

# 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:      SUFFIX:

**OFFICE USE ONLY**

Date Received: 15 JUL 13 PM 3:38 RECEIVED - OSD

Date Hand-delivered or Postmarked: 3:38

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: MA      LAST:      SUFFIX:

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 / 29 / 15      7 / 13 / 15

11 ELECTION

ELECTION DATE: Month / Day / Year

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

*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.

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

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

\$ 0.00

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

\$ 7,100.00

EXPENDITURE  
TOTALS

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

\$ 173.60

4. TOTAL POLITICAL EXPENDITURES

\$ 7,739.37

CONTRIBUTION  
BALANCE

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

\$ 60,009.05

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 13<sup>th</sup> day of July, 20 15, to certify which, witness my hand and seal of office.

*Jean Kenyon*  
Signature of officer administering oath

*Jean Kenyon*  
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 Rivera</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>5-3-15</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>FRANK GILSTEAD</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 121248 Arlington Tr. 76012</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>5-1-15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>HAMMER AND NAILS CLUB</i>	Amount of contribution (\$) <i>\$500.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>100 E 15th St Suite 600 Fort Worth TX 76102</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>5-6-15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>APT ASSOCIATION TARRANT COUNTY PAC</i>	Amount of contribution (\$) <i>\$2,500.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>6350 BAKER BLVD. RICHLAND HILLS TX. 76118</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>5-2-15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Joe Bowers</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>520 Ave. H. East #102 Arlington TX. 76011</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>5-10-15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>CASIE CADIEUX</i>	Amount of contribution (\$) <i>\$200.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>6808 E. 109th St. Tulsa OK. 74137</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 <b>Robert Rivera</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>4-29-15</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Dodson Capital LLC</b>	7 Amount of contribution (\$) <b>\$1,000<sup>00</sup></b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>255 N. Center Suite 100 Arlington TX. 76011</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>5-1-15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>THANH HA DIA TOM HA INSURANCE</b>	Amount of contribution (\$) <b>\$300<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>4045 E. Belknap St Ste 111 Ft Worth TX. 76111</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>5-2-15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>BMG Auto Group</b>	Amount of contribution (\$) <b>\$100<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>2418 W. Division St Arlington TX. 76012</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>5-3-15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>CLEAR PAC</b>	Amount of contribution (\$) <b>\$258<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>400 W. 14th St Suite 200 Austin TX 78701</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>5-1-15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>PATRICK McELROY</b>	Amount of contribution (\$) <b>\$50<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>1009 Holly Hill Ct. Arlington TX 76014</b>		(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 <b>PJ's Cleaners</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>5-10-15</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>2531 S. ADAMS</b> 6 Contributor address; City; State; Zip Code <b>Fort Worth TX. 76110</b>	7 Amount of contribution (\$) <b>\$300<sup>00</sup></b>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>5-2-15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>DONALD VALK</b> Contributor address; City; State; Zip Code <b>4231 N. State HWY 161 IRVING TX. 75038</b>	Amount of contribution (\$) <b>\$100<sup>00</sup></b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>5-6-15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Green Oaks Commons, LTD</b> Contributor address; City; State; Zip Code <b>2500 NE Green Oaks Blvd Suite 200 Arlington TX. 76010</b>	Amount of contribution (\$) <b>\$1,000<sup>00</sup></b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>5-10-15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Selma Munoz</b> Contributor address; City; State; Zip Code <b>6405 Saddle Ridge Rd Arlington TX. 76016</b>	Amount of contribution (\$) <b>\$100<sup>00</sup></b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>5-3-15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Kelly Jones</b> Contributor address; City; State; Zip Code <b>17 Trinity Oaks Rd. Westworth Village TX. 76114</b>	Amount of contribution (\$) <b>\$500<sup>00</sup></b>	In-kind contribution description (if applicable)
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.

<b>1</b> Total pages Schedule F:	<b>2</b> FILER NAME <i>Robert Rosen</i>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date <i>4-30-15</i>	<b>5</b> Payee name <i>Murphy NASCA</i>
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<b>6</b> Amount (\$) <i>\$4,515.77</i>	<b>7</b> Payee address; City; State; Zip Code <i>815 A-Braus St Austin TX. 78701</i>
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Campaign Mailer</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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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>4/30/15</i>	Payee name <i>Murphy NASCA</i>
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Amount (\$) <i>\$250.00</i>	Payee address; City; State; Zip Code <i>815 A BRAUS ST Austin TX. 78701</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Consulting Expense</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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>4/30/15</i>	Payee name <i>A.P.A. PAC</i>
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Amount (\$) <i>\$2,800.00</i>	Payee address; City; State; Zip Code <i>101 W. Paric Row Arlington TX 76012</i>
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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 <u>ONLY</u> 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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