

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	FIRST Carlos	OFFICE USE ONLY
		MI	
	NICKNAME	LAST Rivera	Date Received 09 JUL 15 11:3:14
		SUFFIX	CITY CLERK DEPT.
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	P.O. Box 971653, El Paso, Texas 79997-1653	
	<input type="checkbox"/> Change of Address		Date Hand-delivered or Date Postmarked
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (915)	PHONE NUMBER 269-9274	EXTENSION
			Receipt #
			Amount
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST David	Date Processed
		MI	Date Imaged
	NICKNAME	LAST Davis	
		SUFFIX	
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
	10200 Shipley St., El Paso, Texas 79925		
8 CAMPAIGN TREASURER PHONE	AREA CODE (915)	PHONE NUMBER 594-3617	EXTENSION
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 05 / 01 / 2009 06 / 30 / 2009		
11 ELECTION	ELECTION DATE Month Day Year 05 / 09 / 2009		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) Mayor
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ** Name Address / PO Box; Apt. / Suite #; City; State; Zip Code		
	<input type="checkbox"/> additional pages		

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

**FORM C/OH
COVER SHEET PG 2**

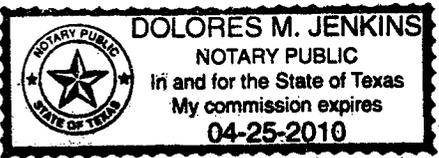
15 C/OH NAME Carlos Rivera	16 ACCOUNT # (Ethics Commission Filers)
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17 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	** This box is for notice of political contributions accepted or political expenditures made by political 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 checked="" type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME Committee to Elect Carlos Rivera
		COMMITTEE ADDRESS P.O. Box 370964, El Paso, TX 79937-0964
		COMMITTEE CAMPAIGN TREASURER NAME David Davis
	COMMITTEE CAMPAIGN TREASURER ADDRESS P.O. Box 370964, El Paso, TX 79937-0964	

CITY CLERK DEPT.
09 JUL 15 PM 3:14

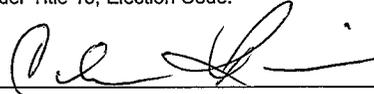
18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 100.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 665.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 1377.22
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 43.66
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 4157.71

19 AFFIDAVIT



DOLORES M. JENKINS
NOTARY PUBLIC
for and for the State of Texas
My commission expires
04-25-2010

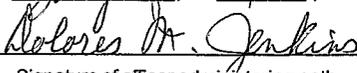
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Carlos M. Rivera, this the 15th day of July, 20 09, to certify which, witness my hand and seal of office.



 Signature of officer administering oath

Dolores M. Jenkins

 Printed name of officer administering oath

Notary

 Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

CITY CLERK DEPT.
09 JUN 15 PM 3:14

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: _____	
2 FILER NAME Carlos Rivera		3 ACCOUNT # (Ethics Commission filers)	
4 Date 05/04/09	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guadalupe Ward	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 6487 Calle Del Sol Dr., El Paso, TX 79912		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Dentist		10 Employer (See Instructions) Self Employed	
Date 05/04/09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kathleen Hernández	Amount of contribution (\$) \$ 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6647 Mariposa Dr., El Paso, TX 79912		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) EPISD	
Date 05/04/09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marina Quintana	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 9540 Abe Lincoln, San Antonio, TX 78240-2749		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Accounting		Employer (See Instructions) Private Medical Billing firm	
Date 05/06/09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ray & Diane Rivera	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6067 Bandolero, El Paso, TX 79912		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)	
Date 05/08/09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mariana Chew	Amount of contribution (\$) \$ 60.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 420 Clayton Rd, El Paso, TX 79932-2302		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self Employed	

ATTACH ADDITIONAL COPIES OF THIS FORM 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 Carlos Rivera		3 ACCOUNT # (Ethics Commission filers)	
4 Date 05/08/09	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rachel Allard	7 Amount of contribution (\$) \$120.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 4042 Esperanza, El Paso, TX 79912		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Civil Service		10 Employer (See Instructions) US BOP	
Date 05/08/09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deandre Garcia	Amount of contribution (\$) \$ 15.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 971146, El Paso, TX 79997-1146		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Administration		Employer (See Instructions) Workforce Solutions	
Date 05/09/09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rick Provencio	Amount of contribution (\$) \$ 20.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code El Paso, Texas		(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 FORM AS NEEDED
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CITY CLERK DEPT.
CORP. IS 11-3-11

