

# 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>
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR: <b>MR</b> FIRST: <b>Robert</b> MI: <b>G</b> NICKNAME: _____      LAST: <b>Rivera</b> SUFFIX: _____	<b>OFFICE USE ONLY</b> Date Received: <b>11 JUL 13 PM 2:21</b> Date Hand-delivered or Date Postmarked: _____ Receipt # _____ Amount _____ 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</b> <b>Arlington TX 76014</b>		
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE:      PHONE NUMBER:      EXTENSION: <b>(817) 557-1542</b>		
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR: <b>MR</b> FIRST: <b>TOM</b> MI: _____ NICKNAME: _____      LAST: <b>HA</b> SUFFIX: _____		
<b>7 CAMPAIGN TREASURER ADDRESS (Residence or business)</b>	STREET ADDRESS (NO PO BOX PLEASE):      APT / SUITE #:      CITY:      STATE:      ZIP CODE <b>4045 E. Belknap #11 Haltom City TX 76111</b>		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE:      PHONE NUMBER:      EXTENSION: <b>(940) 643-3139</b>		
<b>9 REPORT TYPE</b>	<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/DH - FR)		
<b>10 PERIOD COVERED</b>	Month      Day      Year      THROUGH      Month      Day      Year <b>5 / 5 / 11</b> <b>7 / 13 / 11</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		
<b>GO TO PAGE 2</b>			

# 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

<b>18 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 170.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 18,156.21
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 71.09
	4. TOTAL POLITICAL EXPENDITURES	\$ 26,665.23
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 14,797.87
<b>OUTSTANDING LOAN TOTALS</b>	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 13<sup>th</sup> day of July, 20 11, to certify which, witness my hand and seal of office.

<u>Karen Williams</u>	<u>Karen Williams</u>	<u>Notary</u>
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 <b>Robert Rivera</b>		3 ACCOUNT # (Ethics Commission files)	
4 Date <b>5-10-11</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Rodney Mello H</b>	7 Amount of contribution (\$) <b>\$ 200<sup>00</sup></b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>12975 W. 81st Ave ARLVADE, CO</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>5-10-11</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>JAMES LISUTNER</b>	Amount of contribution (\$) <b>\$ 200<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>5070 PINYON ST LITTLETON CO, 80123</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>5-9-11</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Jim Wasnon</b>	Amount of contribution (\$) <b>\$ 500<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>10 Courtney Ct Arlington TX 76015</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>5-9-11</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Gordon Edwards</b>	Amount of contribution (\$) <b>\$ 200<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>7001 Preston Rd Ste. 500 Dallas TX 75205</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>5-10-11</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Stephen Jones</b>	Amount of contribution (\$) <b>\$ 1,000<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>3900 M.ramer Ave Dallas TX 75205</b>		(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>5-9-11</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Clyde Ogle</i>	7 Amount of contribution (\$) <i>\$ 100.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>P.O. Box 2013 Arlington TX 76004</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>5-11-11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>David Dang</i>	Amount of contribution (\$) <i>\$ 400.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>3831 Mornings Drive Campbellton TX 75007</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>5-11-11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>GRACE McDermott</i>	Amount of contribution (\$) <i>\$ 150.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2114 FRANKLIN Arlington TX 76011</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>5-7-11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>DOMINGO GARCIA</i>	Amount of contribution (\$) <i>\$ 500.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>400 S. ZANS Blvd. #600 Dallas TX 75208</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>5-5-11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Apartment Assoc. Tarrant Co. PAC</i>	Amount of contribution (\$) <i>\$ 2,000.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>6350 Baker Blvd. Ft. Worth TX 76118</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p><b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

**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>5-12-11</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>JAMES MARCHESANO</i>	7 Amount of contribution (\$) <i>\$250.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>119145 Granite Ave TULSA, OK 74137</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>5-9-11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>David DUNNINS</i>	Amount of contribution (\$) <i>\$200.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>7001 Preston Rd Ste 500 Dallas TX 75205</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>5-9-11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Chesapeake Energy Foundation PAC</i>	Amount of contribution (\$) <i>\$1,000.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>815 Brazos St Ste A #106 Austin TX 78701</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>5-14-11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>JAMES Hardie State PAC</i>	Amount of contribution (\$) <i>\$125.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>26300 CALAMEDA Suite 100 MISSION Viejo, CA 92691</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>5-9-11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>AFFA PAC</i>	Amount of contribution (\$) <i>\$2,500.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2089 Fielder Rd Arlington TX 76013</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p><b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

**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 file#)	
4 Date <i>5-21-11</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>George Mathes</i>	7 Amount of contribution (\$) <i>\$75.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>25 Highland Park Village #100 Dallas TX 75205</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>7-7-11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>MAIBACH INVESTMENTS LP</i>	Amount of contribution (\$) <i>\$1,000.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1702 N. Ryeo Rd Arlington TX 76004</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>6-12-11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Fidel Galan</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2848 Meade Grand Prairie TX 75002</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>5-21-11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Melinda Mathes</i>	Amount of contribution (\$) <i>\$250.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>25 Highland Park Village Ste 101-B1 Dallas TX 75205</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>5-16-11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>THANH HA</i>	Amount of contribution (\$) <i>\$250.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>4045 E BELKNAP ST #11 Ft Worth TX 76111</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p><b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

