

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		<b>1 ACCOUNT #</b> (Ethics Commission filers)	<b>2 Total pages filed:</b> <div style="font-size: 2em; text-align: center;">12</div>
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR      FIRST      MI MR      Robert      G NICKNAME      LAST      SUFFIX Rivere	<div style="border: 1px solid black; padding: 5px;"> <b>OFFICE USE ONLY</b>  <hr/>                 Date Received: JUL 13 PM 2:38 RECEIVED - 1:30  <hr/>                 Date Hand-delivered or Date Postmarked:  <hr/>                 Receipt #      Amount  <hr/>                 Date Processed  <hr/>                 Date Imaged             </div>	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;      APT / SUITE #;      CITY;      STATE;      ZIP CODE 1921 Edgemoor Dr Arlington TX 76014		
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE      PHONE NUMBER      EXTENSION (817) 557-1542		
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR      FIRST      MI MS      LAC NICKNAME      LAST      SUFFIX Ha		
<b>7 CAMPAIGN TREASURER ADDRESS (Residence or business)</b>	STREET ADDRESS (NO PO BOX PLEASE);      APT / SUITE #;      CITY;      STATE;      ZIP CODE 405 Fountain Side Euless TEXAS 76039		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE      PHONE NUMBER      EXTENSION (817) 740-4599		
<b>9 REPORT TYPE</b>	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Final report (Attach C/OH - FR) <input type="checkbox"/> Exceeded \$500 limit <input checked="" type="checkbox"/> 15th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		
<b>10 PERIOD COVERED</b>	Month      Day      Year      THROUGH      Month      Day      Year 5 / 2 / 07      THROUGH      7 / 12 / 07		
<b>11 ELECTION</b>	ELECTION DATE      ELECTION TYPE Month      Day      Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special /      /      /		
<b>12 OFFICE</b>	OFFICE HELD (if any) City Council District 3	<b>13 OFFICE SOUGHT (if known)</b>	
<b>14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS</b>  <input type="checkbox"/> additional pages	** 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		

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME Robert Rivera 16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

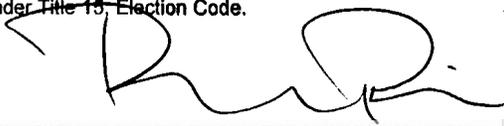
**\*\* This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they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

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

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 243.55
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 16,993.55
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 191.45
	4. TOTAL POLITICAL EXPENDITURES	\$ 15,038.14
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 44,965.34
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

  
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Robert Rivera, this the 13th day of July, 2007, to certify which, witness my hand and seal of office.

Tina Stewart  
Signature of officer administering oath

Tina Stewart  
Printed name of officer administering oath

Notary  
Title of officer administering oath

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>Robert Rivera</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>5-5-07</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Pavlik &amp; Associates, L.P.</i>	7 Amount of contribution (\$) <i>\$ 100<sup>00</sup></i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>115 W. 2nd St suite 210 Ft Worth TX 76102</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>6-10-07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Yaronir Steiner</i>	Amount of contribution (\$) <i>\$ 2,500<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>4899 Byington Ln New Albany OH 43054</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>6-7-07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Dixon Holman</i>	Amount of contribution (\$) <i>\$ 300<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>7304 Bay Chase Arlington TX 76014</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>5-12-07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Randy Ford</i>	Amount of contribution (\$) <i>\$ 100<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>3507 Town Lake Cir Arlington TX 76014</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>5-11-07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kimberly Biggs</i>	Amount of contribution (\$) <i>250<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2414 Green Willow Ct Arlington TX 76001</i>		(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 for additional reporting requirements.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>Robert Rivera</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>5-11-07</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>George Jacobs</i>	7 Amount of contribution (\$) <i>\$250<sup>00</sup></i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>427 Matt Ln. Arlington TX 76012</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>5-11-07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Robert Austin</i>	Amount of contribution (\$) <i>\$500<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. Box 461344 Garland TX 75046</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>5-11-07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>E. J. Gutierrez</i>	Amount of contribution (\$) <i>\$1,000<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>3610 W. Pioneer Hwy Suite Arlington TX 76013</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>5-7-07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>NEUTEN NEUTEN</i>	Amount of contribution (\$) <i>\$100<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>6522 Daisy Arlington TX 76017</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>5-7-07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>To Thai</i>	Amount of contribution (\$) <i>\$100<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>821 Tealwood Dr Mesquite 75181</i>		(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 for additional reporting requirements.

