

# 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="text-align: center; font-size: 2em;">4</div>
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR: <b>MR</b> NICKNAME: _____ FIRST: <b>Robert</b> LAST: <b>Rivera</b> MI: <b>6</b> SUFFIX: _____	<b>OFFICE USE ONLY</b> Date Received: _____ Date Hand-delivered or Date Postmarked: _____ Receipt #: _____ Date Processed: _____ Date Imaged: _____	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> Change of Address	ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE <b>1921 Edgemoor Dr. Arlington TX 76014</b>	<div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; font-size: 1.5em;">                     RECEIVED - CSO 10 JAN 15 PM 4:08                 </div>	
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE: <b>(817)</b> PHONE NUMBER: <b>557-1542</b> EXTENSION: _____		
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR: <b>MR</b> NICKNAME: _____ FIRST: <b>Rico</b> LAST: <b>Brown</b> MI: _____ SUFFIX: _____		
<b>7 CAMPAIGN TREASURER ADDRESS (Residence or business)</b>	STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE <b>610 Grand Ave Arlington TX 76010</b>		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE: <b>(817)</b> PHONE NUMBER: <b>793-7081</b> EXTENSION: _____		
<b>9 REPORT TYPE</b>	<input checked="" 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 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)		
<b>10 PERIOD COVERED</b>	Month Day Year    THROUGH    Month Day Year <b>7 / 15 / 09    1 / 10 / 10</b>		
<b>11 ELECTION</b>	ELECTION DATE Month Day Year / /	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
<b>12 OFFICE</b>	OFFICE HELD (if any) <b>City Council</b>	<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: _____		

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**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. \*\*

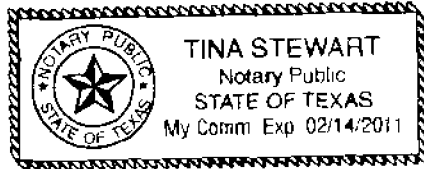
additional pages

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	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)	\$	1,750.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$	60.00
	4. TOTAL POLITICAL EXPENDITURES	\$	5,135.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	18,828.31
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.



Robert Rivera  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Robert Rivera, this the 15<sup>th</sup> day of January, 20 10, 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 file #)

4 Date

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

*12-4-09*

*Match Robertson*

6 Contributor address: City: State: Zip Code

*1212 Waverhamet.  
Charlotte NC 28207*

*\$500*

(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)

*12-4-09*

*Mario Cediel*

Contributor address: City: State: Zip Code

*13711 Topaz Lake  
Helotes TX 78023*

*\$250*

(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)

*11-23-09*

*Livebarger Coggan Law & Sampson LLP*

Contributor address: City: State: Zip Code

*P.O. Box 17428  
Austin TX 78760*

*\$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# \_\_\_\_\_)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

(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)

Contributor address: City: State: Zip Code

(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

*Robert Rivera*

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

*7/27/09*

*Marcia Roberts*

*\$175.00*

6 Payee address; City; State; Zip Code

*6314 Plymwood  
Arlington TX 76002*

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

Amount (\$)

*8/6/09*

*Tony Velasco*

*\$5,000.00*

Payee address; City; State; Zip Code

*P.O. Box 24315  
Ft Worth, TX 76162*

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

*Campaign Fund Raising Event*

(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

Amount (\$)

Payee address; City; State; Zip Code

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

Amount (\$)

Payee address; City; State; Zip Code

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