**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>5-16-11</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Arlington Police Association PAC</i>	7 Amount of contribution (\$) <i>\$1,500.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>P.O. Box 856 Arlington TX 76004</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>6-14-11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Rusty Brock</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1901 N State Hwy 360 6 Round Rock TX 75050</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>5-6-11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Arlington Police Association PAC</i>	Amount of contribution (\$) <i>\$5,186.21</i>	In-kind contribution description (if applicable) <i>MAILER</i>
Contributor address; City; State; Zip Code <i>P.O. Box 856 Arlington TX 76004</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>6-4-11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Karisa Cassell</i>	Amount of contribution (\$) <i>\$20.00</i>	In-kind contribution description (if applicable) <i>Food &amp; Beverage</i>
Contributor address; City; State; Zip Code <i>801 N. Center St. Arlington TX 76011</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> 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 <i>Robert Rivera</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>5-9-11</i>	5 Payee name <i>TKAYOE</i>	7 Amount (\$) <i>\$246.24</i>
6 Payee address; City; State; Zip Code <i>610 Grand Ave Arlington TX 76010</i>		
8 Purpose of payment (See instructions regarding type of information required.) <i>Screen Printing</i> (If travel outside of Texas, complete Schedule T)		9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
Date <i>5-14-11</i>	Payee name <i>MPAC Group</i>	Amount (\$) <i>\$1,000<sup>00</sup></i>
Payee address; City; State; Zip Code <i>P.O. Box 1201 Mansfield TX 76063</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Consulting</i> (If travel outside of Texas, complete Schedule T)		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
Date <i>5-8-11</i>	Payee name <i>Booker Industries</i>	Amount (\$) <i>\$706.42</i>
Payee address; City; State; Zip Code <i>5415 Maple Ave. Dallas TX 75235</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Mail Service</i> (If travel outside of Texas, complete Schedule T)		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
Date <i>5-20-11</i>	Payee name <i>U.T. Arlington-Alumni Association</i>	Amount (\$) <i>\$1,000<sup>00</sup></i>
Payee address; City; State; Zip Code <i>841 W. Mitchell St Arlington TX 76013</i>		
Purpose of payment (See instructions regarding type of information required.) <i>DONATION</i> (If travel outside of Texas, complete Schedule T)		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b>		

**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  
*5-6-11*

5 Payee name  
*U.S.C.C.*  
6 Payee address; City; State; Zip Code  
*P.O. Box 200105  
Arlington TX 76000*

7 Amount (\$)  
*\$750.00*

8 Purpose of payment (See instructions regarding type of information required.)  
*Consulting*  
(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  
*5-6-11*

Payee name  
*A.P.A. PAC.*  
Payee address; City; State; Zip Code  
*P.O. Box 856  
Arlington TX 76004*

Amount (\$)  
*\$5,186.21*

Purpose of payment (See instructions regarding type of information required.)  
*Contribution*  
(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date  
*5-9-11*

Payee name  
*MURPHY TURNER*  
Payee address; City; State; Zip Code  
*P.O. Box 294  
Austin TX 78767*

Amount (\$)  
*\$5,186.21*

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  
*5-10-11*

Payee name  
*Q-Hung Services*  
Payee address; City; State; Zip Code  
*10935 Estate Lane, Suite S180  
Dallas TX 75238*

Amount (\$)  
*\$300.00*

Purpose of payment (See instructions regarding type of information required.)  
*Advertisements*  
(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 Robert Rivera 3 ACCOUNT # (Ethics Commission filers)

4 Date <u>5-8-11</u>	5 Payee name <u>Painter Communications</u>	7 Amount (\$) <u>\$1,682.85</u>
6 Payee address; City; State; Zip Code <u>75 Maple St. Conshohocken PA 19428</u>		

8 Purpose of payment (See instructions regarding type of information required.) <u>Campaign labor</u> <small>(If travel outside of Texas, complete Schedule T)</small>	9 <b>-- Complete if direct expenditure to benefit C/OH --</b> Candidate / Officeholder name: _____ Office sought: _____ Office held: _____
--	---

Date <u>5-14-11</u>	Payee name <u>Painter Communications</u>	Amount (\$) <u>\$950<sup>00</sup></u>
Payee address; City; State; Zip Code <u>75 Maple St Conshohocken PA 19428</u>		

Purpose of payment (See instructions regarding type of information required.) <u>Campaign labor</u> <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 <u>5-14-11</u>	Payee name <u>Metro Distributors</u>	Amount (\$) <u>\$1,200<sup>00</sup></u>
Payee address; City; State; Zip Code <u>208 Oak Arlington TX 76014</u>		

Purpose of payment (See instructions regarding type of information required.) <u>Campaign labor</u> <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 <u>6-29-11</u>	Payee name <u>Murphy Turner</u>	Amount (\$) <u>\$3,000</u>
Payee address; City; State; Zip Code <u>P.O. Box 296 Austin TX 78767</u>		

Purpose of payment (See instructions regarding type of information required.) <u>Consulting</u> <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**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

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>5-6-11</i>	5 Payee name <i>Arlington Police Association PAC</i>
----------------------	--

6 Amount (\$) <i>\$5,186.21</i>	7 Payee address; City; State; Zip Code <i>P.O. Box 13214 Arlington TX 76044</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T) <i>Mailers sent in kind by APA PAC</i>
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>6-4-11</i>	Payee name <i>Karina Cassell</i>
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Amount (\$) <i>\$200<sup>00</sup></i>	Payee address; City; State; Zip Code <i>001 N. Center St Arlington TX 76011</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <i>Food &amp; beverage in kind donation</i>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**