CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 ACCOUNT# (Ethics Commission filers)

2 Total pages filed:

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt # | Amount

Date Processed

Date Imaged

07 APR 1 AM 11:13

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: MR | FIRST: Robert | MI: G

NICKNAME | LAST: Rivera | SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS / PO BOX: 1921 Edgehill Dr | APT / SUITE #. | CITY: Arlington | STATE. TX | ZIP CODE 76014

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE (817) | PHONE NUMBER 274-9546 | EXTENSION

CAMPAIGN TREASURER NAME

MS / MRS / MR: MS | FIRST: CA | MI:

NICKNAME | LAST: Ha | SUFFIX

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): 405 Fountainside | APT / SUITE #: | CITY: Euless | STATE: Texas | ZIP CODE 76039

8 CAMPAIGN TREASURER PHONE

AREA CODE (817) | PHONE NUMBER 740-4599 | EXTENSION

9 REPORT TYPE

☐ January 15 ☑ 30th day before election ☐ Final report (Attach C/OH - FR) ☐ Exceeded $500 limit

☐ July 15 ☐ 8th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)

10 PERIOD COVERED

Month 1 / Day 11 / Year 07 THROUGH Month 4 / Day 10 / Year 07

11 ELECTION

ELECTION DATE Month 5 / Day 12 / Year 07

ELECTION TYPE ☐ Primary ☐ Runoff ☑ General ☐ Special

12 OFFICE

OFFICE HELD (if any): City Council District 3

13 OFFICE SOUGHT (if known)

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

•• Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ••

Name

Address / PO Box. Apt. / Suite #; City. State. Zip Code

☐ additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

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

COMMITTEE TYPE

___ GENERAL

___ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

18 CONTRIBUTION TOTALS

1.	TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$ 1,000.00
2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 18,505.00

EXPENDITURE TOTALS

3.	TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ 258.47
4.	**TOTAL POLITICAL EXPENDITURES**	$ 8,908.04

CONTRIBUTION BALANCE

5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 23,711.42

OUTSTANDING LOAN TOTALS

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

19 AFFIDAVIT

NOTARY PUBLIC STATE OF TEXAS
TINA STEWART
Notary Public
STATE OF TEXAS
My Comm. Exp. 02/14/2011

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 Robert G. Rivera, this the 12th day of April, 20 07, to certify which, witness my hand and seal of office.

Tina Stewart	Tina Stewart	notary
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME: Robert Rivera

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor (☐ out-of-state PAC (ID#: ____)) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
2-8-07	Cunnuth & Hafer LLP 101 E. Park Row Arlington Tx 76010	$100 N	

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date	Full name of contributor (☐ out-of-state PAC (ID# ____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
1-3-07	J. Luke P.O. Box 1024 Arlington Tx 76004	$75 N	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor (☐ out-of-state PAC (ID# ____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
1-22-07	Ralph Shelton 1308 Canterbury Ct Arlington Tx 76013	$200 N	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor (☐ out-of-state PAC (ID# ____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
1-25-07	C. Green 2110 Boy Club Arlington Tx 76013	$250 N	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor (☐ out-of-state PAC (ID# ____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
1-19-07	William Newbill P.O. Box 181692 Arlington Tx 76096	$500 N	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME Robert Rivera

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address: City: State: Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
1-18-07	Tom Cravens 501 S. Fielder Arlington TX 76013	$150.00	
9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)	(If travel outside of Texas, complete Schedule T)	

Date	Full name of contributor ☐ out-of-state PAC (ID#) / Contributor address: City: State: Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
1-22-07	Dan Dipert P.O. Box 580 Arlington TX 76004	$200.00	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	(If travel outside of Texas, complete Schedule T)	

Date	Full name of contributor ☐ out-of-state PAC (ID#) / Contributor address: City: State: Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
1-22-07	O.V. Di Sciullo 5500 Waterhill Arlington TX 76017	$200.00	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	(If travel outside of Texas, complete Schedule T)	

Date	Full name of contributor ☐ out-of-state PAC (ID#) / Contributor address: City: State: Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
1-23-07	Don Giles 1800 Paddington Ct Arlington TX 76017	$1,000.00	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	(If travel outside of Texas, complete Schedule T)	

Date	Full name of contributor ☐ out-of-state PAC (ID#) / Contributor address: City: State: Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
1-23-07	Herman Boswell 1718 S. Cooper Arlington TX 76013	$500.00	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	(If travel outside of Texas, complete Schedule T)	

ATTACH ADDITIONAL COPIES OF THIS FORM 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 Robert Rivera

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
1-23-07	Sandford Sims P.O. Box 751 Fort Worth TX 76101	$100.00	

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
2-20-07	James Cribbs P.O. Box 13060 Arlington TX 76094	$250.00	

