

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	FIRST	MI	OFFICE USE ONLY			
	Mr. Henry						
	NICKNAME	LAST	SUFFIX	Date Received			
	Rivera			10/6/2020 9:43:32 AM			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #;		CITY;	STATE;	ZIP CODE		
	11733 Chiquis Ln. El Paso, TX 79936						
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	(915)	526-0384					
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	Date Hand-delivered or Date Postmarked			
	Mrs. Irma						
	NICKNAME	LAST	SUFFIX	Receipt #	Amount \$		
	Jaloma-Keith			Date Processed			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;		CITY;	STATE;	ZIP CODE		
	7608 Franklin Loop El Paso, TX 79915						
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	(915)	740-4501					
9 REPORT TYPE	<input type="checkbox"/> January 15	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)			
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month	Day	Year	Month	Day	Year	
	07	01	2020	THROUGH	09	24	2020
11 ELECTION	ELECTION DATE			ELECTION TYPE			
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description	
	11	03	2020	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)			
	COEP City Rep. District 7			COEP City Rep, District 7			

City Clerk Dept.
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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

14 C/OH NAME
Mr. Henry 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 UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 37,800.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 16,197.62
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 27,369.18
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 27,000.00

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.

Henry Rivera
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Henry Rivera, this the 6 day of October, 2020, to certify which, witness my hand and seal of office.

John Glendon

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

City Clerk Dept.
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SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME

Mr. Henry Rivera

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 37,800.00
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 15,947.62
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 250.00
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
12

2 FILER NAME

Mr. Henry Rivera

3 Filer ID (Ethics Commission Filers)

4 Date

07/29/2020

5 Full name of contributor out-of-state PAC (ID#: _____)
Woody L. Hunt
6 Contributor address; City; State; Zip Code
PO Box 12667, El Paso TX 79913

7 Amount of contribution (\$)

2500

8 Principal occupation / Job title (See Instructions)
Executive Chair of Hunt Companies

9 Employer (See Instructions)
Hunt Companies, Inc.

Date

08/01/2020

Full name of contributor out-of-state PAC (ID#: _____)
Paul Haupt
Contributor address; City; State; Zip Code
10813 Vista Lomas Dr. El Paso

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)
Retired

Date

08/03/2020

Full name of contributor out-of-state PAC (ID#: _____)
William C. Saab
Contributor address; City; State; Zip Code
700 Camino Real, El Paso, TX

Amount of contribution (\$)

500

Principal occupation / Job title (See Instructions)
Real Estate & Construction

Employer (See Instructions)
Owner - SAAB

Date

08/04/2020

Full name of contributor out-of-state PAC (ID#: _____)
Robert A. Saab
Contributor address; City; State; Zip Code
2903 Silver Ave. El Paso, TX 79930

Amount of contribution (\$)

500

Principal occupation / Job title (See Instructions)
Real Estate & Construction

Employer (See Instructions)
Owner

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
12

2 FILER NAME

Mr. Henry Rivera

3 Filer ID (Ethics Commission Filers)

4 Date

08/06/2020

5 Full name of contributor out-of-state PAC (ID#: _____)
Richard Saab
6 Contributor address; City; State; Zip Code
5713 Pebble Beach Dr. El Paso Texas

7 Amount of contribution (\$)

500

8 Principal occupation / Job title (See Instructions)
Real Estate & Construction

9 Employer (See Instructions)
Owner

Date

08/10/2020

Full name of contributor out-of-state PAC (ID#: _____)
Missy & Albert Aveytia
Contributor address; City; State; Zip Code
1414 Vista Allura, El Paso, TX 79936

Amount of contribution (\$)

500

Principal occupation / Job title (See Instructions)
Insurance Agent / Franchise Owner

Employer (See Instructions)
Franchise Owner - Allstate Insurance

Date

08/10/2020

Full name of contributor out-of-state PAC (ID#: _____)
Anna & Paul Rubalcaba
Contributor address; City; State; Zip Code
1604 Tommy Aaron, El Paso, TX 79936

Amount of contribution (\$)

