

CORRECTED FINANCIAL STATEMENT AND GOOD-FAITH AFFIDAVIT

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09 JAN 16 AM 8:24	
Receipt #	Amount
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Attach Any Part of Your Financial Statement Form Needed to Report and Explain Corrections

Filer Name (First, MI, Last) <i>Robert G. Rivera</i>	Account #
Address (P.O. Box or Street Address, Apt. or Suite #) <i>1921 Edgemoor Dr.</i>	
(City, State, Zip Code) <i>Arlington Tx 76014</i>	

The correction(s) filed with this affidavit apply to my financial statement due in

- 2008
 2007
 2006
 2005
 2004
 2003
 Other 2009

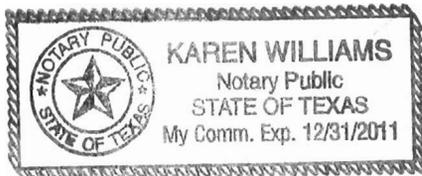
(Remember: The financial statement you file covers the preceding calendar year's activity. Thus a report due in 1999 covers information for calendar year 1998.)

Explanation of Correction	
<i>Page 2 Line Number 3 - Math correction</i>	<i>\$519.11</i>
<i>Page 2 Line Number 4 Math correction</i>	<i>\$4,143.79</i>

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

- I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.



[Handwritten Signature]

Signature of Filer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by Robert Rivera this the 16th day
January, 20 09 to certify which, witness my hand and seal of office.

Karen Williams Karen Williams Notary
Signature of officer administering oath Print name of officer administering oath Title of officer administering oath

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:

7

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR *MR* FIRST *Robert* MI *6*
NICKNAME LAST SUFFIX
Rivera

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt #

Amount

Date Processed

Date Imaged

RECEIVED - CSU
JAN 15 PM 4:09

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS
 Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
*1921 Edgemoor Dr
Arlington TX 76014*

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(817) 557-1542

CAMPAIGN
TREASURER
NAME

MS / MRS / MR *MS* FIRST *LAC* MI
NICKNAME LAST SUFFIX
Ha

7 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
405 Fountain Side Euless Texas 76039

8 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(817) 740-4599

9 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)
 July 15 8th day before election Exceeded \$500 limit Final report (Attach C/OH - FR)

10 PERIOD
COVERED

Month Day Year THROUGH Month Day Year
7 / 13 / 08 THROUGH 1 / 14 / 09

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff General Special
/ /

12 OFFICE

OFFICE HELD (if any)
City Council

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 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

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

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)

\$ 5,000.00

EXPENDITURE TOTALS

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

\$ 356.37

4. TOTAL POLITICAL EXPENDITURES

\$ 3,624.68

CONTRIBUTION BALANCE

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

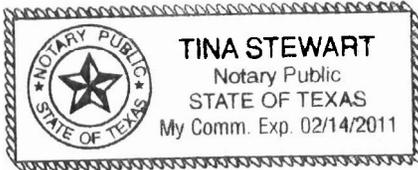
\$ 46,211.01

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.

[Handwritten Signature]

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Robert Rivera, this the 15th day of January, 20 09, 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>10-13-08</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>ARCILIA ACOSTA</i>	7 Amount of contribution (\$) <i>\$500⁰⁰</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>8908 Ambassador Row Dallas TX 75247</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>11-24-08</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>TCB PAC</i>	Amount of contribution (\$) <i>\$250⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>5757 Woodway Houston TX 77057</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>11-21-08</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kyle Carnick</i>	Amount of contribution (\$) <i>\$500⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>3001 Cambridge Arlington TX 76013</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>1-10-09</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>S.J. Hunter</i>	Amount of contribution (\$) <i>\$500</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>3416 Southwestern Blvd. Dallas TX 75225</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>1-10-09</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ricardo Acosta</i>	Amount of contribution (\$) <i>\$500⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>410 Balfour Dr W. ndcrest TX 75225</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 <u>1-10-09</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>RAMIRO CAVAZOS</u>	7 Amount of contribution (\$) <u>\$ 250.00</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>3518 Monterey OAK SAN ANTONIO TX 78230</u>		(If travel outside of Texas, complete Schedule T)	

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

Date <u>1-10-09</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Leon Falic</u>	Amount of contribution (\$) <u>\$250.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>4100 Hollywood Blvd. Hollywood FL 33024</u>		(If travel outside of Texas, complete Schedule T)	

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

Date <u>1-10-09</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Simon Falic</u>	Amount of contribution (\$) <u>\$250.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>61 Hollywood Blvd Hollywood FL 33024</u>		(If travel outside of Texas, complete Schedule T)	

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

Date <u>1-10-09</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Jessie Falic</u>	Amount of contribution (\$) <u>\$250.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>4100 Hollywood Blvd Hollywood FL 33024</u>		(If travel outside of Texas, complete Schedule T)	

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

Date <u>1-10-09</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Rolando Briones</u>	Amount of contribution (\$) <u>\$ 250.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>8118 Broadway SAN ANTONIO TX 78209</u>		(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>1-13-09</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Linebarger Gossard & Sampson, LLP</i>	7 Amount of contribution (\$) <i>\$1,500</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>P.O. Box 17428 Austin TX 78760</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
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

Robert Rivera

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

1-13-09

T. A.

\$ 702⁰⁰

6 Payee address; City; State; Zip Code

816

TX 78701

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

Consulting

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

(If travel outside of Texas, complete Schedule T)

Date

Payee name

Amount (\$)

1-6-09

M.T.A.

\$ 540⁰⁰

Payee address; City; State; Zip Code

816 Congress Austin TX 78701

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

Consulting

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

(If travel outside of Texas, complete Schedule T)

Date

Payee name

Amount (\$)

11-10-08

ZAP Printing

\$104⁴⁹

Payee address; City; State; Zip Code

Aman Arlington TX

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

Printing

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

(If travel outside of Texas, complete Schedule T)

Date

Payee name

Amount (\$)

11-10-08

Joseph Mitchell

\$ 500⁰⁰

Payee address; City; State; Zip Code

*300 Flushing Quay
Arlington TX 76010*

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

consulting

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

(If travel outside of Texas, complete Schedule T)

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		3 ACCOUNT # (Ethics Commission filers)
4 Date 5-08	5 Payee name <i>Geoffrey Mitchell</i> 6 Payee address; City; State; Zip Code <i>300 Flushers Quail Arlington TX 76002</i>	7 Amount (\$) <i>\$ 500.00</i>
8 Purpose of payment (See instructions regarding type of information required.) <i>Consulting</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 8-25-08	Payee name <i>Geoffrey Mitchell</i> Payee address; City; State; Zip Code <i>Flushers Quail Arlington TX 76002</i>	Amount (\$) <i>00</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
Date 7-31-08	Payee name <i>Saltgrass</i> Payee address; City; State; Zip Code <i>2200 E. Lamar Arlington TX 76006</i>	Amount (\$) <i>\$144.19</i>
Purpose of payment (See instructions regarding type of information required.) <i>Food & Beverage</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 8-7-08	Payee name <i>Gventner</i> Payee address; City; State; Zip Code <i>5206 Bruce Charles Arlington TX 76017</i>	Amount (\$) <i>\$132.00</i>
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
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		