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A:

2 FILER NAME *Robert Rivera* 3 ACCOUNT # (Ethics Commission filers)

4 Date <i>5-5-07</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>David Wilson</i>	7 Amount of contribution (\$) <i>\$100<sup>00</sup></i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>2525 McKinnon St Suite 700 Dallas TX 75201</i>		(If travel outside of Texas, complete Schedule T)	

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

Date <i>5-7-07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Hung Kuns MarketPlace</i>	Amount of contribution (\$) <i>\$20<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1816 E. Pioneer Hwy Arlington TX 76010</i>		(If travel outside of Texas, complete Schedule T)	

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

Date <i>5-07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Andrew Piel</i>	Amount of contribution (\$) <i>\$100<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>4402 Murwick Arlington TX 76</i>		(If travel outside of Texas, complete Schedule T)	

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

Date <i>5-5-07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Victor Vandergriff</i>	Amount of contribution (\$) <i>\$500<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1216 W. Park Row Arlington TX 76013</i>		(If travel outside of Texas, complete Schedule T)	

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

Date <i>5-7-07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>HUNG NGUYEN</i>	Amount of contribution (\$) <i>\$200<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>5520 Brazoria Grand Prairie TX 75052</i>		(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 for additional reporting requirements.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>Robert Rivera</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>5-7-07</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Oscar</i>	7 Amount of contribution (\$) <i>\$100<sup>00</sup></i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>4405 ENCHANTED OAK Arlington TX 76016</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>5-5-07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>HAMMER AND NAILS CLUB</i>	Amount of contribution (\$) <i>\$300<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>6464 Brentwood Stair Ft Worth TX 76112</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>5-3-07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>APA PAC</i>	Amount of contribution (\$) <i>\$3,500<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. Box 856 Arlington TX 76004</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>5-3-07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Chesapeake Energy Corp. Federal PAC</i>	Amount of contribution (\$) <i>\$750<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. Box 18576 OKLAHOMA CITY OK 73154</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>5-4-07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>VAN TEXAS Properties</i>	Amount of contribution (\$) <i>\$300<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1601 E. Cancer Suite 205 Arlington TX 76011</i>		(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 for additional reporting requirements.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>Robert Rivera</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>5-30-07</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>John Mathes</i>	7 Amount of contribution (\$) <i>\$100<sup>00</sup></i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>5504 W. University Dallas TX 75204</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>5-3-07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>David Fuller</i>	Amount of contribution (\$) <i>\$100<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>4205 Bryn Mawr Dallas TX 75225</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>5-4-07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jerral Jones</i>	Amount of contribution (\$) <i>\$1000<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>One Cowboy Pkwy IRVING TX 75063</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>5-4-07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Gene Jones</i>	Amount of contribution (\$) <i>\$1,000<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>One Cowboy Pkwy IRVING TX 75063</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>5-4-07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Shy Anderson</i>	Amount of contribution (\$) <i>\$1,000<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>4612 Isabella Dallas TX 75229</i>		(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 for additional reporting requirements.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>Robert Rivera</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>5-7-07</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Tom Ha INSURANCE Agency</i>	7 Amount of contribution (\$) <i>\$250<sup>00</sup></i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>4045 E. Bookman St Waller TX 76111</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>5-7-07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Dan Serra</i>	Amount of contribution (\$) <i>\$250<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>W. Marquis Ln Austin TX 76014</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>5-7-07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Grace Mc Dermott</i>	Amount of contribution (\$) <i>\$300<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2114 Franklin Austin TX 76011</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>5-7-07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Bob Mc Farland</i>	Amount of contribution (\$) <i>\$500<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>100 W. Abram Austin TX 76013</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>7-12-07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>McBarger, Bossard, Davis &amp; Sampson LLP</i>	Amount of contribution (\$) <i>\$1,080<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. Box 17428 Austin TX 78760</i>		(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 for additional reporting requirements.