(If travel outside of Texas, complete Schedule T)

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
2-14-07	Linebarger, Goggan Blair & Sampson LLP P.O. Box 17428 Austin TX 78760	$1,000.00	

(If travel outside of Texas, complete Schedule T)

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
2-19-07	Wick Alexander 840 W. Mitchell St Arlington TX 76013	$250.00	

(If travel outside of Texas, complete Schedule T)

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
2-19-07	Clay Kelley 2745 N. Collins Suite 111 Arlington TX 76006	$250.00	

(If travel outside of Texas, complete Schedule T)

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

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 Robert Rivera

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:)	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
2-28-	Bill Snider 6 Contributor address; City; State; Zip Code 2211 N. Collins Ste. 323 Arlington TX 76011	$100.00 (If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Amount of contribution ($)	In-kind contribution description (if applicable)
2-27-07	Addai Pennington Contributor address; City; State; Zip Code 4110 Surfside Ct Arlington TX 76016	$250.00 (If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Amount of contribution ($)	In-kind contribution description (if applicable)
2-23-07	Benjamin Doskocil Contributor address; City; State; Zip Code 5306 Mansfield Rd. Arlington TX 76017	$100.00 (If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Amount of contribution ($)	In-kind contribution description (if applicable)
3-1-07	Kelly Gonzalez Contributor address; City; State; Zip Code 2211 Woodmont Ct Arlington TX 76017	$500.00 (If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Amount of contribution ($)	In-kind contribution description (if applicable)
2-27-07	Billie Farrar Contributor address; City; State; Zip Code 1731 Woods Dr Arlington TX 76010	$500.00 (If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM 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 Robert Rivera

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID# ____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
1-26-07	Jerry Jordan P.O. Box 993 Arlington TX 76004	$250.00	

(If travel outside of Texas, complete Schedule T)

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

Date	Full name of contributor ☐ out-of-state PAC (ID# ____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3-1-07	Melinda Mathes 25 Highland Park Village Ste 100-751 Dallas TX 75205	$300.00	

(If travel outside of Texas, complete Schedule T)

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

Date	Full name of contributor ☐ out-of-state PAC (ID# ____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3-2-07	North Collins, LP 5925 Forest Ln Ste 507 Dallas TX 75230	$180.00	

(If travel outside of Texas, complete Schedule T)

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

Date	Full name of contributor ☐ out-of-state PAC (ID# ____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3-1-07	Phillip Huffines 4415 Versailles Dallas TX 75205	$1,000.00	

(If travel outside of Texas, complete Schedule T)

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

Date	Full name of contributor ☐ out-of-state PAC (ID# ____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
2-8-07	R. Martinez 2711 Golden Creek Arlington TX 76006	$100.00	

(If travel outside of Texas, complete Schedule T)

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

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 Robert Rivera

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID# ____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
3-8-07	James Marbach 6501 Baldwin Acres Ct Arlington TX 76001	$500.00	

(If travel outside of Texas, complete Schedule T)

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

Date	Full name of contributor ☐ out-of-state PAC (ID# ____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3-8-07	MARTHA Reiswig 2712 Mark Twain Ct. Arlington TX 76006	$250.00	

(If travel outside of Texas, complete Schedule T)

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

Date	Full name of contributor ☐ out-of-state PAC (ID# ____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3-8-07	CANDY LeBLANC 2720 Mark Twain Ct Arlington TX 76006	$200	Food & Beverage

(If travel outside of Texas, complete Schedule T)

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

Date	Full name of contributor ☐ out-of-state PAC (ID# ____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3-7-07	Cliff Mycoskie 1409 Woodbine Ct Arlington TX 76012	$300.00	

(If travel outside of Texas, complete Schedule T)

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

Date	Full name of contributor ☐ out-of-state PAC (ID# ____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3/3/07	Coy 1430 Crownhill Arlington TX 76012	$250.00	

(If travel outside of Texas, complete Schedule T)

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

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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2 FILER NAME Robert Rivera

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address: City: State: Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
3-1-07	Harold Dixon 3005 Shady Ln Arlington TX 76001	$100 ✓	

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#) / Contributor address: City: State: Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3-14-07	Sherri Gomez 4236 Castle Rock Ct Irving TX 75038	$500 ✓	

(If travel outside of Texas, complete Schedule T)

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

Date	Full name of contributor ☐ out-of-state PAC (ID#) / Contributor address: City: State: Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3-12-07	Kristy Turnbow 280 Park Dr. Arlington TX 76016	$1,000 ✓	

(If travel outside of Texas, complete Schedule T)

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

Date	Full name of contributor ☐ out-of-state PAC (ID#) / Contributor address: City: State: Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3-1-07	Matthew Roberts P.O. Box 175673 Arlington TX 76003	$100 ✓	

