Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

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:

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt # | Amount

Date Processed

Date Imaged

CITY CLERK DEPT. 09 MAY -1 PM 4:48

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: Mr. FIRST: Carlos MI: NICKNAME: LAST: Rivera SUFFIX:
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ☐ Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE: P.O. Box 971653
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE: (915) PHONE NUMBER: 269-9274 EXTENSION:
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: Mr. FIRST: David MI: 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 TX 79925
8 CAMPAIGN TREASURER PHONE	AREA CODE: (915) PHONE NUMBER: 594-3617 EXTENSION:

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: 03 / 31 / 2009 THROUGH Month Day Year: 05 / 01 / 2009

11 ELECTION

Mayoral

ELECTION DATE Month Day Year: 05 / 09 / 2009

ELECTION TYPE: ☐ Primary ☐ Runoff ☒ General ☐ 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

☐ additional pages

GO TO PAGE 2

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME
Mr. Carlos Rivera

16 ACCOUNT # (Ethics Commission Filers)

17 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
[X] GENERAL
[ ] SPECIFIC

COMMITTEE NAME
Committee to elect Carlos Rivera

COMMITTEE ADDRESS
P.O. Box 370964 El Paso TX, 79937-0964

COMMITTEE CAMPAIGN TREASURER NAME
Mr. D. Davis

COMMITTEE CAMPAIGN TREASURER ADDRESS
P.O. Box 370964 El Paso, TX 79937-0964

[ ] additional pages

09 MAY -1 PM 1:43
CITY CLERK DEPT.

18 CONTRIBUTION TOTALS

1.	TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$ 1201.00
2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 35.01
3.	TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ 198.00
4.	**TOTAL POLITICAL EXPENDITURES**	$ 3258.94
5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 405.88
6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 3178.58

EXPENDITURE TOTALS

CONTRIBUTION BALANCE

OUTSTANDING LOAN TOTALS

19 AFFIDAVIT

JACQUELINE S. LEYVA
NOTARY PUBLIC
In and for the State of Texas
My commission expires
12-10-2011

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 Rivera, this the 1st day of May, 20 09, to certify which, witness my hand and seal of office.

Jacqueline S. Leyva	Jacqueline S. Leyva	Notary
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath

Revised 06/27/2008

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

CITY CLERK DEPT. 09 MAY -1 PM 4:48

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME: Mr. Carlos Rivera

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
04/01/09	Thomas Telles 6900 Villa Hermosa El Paso, TX 79902	$100.00 (If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)		
03/30/09	Mr. Raymond Rivera 1718 Aspen Ct. El Paso, TX 79938	$200.00 (If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)		
04/15/09	Diane & Rey Rivera 6067 Bandolero El Paso, TX 79912	$300.00 (If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)		
04/15/09	Mr. George Ibarra 4020 Oxford El Paso,TX 79903	$100.00 (If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)		
04/21/09	Luis A. Salazar 3026 Polk El Paso, TX 79932	$ 80.00 (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

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

Revised 06/27/2008

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

09 MAY -1 PM 4:48 CITY CLERK DEPT.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME
Mr. Carlos Rivera

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
04/21/09	Diane & Rey Rivera 6067 Bandolero El Paso, TX 79912	$100.00 (If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
04/21/09	Terresita Gonzales P.O.Box 323 Messilla, NM 88047	100.00 (If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
MR. & Mrs. 04/21/09	~~Orcequeda~~ HENRY OCEGUEDA 3120 Edgemere El Paso, TX 79912	$100.00 (If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
04/21/09	Mr. Arthur C. Peralta 10817 Bella Vista Dr. El Paso, TX 79904	$300.00 (If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
04/21/09	CARMEN RODRIGUEZ Carmen E. Rodriguez 1521 Camino Alto El Paso, TX 79902	$250.00 (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

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

Revised 06/27/2008

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

CITY CLERK DEPT.
09 MAY -1 PM 4:43

The instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME Mr. Carlos Rivera

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
04/30/09	Dr. Gustavo Martinez ~~Dr. Martinez~~ 814 Myrtle St. El Paso, TX 79902	$650.00 (If travel outside of Texas, complete Schedule T)	Office Rental $650.00

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
04/04/09	~~DiaNE Boplinger~~ 2615 Filmore El Paso, TX 79930	$20.00 (If travel outside of Texas, complete Schedule T)	Cake

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ 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 ☐ 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 ☐ 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 FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

LOANS

SCHEDULE E

CITY CLERK DEPT.
09 MAY -1 PM 4:40

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
3/30/09

7 Name of lender ☐ out-of-state PAC (ID#:)
Carlos Rivera

9 Loan Amount ($)
19.81

6 Is lender a financial institution?
Y N X

8 Lender address; City; State; Zip Code
P O Box 971653 El Paso, TX 79997

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)
Consultant

13 Employer (See Instructions)
Self Employed

14 Description of Collateral
☐ none

15 GUARANTOR INFORMATION
☐ not applicable

16 Name of guarantor

17 Guarantor address; City; State; Zip Code

18 Amount Guaranteed ($)

19 Principal Occupation

20 Employer

Date of loan
3/31/09

Name of lender ☐ out-of-state PAC (ID#:)
Carlos Rivera

Loan Amount ($)
184.31

Is lender a financial institution?
Y N X

Lender address; City; State; Zip Code
P O Box 971653 El Paso, TX 7997

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)
Consultant

Employer (See Instructions)
Self Employed

Description of Collateral
☐ none

GUARANTOR INFORMATION
☐ 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.