500

Principal occupation / Job title (See Instructions)
President & Owner

Employer (See Instructions)
Owner - El Paso Scaffolding

Date

08/12/2020

Full name of contributor out-of-state PAC (ID#: _____)
Rosemary & Steven Lopez
Contributor address; City; State; Zip Code
1712 Mike Hill, El Paso, TX 79936

Amount of contribution (\$)

1000

Principal occupation / Job title (See Instructions)
Law Enforcement / Police Commander

Employer (See Instructions)
City of El Paso

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:
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2 FILER NAME

Mr. Henry Rivera

3 Filer ID (Ethics Commission Filers)

4 Date

08/12/2020

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

Adriana Lopez

6 Contributor address; City; State; Zip Code

1405 Rudy Montoya, El Paso, TX 79936

7 Amount of contribution (\$)

50

8 Principal occupation / Job title (See Instructions)

Transportation Logistics / Office Manager

9 Employer (See Instructions)

Freight Lines

Date

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

Amount of contribution (\$)

08/12/2020

Irma Ortiz

Contributor address; City; State; Zip Code

610 N. Lee Trevino Dr. El Paso, TX 79907

250

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

Date

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

Amount of contribution (\$)

08/13/2020

Luis Aguilar

Contributor address; City; State; Zip Code

1544 Sierra de Oro, El Paso, TX 79936

150

Principal occupation / Job title (See Instructions)

Law Enforcement / Constable

Employer (See Instructions)

County of El Paso

Date

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

Amount of contribution (\$)

08/20/2020

Linebarger, Goggan, Blair, Sampson, LLP

Contributor address; City; State; Zip Code

PO Box 17428, Austin TX 78760

500

Principal occupation / Job title (See Instructions)

Attorneys at Law

Employer (See Instructions)

Legal Firm

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:
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2 FILER NAME

Mr. Henry Rivera

3 Filer ID (Ethics Commission Filers)

4 Date

08/17/2020

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

L. Frederick Francis

6 Contributor address; City; State; Zip Code

500 N. Mesa, El Paso, TX

7 Amount of contribution (\$)

2500

8 Principal occupation / Job title (See Instructions)

Chairman and CEO

9 Employer (See Instructions)

WestStar Bank

Date

08/20/2020

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

Mathew & Lisa Meirtschinn

Contributor address; City; State; Zip Code

11005 Gary Player Dr. El Paso, TX 79936

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Retried Law Enforcement

Employer (See Instructions)

Retired

Date

08/24/2020

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

Jack T. Chapman

Contributor address; City; State; Zip Code

4765 River Creek, El Paso, TX

Amount of contribution (\$)

500

Principal occupation / Job title (See Instructions)

Attorney / General Counsel

Employer (See Instructions)

WestStar Bank

Date

08/24/2020

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

Hector Delgado

Contributor address; City; State; Zip Code

3113 Park North, El Paso, TX

Amount of contribution (\$)

500

Principal occupation / Job title (See Instructions)

Corporate, International Law, Finance Attorney at

Employer (See Instructions)

Bickerstaff, Heath, Delgado, Acota, LLP

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:
12

2 FILER NAME

Mr. Henry Rivera

3 Filer ID (Ethics Commission Filers)

4 Date

08/24/2020

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

6 Contributor address; City; State; Zip Code
411 Rim Rd. El Paso, TX

7 Amount of contribution (\$)

1000

8 Principal occupation / Job title (See Instructions)
CEO & Founder

9 Employer (See Instructions)
Transtelco

Date

08/24/2020

Full name of contributor out-of-state PAC (ID#: _____)
Maria F. Teran

Contributor address; City; State; Zip Code
4808 Villa Encanto, El Paso, TX

Amount of contribution (\$)

1000

Principal occupation / Job title (See Instructions)
CEO of Sierra Machinery, Inc.

Employer (See Instructions)
Sierra Machinery, Inc.

Date

08/24/2020

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

Contributor address; City; State; Zip Code
737 Camino Norte Ct. El Paso, Texas

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)
Vice President

Employer (See Instructions)
Pizza Properties, Inc.