CITY CLERK DEPT.
09 JUL 15 PM 3:14

POLITICAL EXPENDITURES **SCHEDULE F**

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F:

2 FILER NAME 3 ACCOUNT # (Ethics Commission filers)
 Carlos Rivera

4 Date 05/01/09	5 Payee name Cecilio Alvarado	7 Amount (\$) \$500.00
6 Payee address; City; State; Zip Code 3599 Krag, El Paso, Texas 79938		

8 Purpose of payment (See instructions regarding type of information required.) Media Distribution (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 05/06/09	Payee name M.V.S. Radio	Amount (\$) \$500.00
Payee address; City; State; Zip Code 4126 N. Mesa, El Paso, TX 79902		

Purpose of payment (See instructions regarding type of information required.) Media - Radio Ads (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 05/19/09	Payee name Universal Radio Network	Amount (\$) \$250.00
Payee address; City; State; Zip Code P.O. Box 220543, El Paso, TX 79913		

Purpose of payment (See instructions regarding type of information required.) Media - Radio Ads (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 05/19/09	Payee name Jose Luis Garcia	Amount (\$) \$ 50.00
Payee address; City; State; Zip Code 5961 Flager St., El Paso, TX 79938		

Purpose of payment (See instructions regarding type of information required.) Media - Voice Over Production - Audio (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

CITY CLERK DEPT.
09 JUL 15 PM 3:14

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F:

2 FILER NAME 3 ACCOUNT # (Ethics Commission filers)
 Carlos Rivera

4 Date 06/03/09	5 Payee name A.B. Banners & Signs	7 Amount (\$)
	6 Payee address; City; State; Zip Code P.O. Box 440, Clint, TX 79836	\$ 77.22

8 Purpose of payment (See instructions regarding type of information required.) Media - Signs (If travel outside of Texas, complete Schedule T)	9 ** Complete 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 payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	9 ** Complete 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 payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	9 ** Complete 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 payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

LOANS		SCHEDULE E
The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: _____
2 FILER NAME Carlos Rivera		3 ACCOUNT # (Ethics Commission filers)
4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒		\$
5 Date of loan 05/01/09	7 Name of lender Carlos Rivera <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$) \$ 73.99
6 Is lender a financial Institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code P.O. Box 971653, El Paso, TX 79997-1653	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions) Consultant		13 Employer (See Instructions) Self Employed
14 Description of Collateral <input checked="" type="checkbox"/> none		
15 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	16 Name of guarantor 17 Guarantor address; City; State; Zip Code	18 Amount Guaranteed (\$)
19 Principal Occupation		20 Employer
Date of loan 05/01/09	Name of lender Carlos Rivera <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$) \$131.63
Is lender a financial Institution? Y <input checked="" type="radio"/> N	Lender address; City; State; Zip Code P.O. Box 971653, El Paso, TX 79997-1653	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self Employed
Description of Collateral <input checked="" type="checkbox"/> none		
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation		Employer
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.		

05/01/09 15 PM 3:14
CITY CLERK DEPT.

CITY CLERK DEPT.
09 JUL 15 PM 3:14

LOANS		SCHEDULE E	
The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: _____	
2 FILER NAME Carlos Rivera		3 ACCOUNT # (Ethics Commission filers)	
4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒			\$
5 Date of loan 05/04/09	7 Name of lender Carlos Rivera <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$) \$ 9.96	
6 Is lender a financial Institution? Y <input checked="" type="radio"/> (N)	8 Lender address; City; State; Zip Code P.O. Box 971653, El Paso, TX 79997-1653	10 Interest rate	
		11 Maturity date	
12 Principal occupation / Job title (See Instructions) Consultant		13 Employer (See Instructions) Self Employed	
14 Description of Collateral <input checked="" type="checkbox"/> none			
15 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	16 Name of guarantor 17 Guarantor address; City; State; Zip Code		18 Amount Guaranteed (\$)
19 Principal Occupation		20 Employer	
Date of loan 05/04/09	Name of lender Carlos Rivera <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$) \$ 48.69	
Is lender a financial Institution? Y <input checked="" type="radio"/> (N)	Lender address; City; State; Zip Code P.O. Box 971653, El Paso, TX 79997-1653	Interest rate	
		Maturity date	
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self Employed	
Description of Collateral <input checked="" type="checkbox"/> none			
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code		Amount Guaranteed (\$)
Principal Occupation		Employer	
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.			