(If travel outside of Texas, complete Schedule T)

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

Date	Full name of contributor ☐ out-of-state PAC (ID#) / Contributor address: City: State: Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3-6-07	AFFA PAC 208 S. Fielder Arlington TX 76013	$1,000 ✓	

(If travel outside of Texas, complete Schedule T)

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

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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1 Total pages Schedule A:

2 FILER NAME Robert Rivera

3 ACCOUNT # (Ethics Commission filers)

Date	5 Full name of contributor ☐ out-of-state PAC (ID#) / 6 Contributor address: City: State: Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
3-8-07	Dudson Investments 2229 W. Division St Arlington TX 76012	$600 w	

(If travel outside of Texas, complete Schedule T)

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

Date	Full name of contributor ☐ out-of-state PAC (ID#) / Contributor address: City: State: Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3-12-07	DLM Investments 2111 N. Collins Suite 323 Arlington 76011	$1,000 w	

(If travel outside of Texas, complete Schedule T)

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

Date	Full name of contributor ☐ out-of-state PAC (ID#) / Contributor address: City: State: Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3-14-07	Vaughan Mitchell 855 Texas St. Suite 205 Fort Worth TX 76102	$1,000 w	

(If travel outside of Texas, complete Schedule T)

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

Date	Full name of contributor ☐ out-of-state PAC (ID#) / Contributor address: City: State: Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3-9-07	Kelly McKnight 3209 Sublett Arlington TX 76017	$250 w	

(If travel outside of Texas, complete Schedule T)

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

Date	Full name of contributor ☐ out-of-state PAC (ID#) / Contributor address: City: State: Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3-14-07	Carl Cravens 1201 Canterbury Ct Arlington TX 76013	$100 w	

(If travel outside of Texas, complete Schedule T)

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: Robert Rivera

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor (☐ out-of-state PAC (ID#: ____)) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
3/2-07	Halff Associates STATE PAC 8616 Northwest Plaza Dallas TX 75225	$200.00	

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date	Full name of contributor (☐ out-of-state PAC (ID#: ____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3-8-07	Coronado Properties 1802-B W. Park Blvd Arlington TX 76013	$100.00	

(If travel outside of Texas, complete Schedule T)

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

Date	Full name of contributor (☐ out-of-state PAC (ID#: ____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3-16-07	David Purdue 7300 Grindstone Ct Arlington TX 7600	$400.00	

(If travel outside of Texas, complete Schedule T)

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

Date	Full name of contributor (☐ out-of-state PAC (ID#: ____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3-15-07	Hazel Lewis 1419 Club View Ct Arlington TX 76013	$100.00	

(If travel outside of Texas, complete Schedule T)

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

Date	Full name of contributor (☐ out-of-state PAC (ID#: ____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3-7-07	Sarah Braham 5711 Dumfries Dr Houston 77096	$100.00	

(If travel outside of Texas, complete Schedule T)

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

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 Robert Rivera

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor / 6 Contributor address: City, State, Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
3-21-07	Michael Patterson TOURNAMENT Trail Arlington TX 76017	$250.00	

(If travel outside of Texas, complete Schedule T)

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

Date	Full name of contributor / Contributor address: City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
2-15-07	Jeff Williams 6948 Poly Wells Arlington TX 76016	$500.00	

(If travel outside of Texas, complete Schedule T)

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

Date	Full name of contributor / Contributor address: City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3-7-07	Lee Albritton 5212 Lincolnshire Ct. Dallas TX 75287	$100.00	

(If travel outside of Texas, complete Schedule T)

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

Date	Full name of contributor / Contributor address: City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
2-6-07	K. Erwin 910 Travis - Bank One Center St 2400 Houston TX 77002	$100.00	

(If travel outside of Texas, complete Schedule T)

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

Date	Full name of contributor / Contributor address: City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3-8-07	Robert Hood 5914 Lewis St Unit D Dallas TX 75206	$100.00	

(If travel outside of Texas, complete Schedule T)

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME: Robert Rivera

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
1/16/07	Geoffrey Mitchell 300 Flushing Quad Arlington TX 76002	$500.00

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

(If travel outside of Texas, complete Schedule T)

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
1/16/07	USPS 300 E. South Arlington TX 76010	$78.00

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

(If travel outside of Texas, complete Schedule T)

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
1/18/07	Arlington Hispanic Chamber of Commerce 3001 S. Center St Suite 400 Arlington TX 76010	$200.00

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

(If travel outside of Texas, complete Schedule T)

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
1/24/07	Buck N Coors 3517 S. Cooper Arlington TX 76015	$122.81

Purpose of payment (See instructions regarding type of information required.): Food & Beverage

