

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (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>Rivera</u> SUFFIX: _____	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <u>1921 Edgewood Dr</u> <u>Arlington TX. 76014</u>	Date Received <div style="border: 1px solid black; padding: 5px; display: inline-block; transform: rotate(90deg); transform-origin: center;"> 16 JUL 13 AM 10:58 RECEIVED - CSO </div>	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(800)</u> <u>557-1542</u>	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: <u>MR</u> FIRST: <u>Tom</u> MI: _____ NICKNAME: _____ LAST: <u>HA</u> SUFFIX: _____	Receipt #	Amount \$ <u>0</u>
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <u>4045 E Belknap # 1 Haltom City, TX. 76111</u>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(800)</u> <u>683-3139</u>		
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 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/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <u>1</u> / <u>11</u> / <u>16</u> THROUGH <u>7</u> / <u>13</u> / <u>16</u>		
11 ELECTION	ELECTION DATE Month Day Year / /	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <u>City Council</u>	13 OFFICE SOUGHT (if known)	

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
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14 C/OH NAME Robert Rivera 15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

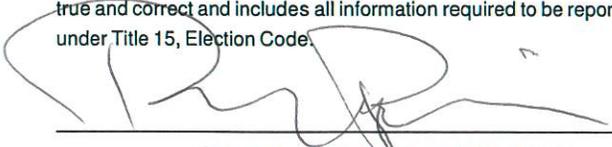
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO 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

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 393.45
	4. TOTAL POLITICAL EXPENDITURES	\$ 4,042.45
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 55,941.59
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.


Signature of Candidate or Officeholder

MARTHA GARCIA
Notary Public, State of Texas
My Commission Expires
February 27, 2017

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Robert Rivera, this the 13th day of July, 2016, to certify which, witness my hand and seal of office.

Martha Garcia MARTHA GARCIA Notary Public
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Robert Rivera</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>3-23-16</i>	5 Payee name <i>W. I. X.COM INC.</i>	
6 Amount (\$) <i>\$149.00</i>	7 Payee address; City; State; Zip Code <i>500 Terry Francois Blvd. SAN FRANCISCO, CA 94158</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Campaign website</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

Date <i>3-28-16</i>	Payee name <i>Reds Roadhouse</i>		
Amount (\$) <i>\$500.00</i>	Payee address; City; State; Zip Code <i>1170 E. Kennedale Parkway KENNEDELE TEXAS 76060</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Campaign event</i>	Description <input type="checkbox"/> Check 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: _____		

Date <i>4-25-16</i>	Payee name <i>MPAC Group</i>		
Amount (\$) <i>\$1,000.00</i>	Payee address; City; State; Zip Code <i>3001 Ave K. E. Suite 218 D GRAND PRAIRIE TX. 75050</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Campaign Consulting</i>	Description <input type="checkbox"/> Check 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: _____		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 0.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 0.00
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3,649.00
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0.00
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00