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: _____	
2 FILER NAME Carlos Rivera		3 ACCOUNT # (Ethics Commission filers)	
4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒		\$	
5 Date of loan 05/06/09	7 Name of lender Carlos Rivera <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$) \$ 8.50	
6 Is lender a financial Institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code P.O. Box 971653, El Paso, TX 79997-1653	10 Interest rate	
		11 Maturity date	
12 Principal occupation / Job title (See Instructions) Consultant		13 Employer (See Instructions) Self Employed	
14 Description of Collateral <input checked="" type="checkbox"/> none			
15 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	16 Name of guarantor	18 Amount Guaranteed (\$)	
	17 Guarantor address; City; State; Zip Code		
19 Principal Occupation		20 Employer	
Date of loan 05/06/09	Name of lender Carlos Rivera <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$) \$ 7.96	
Is lender a financial Institution? Y <input checked="" type="radio"/> N	Lender address; City; State; Zip Code P.O. Box 971653, El Paso, TX 79997-1653	Interest rate	
		Maturity date	
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self Employed	
Description of Collateral <input checked="" type="checkbox"/> none			
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)	
	Guarantor address; City; State; Zip Code		
Principal Occupation		Employer	
<p>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</p> <p>If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

CITY CLERK DEPT.
02 JUL 15 PM 3:11

LOANS

SCHEDULE E

09 JUL 15 PM 3:14
CITY CLERK DEPT.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: _____	
2 FILER NAME Carlos Rivera		3 ACCOUNT # (Ethics Commission filers)	
4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒			\$
5 Date of loan 05/07/09	7 Name of lender Carlos Rivera <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$) \$ 10.77	
6 Is lender a financial Institution? Y (N)	8 Lender address; City; State; Zip Code P.O. Box 971653, El Paso, TX 79997-1653	10 Interest rate	
		11 Maturity date	
12 Principal occupation / Job title (See Instructions) Consultant		13 Employer (See Instructions) Self Employed	
14 Description of Collateral <input checked="" type="checkbox"/> none			
15 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	16 Name of guarantor 17 Guarantor address; City; State; Zip Code	18 Amount Guaranteed (\$)	
19 Principal Occupation		20 Employer	
Date of loan 05/07/09	Name of lender Carlos Rivera <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$) \$120.59	
Is lender a financial Institution? Y (N)	Lender address; City; State; Zip Code P.O. Box 971653, El Paso, TX 79997-1653	Interest rate	
		Maturity date	
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self Employed	
Description of Collateral <input checked="" type="checkbox"/> none			
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)	
Principal Occupation		Employer	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

09 JUL 15 PM 3:14
CITY CLERK DEPT.

LOANS		SCHEDULE E
The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: _____
2 FILER NAME Carlos Rivera		3 ACCOUNT # (Ethics Commission filers)
4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨		\$
5 Date of loan 05/08/09	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Carlos Rivera	9 Loan Amount (\$) \$ 8.36
6 Is lender a financial Institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code P.O. Box 971653, El Paso, TX 79997-1653	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions) Consultant		13 Employer (See Instructions) Self Employed
14 Description of Collateral <input checked="" type="checkbox"/> none		
15 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	16 Name of guarantor 17 Guarantor address; City; State; Zip Code	18 Amount Guaranteed (\$)
19 Principal Occupation		20 Employer
Date of loan 05/09/09	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Carlos Rivera	Loan Amount (\$) \$ 7.12
Is lender a financial Institution? Y <input checked="" type="radio"/> N	Lender address; City; State; Zip Code P.O. Box 971653, El Paso, TX 79997-1653	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self Employed
Description of Collateral <input checked="" type="checkbox"/> none		
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation		Employer
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.		