Date

08/24/2020

Full name of contributor out-of-state PAC (ID#: _____)
J. Kirk Robinson

Contributor address; City; State; Zip Code
4445 N. Mesa, Ste 100 - El Paso, Texas

Amount of contribution (\$)

1500

Principal occupation / Job title (See Instructions)
Owner / Philanthropist

Employer (See Instructions)
Growing Pizza Properties

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:
12

2 FILER NAME

Mr. Henry Rivera

3 Filer ID (Ethics Commission Filers)

4 Date

08/26/2020

5 Full name of contributor out-of-state PAC (ID#: _____)
Demetrio Jimenez
.....
6 Contributor address; City; State; Zip Code
2502 E. Missouri Ave. Suite 200 El Paso TX

7 Amount of contribution (\$)

500

8 Principal occupation / Job title (See Instructions)
Co-owner

9 Employer (See Instructions)
Tropicana Properties

Date

08/25/2020

Full name of contributor out-of-state PAC (ID#: _____)
Gary Porras
.....
Contributor address; City; State; Zip Code
7181 Copperqueen Dr. El Paso Texas

Amount of contribution (\$)

250

Principal occupation / Job title (See Instructions)
Founder / Owner

Employer (See Instructions)
Garrick Electric Co.

Date

08/26/2020

Full name of contributor out-of-state PAC (ID#: _____)
Peter Moody
.....
Contributor address; City; State; Zip Code
2044 Trawood Dr. El Paso, TX 79936

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)
Executive Director

Employer (See Instructions)
Fred & Maria Loya YMCA

Date

08/26/2020

Full name of contributor out-of-state PAC (ID#: _____)
Bill Burton
.....
Contributor address; City; State; Zip Code
720 Waltham Ct. El Paso, TX

Amount of contribution (\$)

200

Principal occupation / Job title (See Instructions)
Chairman and CEO

Employer (See Instructions)
Owner - Mithoff Burton Partners

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:
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2 FILER NAME

Mr. Henry Rivera

3 Filer ID (Ethics Commission Filers)

4 Date

08/26/2020

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

Rachel Harracksingh

6 Contributor address; City; State; Zip Code

PO Box 26486 El Paso, TX

7 Amount of contribution (\$)

300

8 Principal occupation / Job title (See Instructions)

President

9 Employer (See Instructions)

Life Ambulance

Date

08/26/2020

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

Laura Rodriguez

Contributor address; City; State; Zip Code

500 N. Oregon, El Paso, TX

Amount of contribution (\$)

250

Principal occupation / Job title (See Instructions)

Principal and Founder

Employer (See Instructions)

Raben Group

Date

08/27/2020

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

Nicolas & Cecilia Dominguez

Contributor address; City; State; Zip Code

11352 HL Martinez Way, El Paso, TX

Amount of contribution (\$)

1000

Principal occupation / Job title (See Instructions)

Owner

Employer (See Instructions)

Vertical Communications

Date

08/28/2020

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

Douglas Schwartz

Contributor address; City; State; Zip Code

6080 Surety Dr. #300, El Paso, TX

Amount of contribution (\$)

1000

Principal occupation / Job title (See Instructions)

Real Estate / Owner

Employer (See Instructions)

Southwest Land Services

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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City Clerk Dept.
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
12

2 FILER NAME

Mr. Henry Rivera

3 Filer ID (Ethics Commission Filers)

4 Date

09/04/2020

5 Full name of contributor

Rogelio Lopez

out-of-state PAC (ID#: _____)

6 Contributor address; City; State; Zip Code

736 Colchester, El Paso, Texas

7 Amount of contribution (\$)

500

8 Principal occupation / Job title (See Instructions)

Senior Vice President

9 Employer (See Instructions)

IBI Builders

Date

08/31/2020

Full name of contributor

Richard Castro

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

3332 Wedgewood, El Paso, TX 79936

Amount of contribution (\$)

2500

Principal occupation / Job title (See Instructions)

Franchise Owner

Employer (See Instructions)

Castro Enterprises, Inc.

Date

08/31/2020

Full name of contributor

Robert L. Bowling IV

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

457 Clemente, El Paso, TX

Amount of contribution (\$)

2500

Principal occupation / Job title (See Instructions)

President

Employer (See Instructions)

Tropicana Building Corp.

