
Amount (\$) \$694.68		Payee address City; State; Zip Code 255 Shadow Mountain Dr. El Paso, TX 79912			
<b>8</b> 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) <input type="checkbox"/> Election night watch party  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

**POLITICAL EXPENDITURES**

CITY CLERK DEPT.  
2015 JUN -4 PM12:59

**SCHEDULE F**

**EXPENDITURE CATEGORIES**

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gifts/Awards/Memorial 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> PAGE # Schedule: 7/14 Report: 23/30	<b>2</b> FILER NAME Friends for Peter Svarzbein	<b>3</b> ACCOUNT # (TEC filers) 00001234
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<b>4</b> Date 05/15/2015	<b>5</b> Payee name Entertainment El Paso
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<b>6</b> Amount (\$) \$285.98	<b>7</b> Payee address City; State; Zip Code 801 Sunland :ark Drd., Bldg E El Paso, TX 79912
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Polling Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> ipad for use in minivan
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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

Date 05/01/2015	Payee name Fusion Magazine
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Amount (\$) \$350.00	Payee address City; State; Zip Code 200 Atlantic El Paso, TX 79922
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Advertising
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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

Date 05/06/2015	Payee name Go Direct Mail Marketing
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Amount (\$) \$1,293.90	Payee address City; State; Zip Code 8400 Boeing Drive El Paso, TN 79925
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Mail advertising
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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

Date 05/27/2015	Payee name Go Direct Mail Marketing
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Amount (\$) \$2,026.51	Payee address City; State; Zip Code 8400 Boeing Drive El Paso, TN 79925
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Mail marketing
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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

**POLITICAL EXPENDITURES**

CITY CLERK DEPT. SCHEDULE F

2015 JUN -6 PM 12:50

**EXPENDITURE CATEGORIES**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

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

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 8/14 Report: 24/30		<b>2 FILER NAME</b> Friends for Peter Svarzbein		<b>3 ACCOUNT # (TEC filers)</b> 00001234	
<b>4 Date</b> 05/29/2015		<b>5 Payee name</b> Gonzalez, Anthony			
<b>6 Amount (\$)</b> \$103.00		<b>7 Payee address</b> City; State; Zip Code 3510 Murray El Paso, TX 79902			
<b>8 PURPOSE OF EXPENDITURE</b>		<b>(a) Category</b> (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Blockwalking  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 05/09/2015		<b>Payee name</b> Hernandez, Laura			
<b>Amount (\$)</b> \$265.00		<b>Payee address</b> City; State; Zip Code 837 Arredondo Dr El Paso, TX 79912			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Blockwalking  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 05/29/2015		<b>Payee name</b> Hernandez, Laura			
<b>Amount (\$)</b> \$153.00		<b>Payee address</b> City; State; Zip Code 837 Arredondo Dr El Paso, TX 79912			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Blockwalking  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 06/01/2015		<b>Payee name</b> iPrintideas			
<b>Amount (\$)</b> \$405.94		<b>Payee address</b> City; State; Zip Code 300 E. Main Ste 1424 El Paso, TX 79901			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) Printing Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> yard signs  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought: Office held:	

**POLITICAL EXPENDITURES**

CITY CLERK DEPT. SCHEDULE F

2015 JUN -6 PM 12:50

**EXPENDITURE CATEGORIES**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

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

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1</b> PAGE # Schedule: 9/14 Report: 25/30	<b>2</b> FILER NAME Friends for Peter Svarzbein	<b>3</b> ACCOUNT # (TEC filers) 00001234
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<b>4</b> Date 05/29/2015	<b>5</b> Payee name Langecker, Karin
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<b>6</b> Amount (\$) \$144.00	<b>7</b> Payee address City; State; Zip Code 1916 Saint Johns El Paso, TX 79903
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Blockwalking
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 05/28/2015	Payee name Lowe's
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Amount (\$) \$19.36	Payee address City; State; Zip Code 6021 N. Mesa El Paso, TX 79912
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Food and beverages for Meet & Greet event
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 05/31/2015	Payee name Lowe's
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Amount (\$) \$34.31	Payee address City; State; Zip Code 6021 N. Mesa El Paso, TX 79912
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Food and paper goods for birthday party
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 06/03/2015	Payee name Lowe's
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Amount (\$) \$29.19	Payee address City; State; Zip Code 6021 N. Mesa El Paso, TX 79912
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Food and beverages for block walkers
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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

CITY CLERK DEPT. SCHEDULE F

2015 JAN 4 PM 12:55

**EXPENDITURE CATEGORIES**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

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

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 10/14 Report: 26/30	<b>2 FILER NAME</b> Friends for Peter Svarzbein	<b>3 ACCOUNT # (TEC filers)</b> 00001234
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<b>4 Date</b> 06/03/2015	<b>5 Payee name</b> Lowes
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<b>6 Amount (\$)</b> \$27.00	<b>7 Payee address</b> City; State; Zip Code 6021 N. Mesa El Paso, TX 79912
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<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Snacks for volunteers <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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<b>Date</b> 06/01/2015	<b>Payee name</b> Marquis Wireless
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<b>Amount (\$)</b> \$100.00	<b>Payee address</b> City; State; Zip Code 7924 Gateway East Duiyr 150H El Paso, TX 79915
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<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Burner campaign phone <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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<b>Date</b> 05/09/2015	<b>Payee name</b> Navarrette, Rafael (Mr.)
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<b>Amount (\$)</b> \$524.00	<b>Payee address</b> City; State; Zip Code 12677 Tierra Tigre El Paso, TX 79938
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<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Blockwalking <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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<b>Date</b> 05/29/2015	<b>Payee name</b> Navarrette, Rafael (Mr.)
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<b>Amount (\$)</b> \$493.00	<b>Payee address</b> City; State; Zip Code 12677 Tierra Tigre El Paso, TX 79938
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<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Blockwalking <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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**POLITICAL EXPENDITURES**