Revised 06/27/2008

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

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
4/1/2009

6 Is lender a financial institution?
Y N X

7 Name of lender ☐ out-of-state PAC (ID#:)
Carlos Rivera

8 Lender address; City; State; Zip Code
P O Box 971653 El Paso, TX 79997

9 Loan Amount ($)
199.62

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)
Consultant

13 Employer (See Instructions)
Self Employed

14 Description of Collateral
☐ none

15 GUARANTOR INFORMATION
☐ not applicable

16 Name of guarantor

17 Guarantor address; City; State; Zip Code

18 Amount Guaranteed ($)

19 Principal Occupation

20 Employer

Date of loan
4/3/09

Is lender a financial institution?
Y N X

Name of lender ☐ out-of-state PAC (ID#:)
Carlos Rivera

Lender address; City; State; Zip Code
P O Box 971653 El Paso, TX 7997

Loan Amount ($)
101.46

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)
Consultant

Employer (See Instructions)
Self Employed

Description of Collateral
☐ none

GUARANTOR INFORMATION
☐ 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.

Revised 06/27/2008

CITY CLERK'S OFF
09 MAY -1 PM 4:43

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

LOANS

SCHEDULE E

CITY CLERK DEPT. 09 MAY -1 PM 4:45

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	7 Name of lender	☐ out-of-state PAC (ID#:)	9 Loan Amount ($)
4/4/09	Carlos Rivera		67.95
6 Is lender a financial institution? Y N X	8 Lender address; City; State; Zip Code: P O Box 971653 El Paso, TX 79997		10 Interest rate
			11 Maturity date

12 Principal occupation / Job title (See Instructions): Consultant

13 Employer (See Instructions): Self Employed

14 Description of Collateral: ☐ none

15 GUARANTOR INFORMATION ☐ not applicable

16 Name of guarantor

17 Guarantor address; City; State; Zip Code

18 Amount Guaranteed ($)

19 Principal Occupation

20 Employer

Date of loan	Name of lender	☐ out-of-state PAC (ID#:)	Loan Amount ($)
4/7/09	Carlos Rivera		119.41
Is lender a financial institution? Y N X	Lender address; City; State; Zip Code: P O Box 971653 El Paso, TX 7997		Interest rate
			Maturity date

Principal occupation / Job title (See Instructions): Consultant

Employer (See Instructions): Self Employed

Description of Collateral: ☐ none

GUARANTOR INFORMATION ☐ 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.

Revised 06/27/2008

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

LOANS

SCHEDULE E

CITY CLERK DEPT. 09 MAY -1 PM 4:19

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
4/10/09

6 Is lender a financial institution?
Y N X

7 Name of lender ☐ out-of-state PAC (ID#:)
Carlos Rivera

8 Lender address; City; State; Zip Code
P O Box 971653 El Paso, TX 79997

9 Loan Amount ($)
71.45

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)
Consultant

13 Employer (See Instructions)
Self Employed

14 Description of Collateral
☐ none

15 GUARANTOR INFORMATION
☐ not applicable

16 Name of guarantor

17 Guarantor address; City; State; Zip Code

18 Amount Guaranteed ($)

19 Principal Occupation

20 Employer

Date of loan
4/11/09

Is lender a financial institution?
Y N X

Name of lender ☐ out-of-state PAC (ID#:)
Carlos Rivera

Lender address; City; State; Zip Code
P O Box 971653 El Paso, TX 7997

Loan Amount ($)
74.28

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)
Consultant

Employer (See Instructions)
Self Employed

Description of Collateral
☐ none

GUARANTOR INFORMATION
☐ 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.

Revised 08/27/2008

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

LOANS

SCHEDULE E

CITY CLERK DEPT.
09 MAY -1 AM 4:48

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
4/15/09

7 Name of lender ☐ out-of-state PAC (ID#:)
Carlos Rivera

9 Loan Amount ($)
20.00

6 Is lender a financial institution?
Y N X

8 Lender address; City; State; Zip Code
P O Box 971653 El Paso, TX 79997

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)
Consultant

13 Employer (See Instructions)
Self Employed

14 Description of Collateral
☐ none

15 GUARANTOR INFORMATION
☐ not applicable

16 Name of guarantor

17 Guarantor address; City; State; Zip Code

18 Amount Guaranteed ($)

19 Principal Occupation

20 Employer

Date of loan
4/16/09

Name of lender ☐ out-of-state PAC (ID#:)
Carlos Rivera

Loan Amount ($)
149.90

Is lender a financial institution?
Y N X

Lender address; City; State; Zip Code
P O Box 971653 El Paso, TX 7997

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)
Consultant

Employer (See Instructions)
Self Employed

Description of Collateral
☐ none

GUARANTOR INFORMATION
☐ 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.

