

# 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 LAST SUFFIX  
**Rivera**

**OFFICE USE ONLY**

Date Received  
**15 APR - 9 AM 10:17**  
RECEIVED - CSO  
Date Hand-delivered or Postmarked  
Receipt # Amount  
Date Processed  
Date Imaged

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE  
**1921 Edgemoor Dr.**  
**Arlington TX. 76014**

change of address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION  
**(817) 557-1542**

6 CAMPAIGN TREASURER NAME

MS / MRS / MR **MR** FIRST **Tom** MI  
NICKNAME LAST SUFFIX  
**HA**

7 CAMPAIGN TREASURER ADDRESS (residence or 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 PHONE NUMBER EXTENSION  
**(817) 683-3139**

9 REPORT TYPE

January 15  30th day before election  Runoff  15th day after campaign treasurer appointment (officeholder only)  
 July 15  8th day before election  Exceeded \$500 limit  Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year  
**1 / 14 / 15** **4 / 9 / 15**

11 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year  Primary  Runoff  General  Special  
**5 / 9 / 15**

12 OFFICE

OFFICE HELD (if any)  
**City Council**

13 OFFICE SOUGHT (if known)

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

**14 C/OH NAME** Robert Rivera **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.

<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>17 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 150.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 9,025.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 453.14
	4. TOTAL POLITICAL EXPENDITURES	\$ 6,891.39
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 56,840.99
<b>OUTSTANDING LOAN TOTALS</b>	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.

[Signature]  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Robert Rivera, this the 9th day of April, 20 15, to certify which, witness my hand and seal of office.

[Signature] MARY SUPRO City Secretary  
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 <u>3-10-15</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Red Aycox</u>	7 Amount of contribution (\$) <u>\$2,500<sup>00</sup></u>	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code <u>2000 Leadenhall St Apharetta GA 30022</u>	(If travel outside of Texas, complete Schedule T)	

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

Date <u>3-10-15</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Wick Alexander</u>	Amount of contribution (\$) <u>\$250<sup>00</sup></u>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <u>840 W. Mitchell Arlington Tx. 76013</u>	(If travel outside of Texas, complete Schedule T)	

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

Date <u>3-10-15</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Billie Farrar</u>	Amount of contribution (\$) <u>\$200<sup>00</sup></u>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <u>600 W. Park Row Arlington TX. 76010</u>	(If travel outside of Texas, complete Schedule T)	

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

Date <u>3-10-15</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Cliff Mycoskie</u>	Amount of contribution (\$) <u>\$200<sup>00</sup></u>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <u>1409 Woodbine Ct Arlington Tx. 76012</u>	(If travel outside of Texas, complete Schedule T)	

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

Date <u>3-10-15</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Grace McDermott</u>	Amount of contribution (\$) <u>\$200<sup>00</sup></u>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <u>2114 Franklin Dr. Arlington TX. 76011</u>	(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>3-18-15</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>D.V. Di Sciullo</i>	7 Amount of contribution (\$) <i>\$200</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>5500 Waterhill Ln. Arlington Tx. 76017</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>3-10-15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>J. V. TORINO Enterprises LLC</i>	Amount of contribution (\$) <i>\$500</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>14185 N. Dallas Pkwy #1650 Dallas Tx. 75254</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>3-15-15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Martin Farn</i>	Amount of contribution (\$) <i>\$500</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. Box 91588 Arlington Tx. 76015</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>2-25-15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Len &amp; Chasen Gissow Blair &amp; Sampson LLP</i>	Amount of contribution (\$) <i>\$1,500</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>4-1-15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>HISPANIC Republicans of TEXAS</i>	Amount of contribution (\$) <i>\$500</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. Box 28881 Austin Tx 78755</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 Rinenc</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>3-10-15</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Chris HARTUNG</i>	7 Amount of contribution (\$) <i>\$100<sup>00</sup></i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>3808 Woodvine Dr. EULESS TX 76040</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>3-9-15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>J. Luke</i>	Amount of contribution (\$) <i>\$75<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. Box 1024 Arlington TX. 76004</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>3-15-15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Byron Reed</i>	Amount of contribution (\$) <i>\$100<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>12165 TIARA Valley Village CA 91607</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>3-17-15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Les Cochran</i>	Amount of contribution (\$) <i>\$100<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2107 LOURAN LN Arlington TX 76010</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>3-21-15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Lynda Grant</i>	Amount of contribution (\$) <i>\$100<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>711 Quail Ridge Rd. Aledo TX 76008</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**