Date

08/31/2020

Full name of contributor

Randall J. Bowling

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

6504 Contessa Ridge, El Paso, TX

Amount of contribution (\$)

2500

Principal occupation / Job title (See Instructions)

Owner

Employer (See Instructions)

Tropicana Home

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:
12

2 FILER NAME

Mr. Henry Rivera

3 Filer ID (Ethics Commission Filers)

4 Date

09/01/2020

5 Full name of contributor out-of-state PAC (ID#: _____)
TREPAC/TX Assoc. of Realtors
6 Contributor address; City; State; Zip Code
PO Box 2246, Austin, TX 78768

7 Amount of contribution (\$)

3000

8 Principal occupation / Job title (See Instructions)
PAC

9 Employer (See Instructions)
TX Assoc. of Realtors

Date

09/02/2020

Full name of contributor out-of-state PAC (ID#: _____)
Dan Olivas
Contributor address; City; State; Zip Code
240 Thunderbird Suite D, El Paso Texas

Amount of contribution (\$)

1000

Principal occupation / Job title (See Instructions)
Real Estate and Business / Owner

Employer (See Instructions)
Dan Olivas and Associates

Date

09/02/2020

Full name of contributor out-of-state PAC (ID#: _____)
Jose Padilla
Contributor address; City; State; Zip Code
7449 Umbria Dr. El Paso, TX

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)
Attorney at Law / Partner

Employer (See Instructions)
Linebarger, Goggan Blair, & Sampson

Date

09/07/2020

Full name of contributor out-of-state PAC (ID#: _____)
Stanley Jobe
Contributor address; City; State; Zip Code
PO Box 3318, El Paso, TX

Amount of contribution (\$)

1000

Principal occupation / Job title (See Instructions)
Owner

Employer (See Instructions)
Jobe Materials L.P.

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:
12

2 FILER NAME

Mr. Henry Rivera

3 Filer ID (Ethics Commission Filers)

4 Date

09/09/2020

5 Full name of contributor out-of-state PAC (ID#: _____)
John Guerrero
.....
6 Contributor address; City; State; Zip Code
2275 Bill Horn Way, El Paso, TX 79936

7 Amount of contribution (\$)

100

8 Principal occupation / Job title (See Instructions)
Law Enforcement Retired

9 Employer (See Instructions)
Retired

Date

09/09/2020

Full name of contributor out-of-state PAC (ID#: _____)
E.C. Houghton JR
.....
Contributor address; City; State; Zip Code
210 N. Campbell St. El Paso, TX

Amount of contribution (\$)

1000

Principal occupation / Job title (See Instructions)
Finance & Business / Owner

Employer (See Instructions)
Houghton Financial

Date

09/16/2020

Full name of contributor out-of-state PAC (ID#: _____)
Richard Aguilar
.....
Contributor address; City; State; Zip Code
444 Executive Center Blvd. El Paso, TX

Amount of contribution (\$)

1500

Principal occupation / Job title (See Instructions)
Real Estate / Owner

Employer (See Instructions)
EPT Land Communities

Date

09/09/2020

Full name of contributor out-of-state PAC (ID#: _____)
Abel Legaspy
.....
Contributor address; City; State; Zip Code
5757 Burning Tree, El Paso, TX

Amount of contribution (\$)

150

Principal occupation / Job title (See Instructions)
CEO

Employer (See Instructions)
Inno Strat Mgt.

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
12

2 FILER NAME

Mr. Henry Rivera

3 Filer ID (Ethics Commission Filers)

4 Date

09/09/2020

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

Isela Wells

6 Contributor address; City; State; Zip Code

11824 Stephanie Dr. El Paso, TX

7 Amount of contribution (\$)

500

8 Principal occupation / Job title (See Instructions)

Bookkeeper

9 Employer (See Instructions)

Self-Employed

Date

09/09/2020

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

Rose Lucero

Contributor address; City; State; Zip Code

7879 Clover Way, El Paso, TX

Amount of contribution (\$)

50

Principal occupation / Job title (See Instructions)

Project Manager

Employer (See Instructions)

EPISD

Date

09/18/2020

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

Rodolfo Escajeda

Contributor address; City; State; Zip Code

10641 Vista Lomas Dr. El Paso, TX

Amount of contribution (\$)

