

# 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: 24px; font-weight: bold;">7</div>																
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	<table style="width:100%; border: none;"> <tr> <td style="width:30%; border: none;">MS / MRS / MR <b>MR</b></td> <td style="width:40%; border: none;">FIRST <b>Robert</b></td> <td style="width:30%; border: none;">MI <b>6</b></td> </tr> <tr> <td style="border: none;">NICKNAME</td> <td style="border: none;">LAST <b>Rivera</b></td> <td style="border: none;">SUFFIX</td> </tr> </table>	MS / MRS / MR <b>MR</b>	FIRST <b>Robert</b>	MI <b>6</b>	NICKNAME	LAST <b>Rivera</b>	SUFFIX	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center; padding: 2px;">OFFICE USE ONLY</th> </tr> <tr> <td style="width:50%; padding: 2px;">Date Received</td> <td style="width:50%; padding: 2px; text-align: center; vertical-align: middle;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; font-size: 18px;">RECEIVED - CSO</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; font-size: 18px;">14 JAN 10 PM 12:08</div> </td> </tr> <tr> <td style="padding: 2px;">Date Hand-delivered or Postmarked</td> <td style="padding: 2px;">Receipt #</td> </tr> <tr> <td style="padding: 2px;">Date Processed</td> <td style="padding: 2px;">Amount</td> </tr> <tr> <td style="padding: 2px;">Date Imaged</td> <td style="padding: 2px;">8</td> </tr> </table>		OFFICE USE ONLY		Date Received	<div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; font-size: 18px;">RECEIVED - CSO</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; font-size: 18px;">14 JAN 10 PM 12:08</div>	Date Hand-delivered or Postmarked	Receipt #	Date Processed	Amount	Date Imaged	8
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<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> change of address	<table style="width:100%; border: none;"> <tr> <td style="width:30%; border: none;">ADDRESS / PO BOX <b>1921 Edschill Dr.</b></td> <td style="width:15%; border: none;">APT / SUITE #</td> <td style="width:15%; border: none;">CITY <b>Arlington Tr.</b></td> <td style="width:10%; border: none;">STATE</td> <td style="width:30%; border: none;">ZIP CODE <b>76014</b></td> </tr> </table>			ADDRESS / PO BOX <b>1921 Edschill Dr.</b>	APT / SUITE #	CITY <b>Arlington Tr.</b>	STATE	ZIP CODE <b>76014</b>											
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<b>12 OFFICE</b>	OFFICE HELD (if any) <b>City Council</b>	<b>13 OFFICE SOUGHT</b> (if known)																	

GO TO 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

\$ 50.00

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

\$ 6,400.00

EXPENDITURE  
TOTALS

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

\$ 370.06

4. TOTAL POLITICAL EXPENDITURES

\$ 1,370.06

CONTRIBUTION  
BALANCE

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

\$ 37,635.76

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.

*Robert Rivera*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Robert Rivera, this the 10<sup>th</sup> day of January, 20 14, 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 Filers)

4 Date

10/16

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

JAMAL QADURA

6 Contributor address; City; State; Zip Code

2209 Rocky Branch  
Arlington TX. 76013

7 Amount of contribution (\$)

\$1200

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

9/13/12

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

Adia Pennington

Contributor address; City; State; Zip Code

1375 E Gilman  
Fort Worth TX 76140

Amount of contribution (\$)

\$2500

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/13/13

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

Howard Beckerman

Contributor address; City; State; Zip Code

6425 Bandera Ave #18  
Dallas TX. 75225

Amount of contribution (\$)

\$5000

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/12/13

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

Patrick McGuire

Contributor address; City; State; Zip Code

1402 Rockdale  
Arlington TX 76018

Amount of contribution (\$)

\$1000

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/20/13

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

ISHFAQ AHMAD

Contributor address; City; State; Zip Code

416 Yates St 248 D/E  
Arlington TX. 76019

Amount of contribution (\$)

\$2000

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 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