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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 Riner*

3 ACCOUNT # (Ethics Commission Filers)

4 Date

*4-1-15*

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

*Markbach Investments LP*

6 Contributor address; City; State; Zip Code

*1702 N. Boyce Dr  
Arlington TX 76001*

7 Amount of contribution (\$)

*\$1,000<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

*3-27-15*

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

*Rick Merritt*

Contributor address; City; State; Zip Code

*3004 Iron Stone Ct.  
Arlington TX 76006*

Amount of contribution (\$)

*\$20<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

*3-20-15*

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

*Tony Mohna*

Contributor address; City; State; Zip Code

*498 NE 55th Ter.  
MIAMI FL 33137*

Amount of contribution (\$)

*\$20<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

*3-16-15*

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

*Joe Foster*

Contributor address; City; State; Zip Code

*3648 Antares Way  
Arlington TX 76014*

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

*3-1-15*

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

*S. TAN AGE*

Contributor address; City; State; Zip Code

*501 E. MAIN St  
Arlington TX 76010*

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)

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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 Rivers* 3 ACCOUNT # (Ethics Commission Filers)

4 Date <i>3-1-15</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>IGNACIO NUNEZ</i>	7 Amount of contribution (\$) <i>\$100<sup>00</sup></i>	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code <i>1800 Raydon Arlington TX 76013</i>	(If travel outside of Texas, complete Schedule T)	

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

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(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#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(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#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(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#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	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 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 H. Rivera</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>4/2/15</i>	5 Payee name <i>Booker Industries</i>
-------------------------	--

6 Amount (\$) <i>986.39</i>	7 Payee address; City; State; Zip Code <i>2344 Farmington Dallas TX. 75207</i>
--------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Mail Service</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Mail service/postage</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
--------------------------	---	---

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>4/6/15</i>	Payee name <i>Booker Industries</i>
-----------------------	--

Amount (\$) <i>\$ 189.73</i>	Payee address; City; State; Zip Code <i>2344 Farmington Dallas TX. 75207</i>
---------------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Solicitation Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Voter Lookup</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>3/1/15</i>	Payee name <i>MURPHY NASCA</i>
-----------------------	-----------------------------------

Amount (\$) <i>\$ 25000</i>	Payee address; City; State; Zip Code <i>815-A BRAZOS ST Austin TX. 78701</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Consulting</i>	Description (If travel outside of Texas, complete Schedule T) <i>Consulting</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>3-22-15</i>	Payee name <i>WIX</i>
------------------------	--------------------------

Amount (\$) <i>\$ 149<sup>00</sup></i>	Payee address; City; State; Zip Code <i>500 Terry A. FRANCIS Blvd. SAN FRANCISCO CA 94158</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Fees</i>	Description (If travel outside of Texas, complete Schedule T) <i>Web Site</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	---	---

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

# 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>Murphy NASICA Robert Rivera</i>	3 ACCOUNT # (Ethics Commission Filers)
---------------------------	--	--

4 Date <i>2-18-15</i>	5 Payee name <i>MURPHY NASICA</i>
--------------------------	--------------------------------------

6 Amount (\$) <i>3,171.43</i>	7 Payee address; City; State; Zip Code <i>815-A BRAZOS ST Austin TX. 78701</i>
----------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>MAILER / Consulting</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>MAILER</i>
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>3-31-15</i>	Payee name <i>ZIP Print Center</i>
------------------------	---------------------------------------

Amount (\$) <i>810.00</i>	Payee address; City; State; Zip Code <i>4917 Bridgewater Dr. Austin TX. 76017</i>
------------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>PRINTING</i>	Description (If travel outside of Texas, complete Schedule T) <i>PRINTING</i>
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>4-1-15</i>	Payee name <i>UNited GRAPHICS</i>
-----------------------	--------------------------------------

Amount (\$) <i>881.70</i>	Payee address; City; State; Zip Code <i>5035 Martin Luther King JR Fwy Fort Worth TX. 76119</i>
------------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>SIGNS</i>	Description (If travel outside of Texas, complete Schedule T) <i>SIGNS</i>
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY 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)
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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