300

Principal occupation / Job title (See Instructions)

Veteran Restaurant Owner

Employer (See Instructions)

El Zarape Restaurant

Date

09/21/2020

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

The El Paso Assoc. of Fire Fighters Local 51

Contributor address; City; State; Zip Code

3112 Forney Dr. El Paso, TX 79935

Amount of contribution (\$)

2500

Principal occupation / Job title (See Instructions)

PAC

Employer (See Instructions)

PAC

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:
12

2 FILER NAME

Mr. Henry Rivera

3 Filer ID (Ethics Commission Filers)

4 Date

09/20/2020

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

Eileen Karlsruher

6 Contributor address; City; State; Zip Code

716 Maxie Marie, El Paso, TX

7 Amount of contribution (\$)

500

8 Principal occupation / Job title (See Instructions)

President

9 Employer (See Instructions)

CSA Design Group, Inc.

Date

09/24/2020

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

Oscar E. Venegas

Contributor address; City; State; Zip Code

Amount of contribution (\$)

250

Principal occupation / Job title (See Instructions)

Architect/Engineering/Construction/ Owner

Employer (See Instructions)

Vemac

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

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 (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 0	
2 FILER NAME Mr. Henry Rivera		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 7 Contributor address; City; State; Zip Code	8 Amount of Contribution \$	9 In-kind contribution description
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:

0

2 FILER NAME

Mr. Henry Rivera

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES

\$

5 Date

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

8 Amount of Pledge \$

9 In-kind contribution description

7 Pledgor address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

Date

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

Amount of Pledge \$

In-kind contribution description

Pledgor address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of Pledge \$

In-kind contribution description

Pledgor address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of Pledge \$

In-kind contribution description

Pledgor address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

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LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:
0

2 FILER NAME
Mr. Henry Rivera

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$

5 Date of loan

7 Name of lender out-of-state PAC (ID#: _____)

9 Loan Amount (\$)

6 Is lender a financial Institution?

Y N

8 Lender address; City; State; Zip Code

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral

none

15 Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address; City; State; Zip Code

not applicable

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

Name of lender out-of-state PAC (ID#: _____)

Loan Amount (\$)

Is lender a financial Institution?

Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

none

Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address; City; State; Zip Code

not applicable

Principal Occupation (See Instructions)

Employer (See Instructions)

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If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.

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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: 8	2 FILER NAME Mr. Henry Rivera	3 Filer ID (Ethics Commission Filers)
4 Date 07/21/2020	5 Payee name Google GSuite	
6 Amount (\$) 29.34	7 Payee address; City; State; Zip Code www.google.com Mountain View California	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertisement	(b) Description Social Media Platform
	(c) <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 Henry Rivera	Office sought COEP D7
		Office held COEP D7
Date 07/29/2020	Payee name Office Depot	
Amount (\$) 34.85	Payee address; City; State; Zip Code 1313 George Dieter, El Paso, TX 79936	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing	Description Printing
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Henry Rivera	Office sought COEP D7
		Office held COEP D7
Date 07/29/2020	Payee name Office Depot	
Amount (\$) 11.44	Payee address; City; State; Zip Code 1313 George Dieter, El Paso, TX 79936	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Supplies	Description Office Supplies
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Henry Rivera	Office sought COEP D7
		Office held COEP D7

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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: 8	2 FILER NAME Mr. Henry Rivera	3 Filer ID (Ethics Commission Filers)
4 Date 07/31/2020	5 Payee name Office Depot	
6 Amount (\$) 14.41	7 Payee address; City; State; Zip Code 1313 George Dieter Dr. El Paso, TX 79936	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Supplies	(b) Description Office Supplies
	(c) <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 Henry Rivera	Office sought COEP D7
		Office held COEP D7
Date 07/31/2020	Payee name GECU	
Amount (\$) 1	Payee address; City; State; Zip Code 11987 Rojas Dr. El Paso, TX 79936	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fee	Description Statement Fee
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Henry Rivera	Office sought COEP D7
		Office held COEP D7
Date 08/02/2020	Payee name Google GSuite	
Amount (\$) 4.49	Payee address; City; State; Zip Code www.google.com Mountain View, CA	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fee	Description Platform Fee
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Henry Rivera	Office sought COEP D7
		Office held COEP D7

