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

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

RECEIVED - US
09 JUL 15 PM 3:47

Date Hand-delivered or Date Postmarked

Receipt # | Amount

Date Processed

Date Imaged

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: 557-1542 | EXTENSION:

CAMPAIGN TREASURER NAME

MS / MRS / MR: MR | FIRST: Rico | MI:
NICKNAME | LAST: Brown | SUFFIX

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): 610 Grand Ave | APT / SUITE #: | CITY: Arlington | STATE: TX | ZIP CODE: 76010

8 CAMPAIGN TREASURER PHONE

AREA CODE: (817) | PHONE NUMBER: 793-7081 | EXTENSION:

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: 4/30/09 THROUGH Month Day Year: 7/14/09

11 ELECTION

ELECTION DATE Month Day Year: / /

ELECTION TYPE: ☐ 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

Revised 06/27/2008

of July, 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

Revised 06/27/2008

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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)
6-1-09	Nicholas STEFKOVICH 6310 Edinburgh Dr Colleyville TX 76034	$150.00	

(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)
6-15-09	Pablo Schneider 2925 Forest Hills Ln Richardson TX 75080	$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)
5-21-09	Michael Thornbrugh 4005 Twin Oaks Broken Arrow OK	$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)
5-21-09	AFFA PAC 208 S. Fielder Rd Arlington TX 76013	$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)
5-27-09	Republic Services, EBG PAC 18500 N. Allied Way Phoenix AZ 85054	$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

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

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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)
5-3-09	XTO Energy Inc. PAC 810 Houston St Fort Worth TX 76102	$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)
5-10-09	Chesap Energy for Texas, PAC P.O. Box Fort Worth TX 76101	$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#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5-1-09	Katherine Mathes 5722 W. Amherst Dallas TX 75209	$150.00	

(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)
5-1-09	David Wilson 2525 McKinnon Suite 700 Dallas TX 75201	$75.00	

(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)
5-1-09	Edwin Abbott 628 S. Harbor Ct Granbury TX 76048	$500.00	

(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

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)
5-15-09	George Mathes 25 Highland Park Vlg. Suite 100-751 Dallas TX 75205	$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)
5-10-09	Felix Galan 2848 Meade Dr Grand Prairie TX 75052	$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)
5-3-09	Stephen Jones 3900 Miramar 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)
5-7-09	Grace McDermott 4 Franklin Arlington TX 76011	$200.00	

(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)
5-8-09	Phillip Huffines 8200 Douglas Dallas TX 75225	$750.00	

(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.

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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)
09	Donald Huffines 8200 Douglas Dallas TX 75225	$750.00	

(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)
5-12-09	Reinaldo Rosas P.O. Box 1481 Fort Worth TX 76101	$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#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5-1-09	Melinda Mathes 25 Highland Park Village Ste. 100-751 Dallas TX 75205	$150.00	

(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)
5-1-09	Jamal Qaddura 2209 Rocky Branch Arlington TX 76013	$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#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

(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.

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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 ($)
5-6-09	Breast Cancer 3 Day benefiting Susan G Komen for the Cure 5005 LBJ Freeway, Suite 250 Dallas, TX 75244	$100.00

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

(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 ($)
5-6-09	D.V.R. 2202 New York Ave #904 Arlington TX 76010	$200.00

Purpose of payment (See instructions regarding 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 ($)
5-20-09	United Hispanic Council of Tarrant County 2741 Memphill St. Fort Worth Texas 76110	$250.00

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

(If travel outside of Texas, complete Schedule

** 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 ($)
5-1-09	Alpha Graphics 5836 Camp Bowie Fort Worth TX 76116	$853.61

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

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 ($)
5-9-09	Black Finn 4001 Bagpiper Way #101 TX 76	$1,027.62

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

(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 ($)
5-9-09	M.T.A. 816 Congress Austin TX 76701	$1,386.90

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

(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 ($)
5-9-09	M.T.A. 816 Congress Austin TX 76701	$1,880.00

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

(If travel outside of Texas, complete Schedule

-- 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 ($)
5-7-09	M.T.A. 816 Congress Austin TX 76701	$8,220.24

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

(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

Revised 08/27/2008

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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 ($)
5-12-09	Keri Smith 3408 Leatherleaf Arlington TX 76013	$160.00

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

(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 ($)
5-12-09	Optimist Club of Arlington P.O. Box 1005 Arlington TX 76004	$225.00

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

(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 ($)
5-6-09	M.T.A. 816 S. Congress Austin TX 76701	$5,541.01

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

(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 ($)
5-11-09	Zip Print & Copy 4654 S. Cooper St #326 Arlington TX 76013	44.76

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Revised 06/27/2008

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 ($)
5-27-09	etro Distributors 208 Blair Arlington TX 76014	$930.00

8 Purpose of payment (See instructions regarding type of information required.)
Signs distribution
(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 ($)
5-9-09	Lisa Munsch 1718 Carla Ave Arlington Tx 76014	$130.00

Purpose of payment (See instructions regarding type of information required.)
Campaign labor
(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 ($)
5-9-09	Marcia [redacted] Roberts 6314 Pilgrim Ln. Arlington TX 76002	

Purpose of payment (See instructions regarding type of information required.)
Campaign labor
(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 ($)
5-13-09	Booker Industries 5415 Maple Ave Dallas TX 75235	324.16

Purpose of payment (See instructions regarding type of information required.)
Mail Service
(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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Revised 06/27/2008

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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 ($)
6-16-09	Edward Garza Campaign P.O. Box 100597 San Antonio Texas 78201	$250.00

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

(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 ($)
5-8-07	1 Industries 5415 Maple Ave Dallas Tx 75235	$1,228.58

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

(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 ($)
6-1-09	M.T.A. 816 Congress Austin Tx 76701	$3,500.00

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 ($)
5-24-09	M.T.A. 6 Congress Austin Tx 76701	$4,140.00

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

(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

CREDITS (optional)

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K

2 FILER NAME Robert Rivera

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payor name / 6 Payor address; City; State; Zip Code / 7 Reason for credit	8 Amount ($)
5-8-09	M. T. A 816 Congress Ave Austin TX 78701 Overpayment on invoice	$932.49
Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount ($)
Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount ($)
Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount ($)
Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount ($)

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Revised 06/27/2008