Revised 06/27/2008

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

LOANS

SCHEDULE E

CITY CLERK DEPT.
09 MAY -1 PM 4:48

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	7 Name of lender ☐ out-of-state PAC (ID#:_____)	9 Loan Amount ($)
4/17/09	Carlos Rivera	10.39
6 Is lender a financial institution? Y N X	8 Lender address; City; State; Zip Code: P O Box 971653 El Paso, TX 79997	10 Interest rate
		11 Maturity date

12 Principal occupation / Job title (See Instructions)	13 Employer (See Instructions)
Consultant	Self Employed

14 Description of Collateral
☐ none

15 GUARANTOR INFORMATION ☐ not applicable	16 Name of guarantor	18 Amount Guaranteed ($)
	17 Guarantor address; City; State; Zip Code	

19 Principal Occupation	20 Employer

Date of loan	Name of lender ☐ out-of-state PAC (ID#:_____)	Loan Amount ($)
Is lender a financial institution? Y N X	Lender address; City; State; Zip Code	Interest rate
		Maturity date

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

Description of Collateral
☐ none

GUARANTOR INFORMATION ☐ 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.

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME: Carlos Rivera

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
4/1/09	G S Photography 9515 Gateway West El Paso, TX 79935	308.51

8 Purpose of payment (See instructions regarding type of information required.): Political Photographs
(If travel outside of Texas, complete Schedule T)

9 •• Complete if direct expenditure to benefit C/OH ••
Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4/11/09	Southwest American Graphics PO Box 962308 El Paso, TX 79996	162.37

Purpose of payment (See instructions regarding type of information required.): Campaign Graphics
(If travel outside of Texas, complete Schedule T)

•• Complete if direct expenditure to benefit C/OH ••
Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)

Purpose of payment (See instructions regarding type of information required.)
(If travel outside of Texas, complete Schedule T)

•• Complete if direct expenditure to benefit C/OH ••
Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4/21/09	El Diario 1801 Texas El Paso, TX 79901	420.00

Purpose of payment (See instructions regarding type of information required.): Campaign AD
(If travel outside of Texas, complete Schedule T)

•• Complete if direct expenditure to benefit C/OH ••
Candidate / Officeholder name | Office sought | Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Revised 06/27/2008

CITY CLERK DEPT.
09 MAY -1 PM 4:48

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

CITY CLERK DEPT.
09 MAY -1 PM 4:43

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME
Carlos Rivera

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
04/22/09	Mr. Pete Flores 10355 Bayo El Paso, TX 79925	$26.00

8 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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
04/22/09	Mr. Pete Flores 10355 Bayo El Paso, TX 79925	$90.00

Purpose of payment (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

•• Complete if direct expenditure to benefit C/OH ••
Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)

Purpose of payment (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

•• Complete if direct expenditure to benefit C/OH ••
Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)

Purpose of payment (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

•• Complete if direct expenditure to benefit C/OH ••
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Revised 06/27/2008

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

CITY CLERK DEPT. 09 MAY -1 PM 1:40

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME
Carlos Rivera

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
4/11/09	AB Banners & Signs PO Box 440 Clint, TX 79836	479.14

8 Purpose of payment (See instructions regarding type of information required.)
Banners
(If travel outside of Texas, complete Schedule T)

9 •• Complete if direct expenditure to benefit C/OH ••
Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4/17/09	AB Banners & Signs PO Box 440 Clint, TX 79836	870.34

Purpose of payment (See instructions regarding type of information required.)
(If travel outside of Texas, complete Schedule T)

•• Complete if direct expenditure to benefit C/OH ••
Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)

Purpose of payment (See instructions regarding type of information required.)
(If travel outside of Texas, complete Schedule T)

•• Complete if direct expenditure to benefit C/OH ••
Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)

Purpose of payment (See instructions regarding type of information required.)
(If travel outside of Texas, complete Schedule T)

•• Complete if direct expenditure to benefit C/OH ••
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

CITY CLERK DEPT. 09 MAY -1 PM 4:49

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME: Carlos Rivera

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
03/31-04/19	Luis Ruiz 825 regan El Paso, TX 79903	$1175.0

8 Purpose of payment (See instructions regarding type of information required.): Media Consulting
(If travel outside of Texas, complete Schedule T)

9 •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
04/13/09	Commander Vfw Post5615 4810 Pershing El Paso, TX 79903	$86.00

Purpose of payment (See instructions regarding type of information required.): Hall Rental
(If travel outside of Texas, complete Schedule T)

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
04/20/09	McDonald VFW 4810 Pershing El Paso, TX 79903	$ 82.00

Purpose of payment (See instructions regarding type of information required.): Hall Rental
(If travel outside of Texas, complete Schedule T)

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
04/21/09	Lancer's Club 6006 N. Mesa El Paso, TX 79912	$536.49

Purpose of payment (See instructions regarding type of information required.): Campaign Fundraiser
(If travel outside of Texas, complete Schedule T)

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Revised 06/27/2008