(If travel outside of Texas, complete Schedule T)

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME: Robert Rivera

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
2/9/07	City of Arlington 101 W. Abram Arlington TX 76010	$100.00

8 Purpose of payment (See instructions regarding type of information required.): Filing Fee

(If travel outside of Texas, complete Schedule T)

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
2/20/07	Boys And Girls Club 601 N. Elm Arlington TX 76011	$100.00

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

(If travel outside of Texas, complete Schedule T)

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
3/15/07	Geoffrey Mitchell 300 Flushing rail Arlington TX 76000	$500.00

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

(If travel outside of Texas, complete Schedule T)

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
3/15/07	MTA 816 Congress Ave Suite 1160 Austin TX 78701	$679.81

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

(If travel outside of Texas, complete Schedule T)

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

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME Robert Rivera

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address City State Zip Code	7 Amount (S)
3/24/07	Boulder Industries 5415 Maple Ave Suite 230 Dallas Tx 75235	$ 228.62

8 Purpose of payment (See instructions regarding type of information required.)
Data Services
(If travel outside of Texas, complete Schedule T)

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

Date	Payee name / Payee address City State Zip Code	Amount (S)
	Italy 2221 Browning Arlington Tx 76010	$73.34

Purpose of payment (See instructions regarding type of information required.)
Food & Beverage
(If travel outside of Texas, complete Schedule T)

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

Date	Payee name / Payee address City State Zip Code	Amount (S)
3/25/07	MTA 816 Congress Av. Suite 1160 Austin TX 78701	$ 2,808.00

Purpose of payment (See instructions regarding type of information required.)
Signs
(If travel outside of Texas, complete Schedule T)

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

Date	Payee name / Payee address City State Zip Code	Amount (S)
3/28/07	MTA 816 Congress Ave Suite 1160 Austin Tx 78701	$350.00

Purpose of payment (See instructions regarding type of information required.)
Consulting
(If travel outside of Texas, complete Schedule T)

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

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F

2 FILER NAME Robert Rivers

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address, City, State, Zip Code	Amount (S)
3/28/07	Big Brother Big Sisters 205 W. Main St Arlington TX 76010	$180.00

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

(If travel outside of Texas, complete Schedule T)

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

Date	Payee name / Payee address, City, State, Zip Code	Amount (S)
	Zap Copy 1021 W Abram Arlington TX 76013	$1,029.64

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

(If travel outside of Texas, complete Schedule T)

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

Date	Payee name / Payee address, City, State, Zip Code	Amount (S)
4-9-07	USPS 300 E South Arlington TX 76010	4.00

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

(If travel outside of Texas, complete Schedule T)

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

Date	Payee name / Payee address, City, State, Zip Code	Amount (S)
4-10-07	USPS 300 E South Arlington TX 76010	$78.00

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

(If travel outside of Texas, complete Schedule T)

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

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME Robert Rivera

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
3/15/07	T Kayne 610 Grand Ave. Arlington TX 76010	$258.12

8 Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	9 •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name / Office sought / Office held
Screen Printing	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
3/15/07	Zap Copy 1021 W Abram Arlington TX 76013	$528.45

Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name / Office sought / Office held
Printing	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
3/20	David's Photo 5904 S. Cooper Arlington TX 76017	$30.00

Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name / Office sought / Office held
Photography	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4.10.07	USPS 300 E. South Arlington TX 76010	$78.00

Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name / Office sought / Office held
Postage	

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME Robert Rivera

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
1/27/07	Robert Rivera 1921 Edgehill Dr. Arlington TX 76014	$97.48

8 Purpose of payment (See instructions regarding type of information required.)
Repay for food & beverage on Schedule G
(If travel outside of Texas, complete Schedule T)

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
1/24/07	Geoffrey Mitchell 300 Flushing Quail Arlington TX 76002	$100.00

Purpose of payment (See instructions regarding type of information required.)
(If travel outside of Texas, complete Schedule T)

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
2/9/07	T Kayol 610 Grand Ave Arlington TX 76010	$105.30

Purpose of payment (See instructions regarding type of information required.)
Screen Printing
(If travel outside of Texas, complete Schedule T)

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)

Purpose of payment (See instructions regarding type of information required.)
(If travel outside of Texas, complete Schedule T)

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

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:

2 FILER NAME Robert Rivera

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	8 Amount ($)	Reimbursement from political contributions intended
1/26/07	Thank Thank 2515 E. Arkansas Ln. Arlington TX 76010	food & beverage	$97.48	☑
Date	Payee name Payee address; City; State; Zip Code	Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	Amount ($)	☐ Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code	Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	Amount ($)	☐ Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code	Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	Amount ($)	☐ Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code	Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	Amount ($)	☐ Reimbursement from political contributions intended

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