

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	OFFICE USE ONLY
	NICKNAME	LAST Rivera	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1921 Edgemoor Dr. Arlington TX. 76014			Date Received 15 APR 28 PM 4:37
	AREA CODE PHONE NUMBER EXTENSION (817) 557-1542			Date Hand-delivered or Postmarked 4:37
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 557-1542			Receipt # Amount
	MS / MRS / MR MR			Date Processed
6 CAMPAIGN TREASURER NAME	FIRST TOM			Date Imaged
	NICKNAME 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
4 / 10 / 15 4 / 28 / 15

11 ELECTION

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

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	15 ACCOUNT # (Ethics Commission Filers)
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16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. <i>THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT.</i> CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.	
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

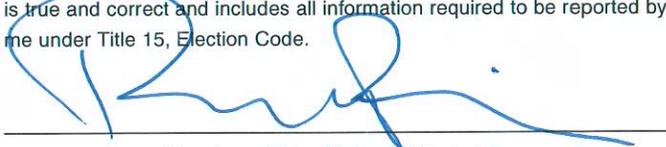
17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 335.96
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 14,879.22
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 81.19
	4. TOTAL POLITICAL EXPENDITURES	\$ 7,631.19
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 62,147.50
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.

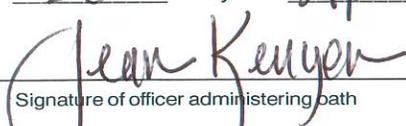


AFFIX NOTARY STAMP / SEAL ABOVE



Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Robert Rivera, this the 28th day of April, 20 15, to certify which, witness my hand and seal of office.



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 <i>Robert Rivera</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>4-15-15</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Arlington Townhome H.O.A.</i>	7 Amount of contribution (\$) <i>\$100.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>304 Highridge Dr Arlington TX. 76014</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>4-18-15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ricardo Carrillo</i>	Amount of contribution (\$) <i>\$2,500.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2301 Ephraim Ave Fort Worth TX. 76164</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4-11-15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sargent Investments LLC</i>	Amount of contribution (\$) <i>\$1,000.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2714 Sherman St Grand Prairie TX 75051</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4-16-15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>AFFA PAC</i>	Amount of contribution (\$) <i>\$1,000.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>208 S. Fielder Rd. Arlington TX. 76013</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4-11-15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>E260 Auto Sales LLC</i>	Amount of contribution (\$) <i>\$500.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>911 W. Mayfield Arlington TX. 76015</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>4-11-15</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>MPAC Arlington INC</i>	7 Amount of contribution (\$) <i>\$250⁰⁰</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>1316 S. PECAN Arlington TX. 76010</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>4-15-15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Michael Ledford</i>	Amount of contribution (\$) <i>\$200⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1723 Briar Meadow Dr. Arlington TX. 76014</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4-15-15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kurt Betzel</i>	Amount of contribution (\$) <i>\$100⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>512 Kingscote Ct. Arlington TX. 76010</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4-13-15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>JA Rue Addison</i>	Amount of contribution (\$) <i>\$100⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>5208 Highbank Dr. Arlington TX. 76018</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4-11-15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>JAMES Colley</i>	Amount of contribution (\$) <i>\$100⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>3509 Hickory Hill Arlington TX. 76019</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 Rivera</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>4-11-15</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>F.L. CHARPELL</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 153011 Arlington TX. 76015</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>4-11-15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Dennis Mathiesen</i>	Amount of contribution (\$) <i>\$ 100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1719 Overbrook Dr. Arlington TX. 76014</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4-11-15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Adlai Pennington</i>	Amount of contribution (\$) <i>\$ 300.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1375 Gilman Fort Worth TX. 76140</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4-15-15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Charles Royce</i>	Amount of contribution (\$) <i>\$ 500.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1321 Academy Dr. Arlington TX 76013</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4-11-15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Bill Zedler Campaign</i>	Amount of contribution (\$) <i>\$ 100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>5502 Hidden Trails Arlington TX. 76017</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

Robert Rivers

3 ACCOUNT # (Ethics Commission Filers)

4 Date

4-11-15

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

David Purdon

6 Contributor address; City; State; Zip Code

7300 Grindstone Ct.
Arlington Tx. 76002

7 Amount of contribution (\$)

\$500.00

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

4-11-15

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

Brandon Hill

Contributor address; City; State; Zip Code

4111 Vista Creek Ct.
Arlington Tx. 76016

Amount of contribution (\$)

\$150.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-13-15

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

TRE PAC

Contributor address; City; State; Zip Code

P.O. Box 2246
Austin Tx. 78768

Amount of contribution (\$)

\$1,000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-15-15

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

DAN FERNANDEZ

Contributor address; City; State; Zip Code

2823 Quail Ln.
Arlington Tx. 76016

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

Labor Signs

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-28-15

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

George P. Bush Campaign

Contributor address; City; State; Zip Code

P.O. Box 26677
Austin Tx. 78755

Amount of contribution (\$)

\$1,193.26

In-kind contribution description (if applicable)

Campaign Mailer

(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 Rivera</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>4-10-15</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Esteban Blanco</i>	7 Amount of contribution (\$) <i>\$1,500</i>	8 In-kind contribution description (if applicable) <i>Website labor</i>
6 Contributor address; City; State; Zip Code <i>7800 Enchanted Isle Dr Arlington TX. 76016</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>4-13-15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jason Arias</i>	Amount of contribution (\$) <i>\$1,000⁰⁰</i>	In-kind contribution description (if applicable) <i>Photo Labor</i>
Contributor address; City; State; Zip Code <i>244 Dodge TR Keller TX. 76248</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4-11-15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jeff McCurdy</i>	Amount of contribution (\$) <i>\$2,000⁰⁰</i>	In-kind contribution description (if applicable) <i>Food & Beverage</i>
Contributor address; City; State; Zip Code <i>817 Greenview Dr. Grand Prairie TX 75050</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)	

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>4-13-15</i>	5 Payee name <i>Owenby Consulting</i>
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6 Amount (\$) <i>\$1,000.00</i>	7 Payee address; City; State; Zip Code <i>7106 Lighthouse Rd Arlington TX. 76002</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Consulting Expense</i>	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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>4-20-15</i>	Payee name <i>MURPHY NASEIA</i>
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Amount (\$) <i>\$2,500.00</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>Campaign MAILER</i>	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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