2015 JUN -4 PM 12:59

**SCHEDULE F**

**EXPENDITURE CATEGORIES**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

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

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 11/14 Report: 27/30		<b>2 FILER NAME</b> Friends for Peter Svarzbein		<b>3 ACCOUNT # (TEC filers)</b> 00001234	
<b>4 Date</b> 05/11/2015	<b>5 Payee name</b> NGP Van, Inc.				
<b>6 Amount (\$)</b> \$263.25	<b>7 Payee address</b> City; State; Zip Code 49 Grove St., Suite 202 Somerville, MA 02144				
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Polling Expense		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Voter outreach		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 05/08/2015	<b>Payee name</b> Office Depot/OfficeMax				
<b>Amount (\$)</b> \$44.24	<b>Payee address</b> City; State; Zip Code 801 Sunland Park Dr., Space B El Paso, TX 79912				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Pens and copy paper		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 05/12/2015	<b>Payee name</b> Office Depot/OfficeMax				
<b>Amount (\$)</b> \$46.54	<b>Payee address</b> City; State; Zip Code 801 Sunland Park Dr., Space B El Paso, TX 79912				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Printer ink		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 06/01/2015	<b>Payee name</b> Office Depot/OfficeMax				
<b>Amount (\$)</b> \$49.77	<b>Payee address</b> City; State; Zip Code 801 Sunland Park Dr., Space B El Paso, TX 79912				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Printer ink		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:

**POLITICAL EXPENDITURES**

2015 JUN -4 PM 12:59

**SCHEDULE F**

**EXPENDITURE CATEGORIES**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

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

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1</b> PAGE # Schedule: 12/14 Report: 28/30	<b>2</b> FILER NAME Friends for Peter Svarzbein	<b>3</b> ACCOUNT # (TEC filers) 00001234
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<b>4</b> Date 06/03/2015	<b>5</b> Payee name Office Depot/OfficeMax
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<b>6</b> Amount (\$) \$95.24	<b>7</b> Payee address City; State; Zip Code 801 Sunland Park Dr., Space B El Paso, TX 79912
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> printer ink
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 05/04/2015	Payee name Ramirez, Angel
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Amount (\$) \$132.00	Payee address City; State; Zip Code 454 Coldridge Valley Place El Paso, TX 79928
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Blockwalking
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 05/29/2015	Payee name Ramirez, Angel
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Amount (\$) \$89.00	Payee address City; State; Zip Code 454 Coldridge Valley Place El Paso, TX 79928
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Blockwalking
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 05/01/2015	Payee name Technology, Networks & Systems
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Amount (\$) \$135.31	Payee address City; State; Zip Code 6006 N. Mesa, Ste. 1010 El Paso, TX 79912
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Internet access
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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

2015 JUN -6 PM 12:59

**SCHEDULE F**

**EXPENDITURE CATEGORIES**

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gifts/Awards/Memorial 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 PAGE #</b> Schedule: 13/14 Report: 29/30		<b>2 FILER NAME</b> Friends for Peter Svarzbein		<b>3 ACCOUNT # (TEC filers)</b> 00001234	
<b>4 Date</b> 06/02/2015		<b>5 Payee name</b> Technology, Networks & Systems			
<b>6 Amount (\$)</b> \$135.31		<b>7 Payee address</b> City; State; Zip Code 6006 N. Mesa, Ste. 1010 El Paso, TX 79912			
<b>8 PURPOSE OF EXPENDITURE</b>		<b>(a) Category</b> (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Internet service  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 05/21/2015		<b>Payee name</b> TI:ME at Montecillo			
<b>Amount (\$)</b> \$332.83		<b>Payee address</b> City; State; Zip Code 4935 N. Mesa Suite 1A El Paso, TX 79912			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) Food/Beverage Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Foodstuffs for fundraiser  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 04/30/2015		<b>Payee name</b> Tovar Printing			
<b>Amount (\$)</b> \$102.84		<b>Payee address</b> City; State; Zip Code 1230 Texas Ave El Paso, TX 79901			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) Printing Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> labels  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 05/06/2015		<b>Payee name</b> Tovar Printing			
<b>Amount (\$)</b> \$772.91		<b>Payee address</b> City; State; Zip Code 1230 Texas Ave El Paso, TX 79901			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) Printing Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Postcards  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought: Office held:	

**POLITICAL EXPENDITURES**

CITY CLERK DEPT.

**SCHEDULE F**

2015 JUN -4 PM 12:59

**EXPENDITURE CATEGORIES**

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gifts/Awards/Memorial 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> PAGE # Schedule: 14/14 Report: 30/30	<b>2</b> FILER NAME Friends for Peter Svarzbein	<b>3</b> ACCOUNT # (TEC filers) 00001234
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<b>4</b> Date 06/01/2015	<b>5</b> Payee name Tovar Printing
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<b>6</b> Amount (\$) \$7,700.61	<b>7</b> Payee address City; State; Zip Code 1230 Texas Ave El Paso, TX 79901
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Two mailers
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 05/08/2015	Payee name Vargas, Arturo
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Amount (\$) \$220.50	Payee address City; State; Zip Code 1165 Calle Lomas El Paso, TX 79912
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Blockwalking
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 05/29/2015	Payee name Vargas, Arturo
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Amount (\$) \$349.00	Payee address City; State; Zip Code 1165 Calle Lomas El Paso, TX 79912
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Blockwalking
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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