

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: 6
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: <i>MR</i> FIRST: <i>Robert</i> MI: <i>G</i> NICKNAME: _____ LAST: <i>Rivera</i> SUFFIX: _____	OFFICE USE ONLY RECEIVED - CSD JUL 15 PM 3:03 Date Received: _____ Date Hand-delivered or Date Postmarked: _____ Receipt # _____ Amount _____ Date Processed _____ Date Imaged _____	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>1921 Edgemoor Dr Arlington TX 76014</i>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(817) 557-1542</i>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: <i>MS</i> FIRST: <i>CAC</i> MI: _____ NICKNAME: _____ LAST: <i>Hg</i> SUFFIX: _____		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>405 Fountain Side Euless TEXAS 76039</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(817) 740-4599</i>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <i>1 / 11 / 08 7 / 12 / 08</i>		
11 ELECTION	ELECTION DATE Month Day Year / / /	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <i>City Council</i>	13 OFFICE SOUGHT (if known)	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <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 contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **

COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	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 \$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 4,600.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$ 465.78

4. TOTAL POLITICAL EXPENDITURES \$ 2,561.90

CONTRIBUTION BALANCE

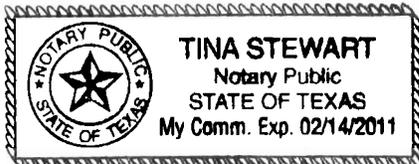
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 45,192.06

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.



AFFIX NOTARY STAMP / SEAL ABOVE

Robert Rivera
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Robert Rivera, this the 10 day of July, 2008, 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 Riviera</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>1-30-08</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Luis Spinola</i>	7 Amount of contribution (\$) <i>\$250⁰⁰</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>4608 Windsor Ridge IRVING TX 75038</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>1-30-08</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>TEXAS Friends of TIME Warner</i>	Amount of contribution (\$) <i>\$500⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>3040 Post oak Blvd. Suite 500 Houston TX 77056</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>1-30-08</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>XTO Energy, FED PAC</i>	Amount of contribution (\$) <i>\$250⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>810 Houston St. Suite 2000 Fort Worth TX 76102</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>1-30-08</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Elizabeth Gasca</i>	Amount of contribution (\$) <i>\$1,000⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>303 Francisco Dr. #1927 ARLINGTON TX 76015</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>1-30-08</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>DOAA PAC</i>	Amount of contribution (\$) <i>\$100⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. Box 6565 Arlington TX 76015</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORMAS 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 Rivers</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>1-30-08</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Hag Bassett</i>	7 Amount of contribution (\$) <i>\$300⁰⁰</i>	8 In-kind contribution description (if applicable) <i>Food & Beverage</i>
6 Contributor address; City; State; Zip Code <i>300 Burnett St Suite 150 Fort 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>2-4-08</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Cathy Arrowood</i>	Amount of contribution (\$) <i>\$750⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>4601 Harrogate Dr Norman OK 73072</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>2-14-08</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Rusty Ward</i>	Amount of contribution (\$) <i>\$200⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>16 Grant Place Arlington TX 76013</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4-4-08</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Amer Khalid</i>	Amount of contribution (\$) <i>\$500⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1527 College #108 Arlington TX 76010</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4-25-08</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Energy for TEXAS</i>	Amount of contribution (\$) <i>\$750⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2001 NW Expressway Oklahoma City, OK 73112</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORMAS NEEDED
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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 <i>Robert Pereira</i>		3 ACCOUNT # (Ethics Commission filers) _____
4 Date <i>1-27-08</i>	5 Payee name <i>Tony Molina Campaign</i>	7 Amount (\$) <i>\$500⁰⁰</i>
6 Payee address; City; State; Zip Code <i>3901 Old Place Rd Arlington TX. 76016</i>		
8 Purpose of payment (See instructions regarding type of information required.) <i>Campaign donation</i> (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 <i>2-13-08</i>	Payee name <i>Wayne Ogle Campaign</i>	Amount (\$) <i>\$500⁰⁰</i>
Payee address; City; State; Zip Code <i>P.O. Box Arlington TX 76096</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Campaign donation</i> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name _____ Office sought _____ Office held _____
Date <i>5-1-08</i>	Payee name <i>T Kayoe</i>	Amount (\$) <i>\$96.12</i>
Payee address; City; State; Zip Code <i>610 Grand Ave Arlington TX 76016</i>		
Purpose of payment (See instructions regarding type of information required.) <i>screen printing</i> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name _____ Office sought _____ Office held _____
Date <i>5-2-08</i>	Payee name <i>Geoffrey Mitchell</i>	Amount (\$) <i>\$500⁰⁰</i>
Payee address; City; State; Zip Code <i>300 Plush, Quail Arlington TX 76002</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Consulting</i> (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		

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>5-2-08</i>	5 Payee name <i>U.S.C.C.</i>	7 Amount (\$) <i>\$500⁰⁰</i>
6 Payee address; City; State; Zip Code <i>P.O. box 200185 Austin TX 76006</i>		
8 Purpose of payment (See instructions regarding type of information required.) <i>Consulting</i> <small>(If travel outside of Texas, complete Schedule T)</small>		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 (\$)
Purpose of payment (See instructions regarding type of information required.) <small>(If travel outside of Texas, complete Schedule T)</small>		** 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.) <small>(If travel outside of Texas, complete Schedule T)</small>		** 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.) <small>(If travel outside of Texas, complete Schedule T)</small>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

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