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME <i>Robert Rucier</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>5-17-07</i>	5 Payee name <i>Geoffrey Mitchell</i> 6 Payee address; City; State; Zip Code <i>300 Plushus Quail Austin TX 76002</i>	7 Amount (\$) <i>\$ 750<sup>00</sup></i>
8 Purpose of payment (See instructions regarding type of information required.) <i>Consulting</i> (If travel outside of Texas, complete Schedule T)		9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date <i>-10-01</i>	Payee name <i>MTA</i> Payee address; City; State; Zip Code <i>816 Congress Ave Suite 1160 Austin TX 78701</i>	Amount (\$) <i>\$ 2,500</i>
Purpose of payment (See instructions regarding type of information required.) <i>Consulting</i> (If travel outside of Texas, complete Schedule T)		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date <i>6-14-07</i>	Payee name <i>USPS</i> Payee address; City; State; Zip Code <i>300 E South Austin TX 76010</i>	Amount (\$) <i>\$ 84.40</i>
Purpose of payment (See instructions regarding type of information required.) <i>Postage</i> (If travel outside of Texas, complete Schedule T)		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date <i>6-28-07</i>	Payee name <i>Geoffrey Mitchell</i> Payee address; City; State; Zip Code <i>300 Plushus Quail Austin TX 76002</i>	Amount (\$) <i>\$ 20<sup>00</sup></i>
Purpose of payment (See instructions regarding type of information required.) <i>Consulting</i> (If travel outside of Texas, complete Schedule T)		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME <i>Robert Rivera</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>5-4-07</i>	5 Payee name <i>T. Kaye</i>	7 Amount (\$) <i>\$ 140.40</i>
6 Payee address; City; State; Zip Code <i>610 Grand Arlington Tx 76010</i>		
8 Purpose of payment (See instructions regarding type of information required.) <i>Screen Printing</i> <small>(If travel outside of Texas, complete Schedule T)</small>		9 <small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name      Office sought      Office held
Date <i>5-7-07</i>	Payee name <i>La V. da News</i>	Amount (\$) <i>\$ 480.00</i>
Payee address; City; State; Zip Code <i>PO Box 751 Ft Worth TX 76101</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Display Ad</i> <small>(If travel outside of Texas, complete Schedule T)</small>		<small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name      Office sought      Office held
Date <i>5-7-07</i>	Payee name <i>MTA</i>	Amount (\$) <i>\$ 4,991.65</i>
Payee address; City; State; Zip Code <i>816 Congress Ave Suite 1160 Austin TX 78701</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Consulting/Mailer</i> <small>(If travel outside of Texas, complete Schedule T)</small>		<small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name      Office sought      Office held
Date <i>5-7-07</i>	Payee name <i>MTA</i>	Amount (\$) <i>\$ 5,141.18</i>
Payee address; City; State; Zip Code <i>816 Congress Ave Suite 1160 Austin TX 78701</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Mailer/Consulting</i> <small>(If travel outside of Texas, complete Schedule T)</small>		<small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name      Office sought      Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.		<b>1</b> Total pages Schedule F:
<b>2</b> FILER NAME <i>Robert Rivera</i>		<b>3</b> ACCOUNT # (Ethics Commission filers)
<b>4</b> Date <i>5-3-07</i>	<b>5</b> Payee name <i>Italy</i>	<b>7</b> Amount (\$) <i>\$ 58.00</i>
<b>6</b> Payee address; City; State; Zip Code <i>2221 Brownings Arlington TX 76010</i>		
<b>8</b> Purpose of payment (See instructions regarding type of information required.) <i>Food &amp; beverage</i> <small>(If travel outside of Texas, complete Schedule T)</small>		<b>9</b> <small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name      Office sought      Office held
Date <i>5-12-07</i>	Payee name <i>A Alon Stone</i>	Amount (\$) <i>=</i>
Payee address; City; State; Zip Code <i>2409 Wynncrest Cir. #6306 Arlington TX 76006</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Polling Campaign labor</i> <small>(If travel outside of Texas, complete Schedule T)</small>		<small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name      Office sought      Office held
Date <i>5-12-07</i>	Payee name <i>Sherry Palmer</i>	Amount (\$) <i>\$300.00</i>
Payee address; City; State; Zip Code <i>2114 Valley Ln Arlington TX 7603</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Polling Campaign labor</i> <small>(If travel outside of Texas, complete Schedule T)</small>		<small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name      Office sought      Office held
Date <i>5-12-07</i>	Payee name <i>T Kaye</i>	Amount (\$) <i>\$ 21.06</i>
Payee address; City; State; Zip Code <i>610 Grand Ave Arlington TX 76010</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Screen printing</i> <small>(If travel outside of Texas, complete Schedule T)</small>		<small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name      Office sought      Office held

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.		<b>1</b> Total pages Schedule F:
<b>2</b> FILER NAME <i>Robert Rivera</i>		<b>3</b> ACCOUNT # (Ethics Commission filers)
<b>4</b> Date <i>28.07</i>	<b>5</b> Payee name <i>MTA</i>	<b>7</b> Amount (\$) <i>\$100.00</i>
<b>6</b> Payee address; City; State; Zip Code <i>Congress Ave Suite 1160 Austin TX 78701</i>		
<b>8</b> Purpose of payment (See instructions regarding type of information required.) <i>Master</i> <small>(If travel outside of Texas, complete Schedule T)</small>	<b>9</b> <small>** Complete if direct expenditure to benefit C/OH **</small> 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.)  <small>(If travel outside of Texas, complete Schedule T)</small>		<small>** Complete if direct expenditure to benefit C/OH **</small> 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.)  <small>(If travel outside of Texas, complete Schedule T)</small>		<small>** Complete if direct expenditure to benefit C/OH **</small> 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.)  <small>(If travel outside of Texas, complete Schedule T)</small>		<small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name      Office sought      Office held

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**