

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:

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: <u>MR</u> FIRST: <u>Robert</u> MI: <u>6</u> NICKNAME: _____ LAST: <u>Rowers</u> SUFFIX: _____	OFFICE USE ONLY Date Received: 11 MAY - 6 PM 3:08 RECEIVED - CSO 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: <u>1921 Edgemoor</u> APT / SUITE #: _____ CITY: <u>Arlington TX</u> STATE: _____ ZIP CODE: <u>76014</u>	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: <u>(817)</u> PHONE NUMBER: <u>557-1542</u> EXTENSION: _____	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: <u>MR</u> FIRST: <u>TOM</u> MI: _____ NICKNAME: _____ LAST: <u>Ha</u> SUFFIX: _____	

7 CAMPAIGN TREASURER ADDRESS (Residence or business)
 STREET ADDRESS (NO PO BOX PLEASE): 4045 E. Belknap St # 111 CITY: Haltom City TX STATE: _____ ZIP CODE: 76111

8 CAMPAIGN TREASURER PHONE
 AREA CODE: (817) PHONE NUMBER: 683-3139 EXTENSION: _____

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 type="checkbox"/> July 15	<input checked="" 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
4/14/11 5/5/11

11 ELECTION

ELECTION DATE Month Day Year <u>5/14/11</u>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
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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 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. **

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	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	\$ 350.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 6,700.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 10,763.77
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 23,306.65
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]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Robert Rivera, this the 6th day of May, 20 11, to certify which, witness my hand and seal of office.

Karen Williams
Signature of officer administering oath

Karen Williams
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 files)	
4 Date <i>4-29-11</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>David Victoria</i>	7 Amount of contribution (\$) <i>\$100⁰⁰</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>3004 Bayshore Dr. 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>4-29-11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Eddie Reyes</i>	Amount of contribution (\$) <i>\$100⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1512 S. Maple Carrollton TX 75007</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4-17-11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>SAM Mahrous</i>	Amount of contribution (\$) <i>\$100⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1101 River Park Arlington TX 76000</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4-16-11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Les Cothron</i>	Amount of contribution (\$) <i>\$100⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2107 Laura Ln. Arlington TX 76010</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4-16-11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Jakey Saunders</i>	Amount of contribution (\$) <i>\$100⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1309 Hillaey Arlington TX 76012</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 Rines</i>		3 ACCOUNT # (Ethics Commission files)	
4 Date <i>4-18-11</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>JASON RAY</i>	7 Amount of contribution (\$) <i>\$100⁰⁰</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>2703 PINOAK 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>4-2-11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Loures Spinola</i>	Amount of contribution (\$) <i>\$250⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>4608 WINDSOR RIDGE IRVING TX 75038</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4-24-11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Charles Prewson</i>	Amount of contribution (\$) <i>\$100⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>7105 FM 2735 MANSFIELD TX 76063</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4-25-11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>CLIFFORD MYCOSKIE</i>	Amount of contribution (\$) <i>\$200⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1409 Woodbine Ct Arlington TX 76012</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4-27-11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Chas Fitzgerald</i>	Amount of contribution (\$) <i>\$100⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1125 N. CARTER BURG CT. Dallas TX 75208</i>		(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 <i>Robert Rivera</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>4-21-11</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Katherine Mather</i>	7 Amount of contribution (\$) <i>\$100⁰⁰</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>5722 W. AMHERST Dallas TX 75209</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>4-22-11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>North Collins Rental Partnership</i>	Amount of contribution (\$) <i>\$100⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>LAKELWOOD TOWER #401 6220 GASTON AVE Dallas TX 75214</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4-23-11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Linebarger Gossan Blair & Sanyal</i>	Amount of contribution (\$) <i>\$1,000⁰⁰</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)	
Date <i>4-19-11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>TRE PAC</i>	Amount of contribution (\$) <i>\$2,500⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. Box 2246 Austin TX 78768</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>5-3-11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Fort Worth Police Officers Association</i>	Amount of contribution (\$) <i>\$1,000⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>904 Collier St. Fort Worth TX 76102</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
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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 files)

4 Date

4-29-11

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

Ricardo Carrillo

7 Amount of contribution (\$)

\$100⁰⁰

8 In-kind contribution description (if applicable)

6 Contributor address: City; State; Zip Code

*2301 Ephraim Ave
Ft Worth TX 76111*

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4-29-11

Full name of contributor out-of-state PAC (ID# _____)

FRANK CARTER

Amount of contribution (\$)

\$100⁰⁰

In-kind contribution description (if applicable)

Contributor address: City; State; Zip Code

*4622 Maple Ave
Dallas TX 75219*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-29-11

Full name of contributor out-of-state PAC (ID# _____)

Gilbert Rodarte

Amount of contribution (\$)

\$100⁰⁰

In-kind contribution description (if applicable)

Contributor address: City; State; Zip Code

*1507 N. Watson St.
Arlington TX 76004*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-29-11

Full name of contributor out-of-state PAC (ID# _____)

Jose P. Torres

Amount of contribution (\$)

\$60⁰⁰

In-kind contribution description (if applicable)

Contributor address: City; State; Zip Code

*3213 W. Pioneer Hwy
Arlington TX 76013*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-29-11

Full name of contributor out-of-state PAC (ID# _____)

Cres Vazquez

Amount of contribution (\$)

\$100⁰⁰

In-kind contribution description (if applicable)

Contributor address: City; State; Zip Code

*232 Cantana Dr
Arlington TX 76018*

(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

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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 Rivera</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>4-14-11</i>	5 Payee name <i>Murphy Turner</i>	7 Amount (\$) <i>\$3,583.83</i>
6 Payee address; City; State; Zip Code <i>P.O. Box 296 Austin TX 78767</i>		
8 Purpose of payment (See instructions regarding type of information required.) <i>Mailer</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>4-25-11</i>	Payee name <i>MURPHY TURNER</i>	Amount (\$) <i>4,774.02</i>
Payee address; City; State; Zip Code <i>P.O. Box 296 Austin TX 78767</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Mailer</i> <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 <i>4-27-11</i>	Payee name <i>T Kaye</i>	Amount (\$) <i>\$1,505.92</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>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>4-28-11</i>	Payee name <i>D.V.M.</i>	Amount (\$) <i>\$1,000.00</i>
Payee address; City; State; Zip Code <i>2202 New York Ave. Arlington TX 76010</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Advertising</i> <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
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

Robert Rivera

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

MPAC Group

7 Amount (\$)

9-29-11

6 Payee address; City; State; Zip Code

*P.O. Box 1201
MANSHIELD TX 76063*

\$500⁰⁰

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

Greg Vaquera

Amount (\$)

4-29-11

Payee address; City; State; Zip Code

*222 Lantana St
Arlington TX 76018*

\$100⁰⁰

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

(Full & Beneficial Donation)

-- 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 (\$)

Payee address; City; State; Zip Code

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

-- 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 (\$)

Payee address; City; State; Zip Code

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

-- 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