LOANS		SCHEDULE E	
The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: _____	
2 FILER NAME Carlos Rivera		3 ACCOUNT # (Ethics Commission filers)	
4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒		\$	
5 Date of loan 05/09/09	7 Name of lender Carlos Rivera <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$) \$ 18.01	
6 Is lender a financial Institution? Y (N)	8 Lender address; City; State; Zip Code P.O. Box 971653, El Paso, TX 79997-1653	10 Interest rate	
		11 Maturity date	
12 Principal occupation / Job title (See Instructions) Consultant		13 Employer (See Instructions) Self Employed	
14 Description of Collateral <input checked="" type="checkbox"/> none			
15 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	16 Name of guarantor 17 Guarantor address; City; State; Zip Code		18 Amount Guaranteed (\$)
19 Principal Occupation		20 Employer	
Date of loan 05/09/09	Name of lender Carlos Rivera <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$) \$ 34.90	
Is lender a financial Institution? Y (N)	Lender address; City; State; Zip Code P.O. Box 971653, El Paso, TX 79997-1653	Interest rate	
		Maturity date	
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self Employed	
Description of Collateral <input checked="" type="checkbox"/> none			
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code		Amount Guaranteed (\$)
Principal Occupation		Employer	
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.			

CITY CLERK DEPT.
JUL 15 PM 3:14

LOANS

SCHEDULE E

CITY CLERK DEPT.
09 JUL 15 PM 3:14

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: _____
2 FILER NAME Carlos Rivera		3 ACCOUNT # (Ethics Commission filers)
4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒ \$		
5 Date of loan 05/09/09	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Carlos Rivera	9 Loan Amount (\$) \$ 7.27
6 Is lender a financial Institution? Y (N)	8 Lender address; City; State; Zip Code P.O. Box 971653, El Paso, TX 79997-1653	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions) Consultant		13 Employer (See Instructions) Self Employed
14 Description of Collateral <input checked="" type="checkbox"/> none		
15 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	16 Name of guarantor 17 Guarantor address; City; State; Zip Code	18 Amount Guaranteed (\$)
19 Principal Occupation		20 Employer
Date of loan 05/09/09	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Carlos Rivera	Loan Amount (\$) \$ 91.99
Is lender a financial Institution? Y (N)	Lender address; City; State; Zip Code P.O. Box 971653, El Paso, TX 79997-1653	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self Employed
Description of Collateral <input checked="" type="checkbox"/> none		
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation		Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
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LOANS		SCHEDULE E	
The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: _____	
2 FILER NAME Carlos Rivera		3 ACCOUNT # (Ethics Commission filers)	
4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨		\$	
5 Date of loan 04/11/09	7 Name of lender Bill Sparks <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$) \$162.37	
6 Is lender a financial Institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code 1359 Lomaland, Suite 522, El Paso, TX 79935	10 Interest rate	
		11 Maturity date	
12 Principal occupation / Job title (See Instructions) Graphics Design		13 Employer (See Instructions) Self Employed	
14 Description of Collateral <input checked="" type="checkbox"/> none			
15 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	16 Name of guarantor		18 Amount Guaranteed (\$)
17 Guarantor address; City; State; Zip Code			
19 Principal Occupation		20 Employer	
Date of loan 04/30/09	Name of lender A&B Banners & Signs <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$) \$237.02	
Is lender a financial Institution? Y <input checked="" type="radio"/> N	Lender address; City; State; Zip Code P.O. Box 440, Clint, TX 79836	Interest rate	
		Maturity date	
Principal occupation / Job title (See Instructions) Media - Signs		Employer (See Instructions) Self Employed	
Description of Collateral <input checked="" type="checkbox"/> none			
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor		Amount Guaranteed (\$)
Guarantor address; City; State; Zip Code			
Principal Occupation		Employer	
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.			

09 JUL 15 PM 3:14
CITY CLERK DEPT.