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Robert Rivera

3 ACCOUNT # (Ethics Commission Filers)

4 Date

10/16

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

ALI SAFI

6 Contributor address; City; State; Zip Code

413 Willow Vista  
Fort Worth TX. 76179

7 Amount of contribution (\$)

\$100<sup>00</sup>

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10/16

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

ISHAQ AHMAD

Contributor address; City; State; Zip Code

2467 Waterside  
Grand Prairie TX 75054

Amount of contribution (\$)

\$100<sup>00</sup>

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/16

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

TARIA SELOD

Contributor address; City; State; Zip Code

4904 Coventry  
Arlington TX. 76017

Amount of contribution (\$)

\$250<sup>00</sup>

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/16

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

Mussem Mahrous

Contributor address; City; State; Zip Code

2615 Heming Way Dr.  
Arlington TX. 76004

Amount of contribution (\$)

\$2,000<sup>00</sup>

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/16

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

MORJAN ALTAWIL

Contributor address; City; State; Zip Code

1900 W. Berry St  
Fort Worth TX. 76110

Amount of contribution (\$)

\$300<sup>00</sup>

In-kind contribution description (if applicable)

(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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1 Total pages Schedule A:

2 FILER NAME

Robert Rivera

3 ACCOUNT # (Ethics Commission Filers)

4 Date

10/22

5 Full name of contributor

out-of-state PAC (ID# \_\_\_\_\_)

NIZAM PEERWANI

6 Contributor address; City; State; Zip Code

713 Glenheim Pl.  
Ft Worth TX. 76120

7 Amount of contribution (\$)

\$ 250<sup>00</sup>

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10 / 16

Full name of contributor

out-of-state PAC (ID# \_\_\_\_\_)

NEHAD DWIKAT

Contributor address; City; State; Zip Code

1507 SUMMER BAY CIR # 275  
ARLINGTON TX. 76011

Amount of contribution (\$)

\$ 100<sup>00</sup>

In-kind contribution description (if applicable)

(If travel outside of Texas complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/16

Full name of contributor

out-of-state PAC (ID# \_\_\_\_\_)

JAMAL QADURA

Contributor address; City; State; Zip Code

2209 Rocky Branch  
Arlington TX. 76013

Amount of contribution (\$)

\$ 300<sup>00</sup>

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/16

Full name of contributor

out-of-state PAC (ID# \_\_\_\_\_)

AHMAD KHAMMASH

Contributor address; City; State; Zip Code

2118 Valleydale Dr  
Arlington TX. 76013

Amount of contribution (\$)

\$ 200<sup>00</sup>

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/16

Full name of contributor

out-of-state PAC (ID# \_\_\_\_\_)

MOUFFA NAHHAS

Contributor address; City; State; Zip Code

703 Gilman Ct.  
Arlington TX. 76006

Amount of contribution (\$)

\$ 300<sup>00</sup>

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 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 Robert Rivera 3 ACCOUNT # (Ethics Commission Filers)

4 Date <u>8/15/13</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Mike Dausherty</u>	7 Amount of contribution (\$) <u>\$1,000<sup>00</sup></u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>5301 Pebble Creek Dr Prosper TX 75078</u>		(If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)

Date <u>9/13/13</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>JAMAL QADURA</u>	Amount of contribution (\$) <u>\$200<sup>00</sup></u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>2206 Gladstone Dr. Arlington TX. 76018</u>		(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)

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 SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# 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)
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4 Date <i>10/17</i>	5 Payee name <i>Arlington Children's Toys Inc.</i>
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6 Amount (\$) <i>\$1,800</i>	7 Payee address: City: State: Zip Code <i>600 Six Flags Dr. Suite 600 Arlington TX. 76011</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Donation</i>	(b) Description (If travel outside of Texas complete Schedule T)
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
Amount (\$)	Payee address: City: State: Zip Code

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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
Amount (\$)	Payee address: City: State: Zip Code

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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
Amount (\$)	Payee address: City: State: Zip Code

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