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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: 8	2 FILER NAME Mr. Henry Rivera	3 Filer ID (Ethics Commission Filers)
4 Date 08/03/2020	5 Payee name Horizon Printing	
6 Amount (\$) 37.88	7 Payee address; City; State; Zip Code 1125 N. Zaragoza Rd. El Paso, TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Print Expense	(b) Description Printing
	(c) <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 Henry Rivera	Office sought COEP D7
		Office held COEP D&
Date 08/03/2020	Payee name Sam's Club	
Amount (\$) 81.04	Payee address; City; State; Zip Code 11360 Pellicano Dr. El Paso, TX 79936	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Supplies	Description Campaign Supplies
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Henry Rivera	Office sought COEP D7
		Office held COEP D7
Date 08/03/2020	Payee name Lili Ordonez	
Amount (\$) 1000	Payee address; City; State; Zip Code 800 Ross Ave. #4110, Dallas, TX	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertisement	Description Graphic Designs
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Henry Rivera	Office sought COEP D7
		Office held COEP D&

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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: 8	2 FILER NAME Mr. Henry Rivera	3 Filer ID (Ethics Commission Filers)
4 Date 08/05/2020	5 Payee name Fourtez Creative	
6 Amount (\$) 750	7 Payee address; City; State; Zip Code 310 N. Mesa	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertisement	(b) Description Web Development
	(c) <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 Henry Rivera	Office sought COEP D7
		Office held COEP D7
Date 08/07/2020	Payee name EIG Bluehost.com	
Amount (\$) 11.99	Payee address; City; State; Zip Code www.bluehost.com	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertisement	Description Web
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Henry Rivera	Office sought COEP D7
		Office held COEP D7
Date 08/07/2020	Payee name Chuy's	
Amount (\$) 36.43	Payee address; City; State; Zip Code 8889 Gateway Blvd. Ste 150, El Paso, TX	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food	Description Lunch for Volunteers
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Henry Rivera	Office sought COEP D7
		Office held COEP D7

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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: 8	2 FILER NAME Mr. Henry Rivera	3 Filer ID (Ethics Commission Filers)
4 Date 08/10/2020	5 Payee name David's Banners	
6 Amount (\$) 736.1	7 Payee address; City; State; Zip Code 9911 Carnegie Ave. El Paso, TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertisement	(b) Description Campaign Signs
	(c) <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 Henry Rivera	Office sought COEP D7
		Office held COEP D7
Date 08/17/2020	Payee name VAN	
Amount (\$) 505	Payee address; City; State; Zip Code 314 E. Highland Mall Blvd. #508, Austin, TX	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fee	Description Voter Platform
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Henry Rivera	Office sought COEP D7
		Office held COEP D7
Date 08/15/2020	Payee name Home Depot	
Amount (\$) 83.46	Payee address; City; State; Zip Code 11360 Rojas, El Paso, TX 79936	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Supplies	Description Fence stakes for signs
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Henry Rivera	Office sought COEP D7
		Office held COEP D7

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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: 8		2 FILER NAME Mr. Henry Rivera		3 Filer ID (Ethics Commission Filers)	
4 Date 08/18/2020		5 Payee name Office Depot			
6 Amount (\$) 46.12		7 Payee address; City; State; Zip Code 1313 George Dieter Dr. El Paso, TX			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Supplies		(b) Description Campaign Supplies		
	(c) <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 Henry Rivera		Office sought COEP D7	Office held COEP D7
Date 08/24/2020	Payee name David's Banners				
Amount (\$) 54.13	Payee address; City; State; Zip Code 9911 Carnegie Ave. El Paso, TX				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Supplies		Description H wire stakes for signs		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name Henry Rivera		Office sought COEP D7	Office held COEP D7
Date 08/31/2020	Payee name GECU				
Amount (\$) 1	Payee address; City; State; Zip Code 11987 Rojas Dr. El Paso, TX 79936				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fee		Description Statement Fee		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name Henry Rivera		Office sought COEP D7	Office held COEP D7

