

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 MR	FIRST Robert	MI 6
	NICKNAME Rivera	LAST Rivera	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX: 1921 Edsall Dr	APT / SUITE #: Arlington TX 76014	CITY; STATE; ZIP CODE
	5 CANDIDATE / OFFICEHOLDER PHONE AREA CODE: (817) PHONE NUMBER: 557-1542 EXTENSION:		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MR	FIRST TOM	MI
	NICKNAME HA	LAST	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (residence of business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 4045 E. Belknap #1 Haltom City TX 76111		
	8 CAMPAIGN TREASURER PHONE AREA CODE: (817) PHONE NUMBER: 683-3139 EXTENSION:		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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)		
	10 PERIOD COVERED Month Day Year 1 / 15 / 13 THROUGH Month Day Year 4 / 8 / 13		
11 ELECTION	ELECTION DATE Month Day Year 5 / 11 / 13		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
	12 OFFICE OFFICE HELD (if any) City Council		13 OFFICE SOUGHT (if known)

OFFICE USE ONLY

Date Received

RECEIVED - CSO
13 APR 10 PM 9:37

Date Hand-delivered or Postmarked

Receipt # Amount

Date Processed

Date Imaged

GOTO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

15 ACCOUNT # (Ethics Commission Filers)

16 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

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 650.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 7,850.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 405.97

4. TOTAL POLITICAL EXPENDITURES

\$ 1,735.11

CONTRIBUTION
BALANCE

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

\$ 18,416.45

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0.00

18 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 G. Rivera, this the 10th day of April, 20 13, to certify which, witness my hand and seal of office.

Stephanie Dimas
Signature of officer administering oath

Stephanie Dimas
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 Riveron</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>2-26-13</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Perdue Brandon Fielder Collins & Matt LLP</i>	7 Amount of contribution (\$) <i>\$250⁰⁰</i>	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code <i>P.O. Box 13430 Arlington TX 76094</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>3-6-13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Arlington Police Association PAC</i>	Amount of contribution (\$) <i>\$ 750⁰⁰</i>	In-kind contribution description (if applicable)
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>3-6-13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>DAVID Crawford</i>	Amount of contribution (\$) <i>\$ 100⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <i>6700 Oak Hill Dr Fort Worth TX 76132</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>3-6-13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Kimberly Fitzpatrick</i>	Amount of contribution (\$) <i>\$ 100⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <i>2208 Woodsons Trail Arlington TX 76010</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>3-16-13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Aquiles Garcia</i>	Amount of contribution (\$) <i>\$ 1,000⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <i>1800 Anselma Marie Ave Pharr TX 78577</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE 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>4-2-13</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Shawn Zahradnik</i>	7 Amount of contribution (\$) <i>\$100⁰⁰</i>	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code <i>6732 Bis Springs Arlington TX 76001</i>	(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>3-28-13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>HillCo PAC</i>	Amount of contribution (\$) <i>\$500⁰⁰</i>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <i>923 Congress Ave # 900 Austin TX 78701</i>	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4-3-13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Marc Rodriguez</i>	Amount of contribution (\$) <i>\$500⁰⁰</i>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <i>1122 Colorado St # 2399 Austin TX 78701</i>	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>3-5-13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Arlington Fire Fighters Association PAC</i>	Amount of contribution (\$) <i>\$1,000⁰⁰</i>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <i>208 S. Fielden Rd. Arlington TX 76013</i>	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>3-6-13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Fort Worth Police Officers Association</i>	Amount of contribution (\$) <i>\$1,500⁰⁰</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)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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2 FILER NAME <i>Robert Rivera</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>3-6-13</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Nicholas Alexander</i>	7 Amount of contribution (\$) <i>\$500.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>3101 Cornell Ave 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>3-4-13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Youngs CHAN</i>	Amount of contribution (\$) <i>\$500.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2302 Creek Crossings Dr. Covith TX 76210</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>3-6-13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Jim Baron</i>	Amount of contribution (\$) <i>\$400.00</i>	In-kind contribution description (if applicable) <i>food AND beverage</i>
Contributor address; City; State; Zip Code <i>550 Lincoln Square 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)	
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)	

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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 Robert Rivera	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 2/27/13	5 Payee name Stampede Consulting
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6 Amount (\$) \$500⁰⁰	7 Payee address; City: State: Zip Code 1400 LAVACA Austin TX 78701
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Consulting	(b) Description (If travel outside of Texas complete Schedule T)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought Office held

Date 3/14/13	Payee name Stampede Consulting
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Amount (\$) \$829.14	Payee address; City: State: Zip Code 1400 LAVACA Austin TX 78701
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought Office held

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)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought Office held

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)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought Office held

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