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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: 8	2 FILER NAME Mr. Henry Rivera	3 Filer ID (Ethics Commission Filers)
4 Date 09/02/2020	5 Payee name Smith Public Affairs	
6 Amount (\$) 2750	7 Payee address; City; State; Zip Code 219 E. Mills, El Paso, Texas	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising	(b) Description Campaign Fundraising
	(c) <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 Henry Rivera	Office sought COEP D7
		Office held COEP D7
Date 09/11/2020	Payee name Pay Pal	
Amount (\$) 114.05	Payee address; City; State; Zip Code www.paypal.com San Jose, CA	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fee	Description platform fee
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Henry Rivera	Office sought COEP D7
		Office held COEP D7
Date 09/11/2020	Payee name Office Depot	
Amount (\$) 132.28	Payee address; City; State; Zip Code 1313 George Dieter, El Paso, TX	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing	Description Print and Supplies
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Henry Rivera	Office sought COEP D7
		Office held COEP D7

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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: 8	2 FILER NAME Mr. Henry Rivera	3 Filer ID (Ethics Commission Filers)
4 Date 09/16/2020	5 Payee name El Paso Mail and Print Services	
6 Amount (\$) 5375.44	7 Payee address; City; State; Zip Code 1144 Vista de Oro, Suite A, El Paso, TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Print	(b) Description GOTV Mail and Print
	(c) <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 Henry Rivera	Office sought COEP D7
		Office held COEP D7
Date 09/22/2020	Payee name El Paso Mail and Print	
Amount (\$) 553.73	Payee address; City; State; Zip Code 1144 Vista De Oro, Suite A El Paso, TX	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Print	Description GOTV Print
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Henry Rivera	Office sought COEP D7
		Office held COEP D7
Date 09/24/2020	Payee name El Paso Mail and Print	
Amount (\$) 3583.44	Payee address; City; State; Zip Code 1144 Vista de Oro, Suite A El Paso, TX 79936	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Print	Description GOTV Mail and Print
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Henry Rivera	Office sought COEP D7
		Office held COEP D7

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UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(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) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: 0	2 FILER NAME Mr. Henry Rivera	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
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5 Date	6 Payee name
---------------	---------------------

7 Amount (\$)	8 Payee address; City; State; Zip Code
----------------------	---

9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
------------------------------	------------------------------------	--

10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
---------------------	------------------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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City Clerk Dept.
10/6/2020 9:53:29 AM

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F3:

0

2 FILER NAME

Mr. Henry Rivera

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom investment is purchased

6 Address of person from whom investment is purchased; City; State; Zip Code

7 Description of investment

8 Amount of investment (\$)

Date

Name of person from whom investment is purchased

Address of person from whom investment is purchased; City; State; Zip Code

Description of investment

Amount of investment (\$)

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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 0	2 FILER NAME Mr. Henry Rivera	3 Filer ID (Ethics Commission Filers)
--	---	--

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
--	----

5 Date	6 Payee name
---------------	---------------------

7 Amount (\$)	8 Payee address;	City;	State;	Zip Code
----------------------	-------------------------	-------	--------	----------

9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
------------------------------	------------------------------------	--

10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date	Payee name
------	------------

Amount (\$)	Payee address;	City;	State;	Zip Code
-------------	----------------	-------	--------	----------

TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
----------------------------	------------------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G: 1	2 FILER NAME Mr. Henry Rivera	3 Filer ID (Ethics Commission Filers)
--	--	--

4 Date 07/20/2020	5 Payee name City of El Paso
------------------------------------	---

6 Amount (\$) 250 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; 300 N. Campbell - City 1 - El Paso, TX City; State; Zip Code
--	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fee	(b) Description Candidate's Fee
	(c) <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 Henry Rivera	Office sought COEP D7	Office held COEP D7
--	--	---------------------------------	-------------------------------

Date	Payee name
------	------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
---	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date	Payee name
------	------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
---	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

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PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

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 H: 0	2 FILER NAME Mr. Henry Rivera	3 Filer ID (Ethics Commission Filers)
4 Date	5 Business name	
6 Amount (\$)	7 Business address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(c) <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	Business name	
Amount (\$)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: 0	2 FILER NAME Mr. Henry Rivera	3 Filer ID (Ethics Commission Filers)
--	--	--

4 Date	5 Payee name
---------------	---------------------

6 Amount (\$)	7 Payee address;	City	State	Zip Code
----------------------	-------------------------	------	-------	----------

8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)
---	---	---

Date	Payee name
------	------------

Amount (\$)	Payee address;	City	State	Zip Code
-------------	----------------	------	-------	----------

PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
-------------------------------	--	--

Date	Payee name
------	------------

Amount (\$)	Payee address;	City	State	Zip Code
-------------	----------------	------	-------	----------

PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
-------------------------------	--	--

Date	Payee name
------	------------

Amount (\$)	Payee address;	City	State	Zip Code
-------------	----------------	------	-------	----------

PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
-------------------------------	--	--

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City Clerk Dept.
10/6/2020 9:53:29 AM

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

0

2 FILER NAME

Mr. Henry Rivera

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom amount is received

8 Amount (\$)

6 Address of person from whom amount is received; City; State; Zip Code

7 Purpose for which amount is received Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received Check if political contribution returned to filer

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City Clerk Dept.
10/6/2020 9:53:29 AM

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.

1 Total pages Schedule T:
0

2 FILER NAME

Mr. Henry Rivera

3 Filer ID (Ethics Commission Filers)

4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

5 Contribution / Expenditure reported on:

- Schedule A2
 Schedule B
 Schedule B(J)
 Schedule C2
 Schedule D
 Schedule F1
 Schedule F2
 Schedule F4
 Schedule G
 Schedule H
 Schedule COH-UC
 Schedule B-SS

6 Dates of travel

7 Name of person(s) traveling

8 Departure city or name of departure location

9 Destination city or name of destination location

10 Means of transportation

11 Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

- Schedule A2
 Schedule B
 Schedule B(J)
 Schedule C2
 Schedule D
 Schedule F1
 Schedule F2
 Schedule F4
 Schedule G
 Schedule H
 Schedule COH-UC
 Schedule B-SS

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

- Schedule A2
 Schedule B
 Schedule B(J)
 Schedule C2
 Schedule D
 Schedule F1
 Schedule F2
 Schedule F4
 Schedule G
 Schedule H
 Schedule COH-UC
 Schedule B-SS

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

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10/6/2020 9:53:29 AM

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.
•• Complete only if "Report Type" on page 1 is marked "Final Report" ••

1 C/OH NAME

Mr. Henry Rivera

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

•• Complete A & B below *only* if you are not an officeholder. ••

A. CAMPAIGN FUNDS

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions.

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5 OFFICEHOLDER

•• Complete this section *only* if you are an officeholder ••

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder

City Clerk Dept.
10/6/2020 9:53:29 AM

Glendon, John K.

From: Rivera, Henry
Sent: Monday, October 5, 2020 10:26 PM
To: Nieman, Karla Mariana; Prine, Laura D
Cc: Gonzalez, Tommy; Fernandez, Daniel; City Clerk; District #7
Subject: 30th camp again report
Attachments: 1st page.pdf; total campaign finance contribution .pdf; msg not allowing me to upload.pdf; contributions first page .pdf; Screen Shot 2020-10-05 at 8.57.31 PM.pdf; Screen Shot 2020-10-05 at 8.57.11 PM.pdf

Mrs. Nieman and Ms. Prine,

Please note, that at 9:00 PM as I was ready to submit my 30th campaign finance report, due today before midnight, the system did not allow me to upload the report.

Due to the IT system malfunction, I have no recourse but to inform you and submit my report to you in order to comply with timely submittal of my 30th campaign finance report. I'm copying Mr. Daniel Fernandez, with IT, who tried to assist me tonight in uploading the report but even with his assistance, the system was non-responsive.

I was able to capture several screenshots validating my report's completion and message denying me to upload to the City's campaign finance portal. Please note that as of this afternoon the system was giving me problems and did not acknowledge my credentials to access the account.

Appreciate you acknowledging receipt of my 30th day report. I will continue to work with Mr. Fernandez tomorrow morning and try to gain access to the platform.

Respectfully,
HENRY RIVERA
City Representative - District 7