

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH**  
**COVER SHEET PG 1**

|   |   |   |   |           |        |                |  |             |  |
|---|---|---|---|-----------|--------|----------------|--|-------------|--|
| The C/OH Instruction Guide explains how to complete this form.                                  |   | <b>1 ACCOUNT #</b><br>(Ethics Commission Filers)  | <b>2 Total pages filed:</b><br><div style="text-align: center; font-size: 2em;">5</div> |           |        |                |  |             |  |
| <b>3 CANDIDATE / OFFICEHOLDER NAME</b>  | MS/MRS/MR <input checked="" type="radio"/> MR      FIRST      MI<br>NICKNAME      LAST      SUFFIX<br><div style="text-align: center; font-size: 1.5em;">Mary Ann<br/>Rivera</div>  | <b>OFFICE USE ONLY</b><br>Date Received<br><div style="text-align: center; font-size: 1.5em;">FEB 24 2014</div> Date Hand-delivered or Postmarked<br><div style="text-align: center; font-size: 1.5em;">Milla</div> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;">Receipt #</td> <td style="width:50%; padding: 2px;">Amount</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Date Processed</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Date Imaged</td> </tr> </table> |   | Receipt # | Amount | Date Processed |  | Date Imaged |  |
| Receipt #   | Amount  |   |   |           |        |                |  |             |  |
| Date Processed  |   |   |   |           |        |                |  |             |  |
| Date Imaged   |   |   |   |           |        |                |  |             |  |
| <b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b><br><input type="checkbox"/> change of address | ADDRESS / PO BOX;      APT / SUITE #;      CITY;      STATE;      ZIP CODE<br>p.o. Box 241      Bloomington Tx      77951   |   |   |           |        |                |  |             |  |
| <b>5 CANDIDATE / OFFICEHOLDER PHONE</b>   | AREA CODE      PHONE NUMBER      EXTENSION<br>(361) 897-1579  |   |   |           |        |                |  |             |  |
| <b>6 CAMPAIGN TREASURER NAME</b>  | MS / MRS / MR <input checked="" type="radio"/> MR      FIRST      MI<br>NICKNAME      LAST      SUFFIX<br>Lupe      Rivera      Jr.   |   |   |           |        |                |  |             |  |
| <b>7 CAMPAIGN TREASURER ADDRESS (residence or business)</b>                                     | STREET ADDRESS (NO PO BOX PLEASE);      APT / SUITE #;      CITY;      STATE;      ZIP CODE<br>258 Grand St.      Placedo Tx      77977   |   |   |           |        |                |  |             |  |
| <b>8 CAMPAIGN TREASURER PHONE</b>   | AREA CODE      PHONE NUMBER      EXTENSION<br>(361) 920-8136  |   |   |           |        |                |  |             |  |
| <b>9 REPORT TYPE</b>  | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)<br><input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR) |   |   |           |        |                |  |             |  |
| <b>10 PERIOD COVERED</b>  | Month      Day      Year      THROUGH      Month      Day      Year<br>01 / 24 / 14      THROUGH      02 / 24 / 14  |   |   |           |        |                |  |             |  |
| <b>11 ELECTION</b>  | ELECTION DATE<br>Month      Day      Year<br>03 / 04 / 14   | ELECTION TYPE<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special  |   |           |        |                |  |             |  |
| <b>12 OFFICE</b>  | OFFICE HELD (if any)  | <b>13 OFFICE SOUGHT (if known)</b><br>Justice of the Peace, Precinct 1  |   |           |        |                |  |             |  |

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

**14 C/OH NAME** Mary Ann Rivera **15 ACCOUNT #** (Ethics Commission Filers)

**16 NOTICE FROM POLITICAL COMMITTEE(S)**

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

|  |                |                                      |
|--|----------------|--------------------------------------|
| <input type="checkbox"/> GENERAL<br><br><input type="checkbox"/> SPECIFIC<br><br><input type="checkbox"/> additional pages | COMMITTEE TYPE | COMMITTEE NAME                       |
|  |                | COMMITTEE ADDRESS                    |
|  |                | COMMITTEE CAMPAIGN TREASURER NAME    |
|  |                | COMMITTEE CAMPAIGN TREASURER ADDRESS |

|                                |   |             |
|--------------------------------|---|-------------|
| <b>17 CONTRIBUTION TOTALS</b>  | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$          |
|                                | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                  | \$ 750.00   |
| <b>EXPENDITURE TOTALS</b>      | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED   | \$          |
|                                | 4. TOTAL POLITICAL EXPENDITURES   | \$ 1,841.06 |
| <b>CONTRIBUTION BALANCE</b>    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD                                    | \$          |
| <b>OUTSTANDING LOAN TOTALS</b> | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD                         | \$ 700.00   |

**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.

Mary Ann Rivera  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Mary Ann Rivera, this the 24 day of Feb, 2014, to certify which, witness my hand and seal of office.

Margeth Hill Margeth Hill Notary  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

|   |  |  |   |
|---|--|--|---|
| The Instruction Guide explains how to complete this form. |  | 1 Total pages Schedule A: /                      |   |
| 2 FILER NAME<br><i>Mary Ann Rivera</i>                    |  | 3 ACCOUNT # (Ethics Commission Filers)           |   |
| 4 Date<br><i>1-9-14</i>                                   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>Emmett Alvarez (Revista)</i><br>6 Contributor address; City; State; Zip Code<br><i>P.O. Box 1412 Victoria Tx 77902</i> | 7 Amount of contribution (\$)<br><i>\$150.00</i> | 8 In-kind contribution description (if applicable)<br><i>the use of 2 colors for ad in paper.</i> |
| 9 Principal occupation / Job title (See Instructions)     |  | 10 Employer (See Instructions)                   |   |
| Date<br><i>1-26-14</i>                                    | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>Rodriguez Investment Group</i><br>Contributor address; City; State; Zip Code<br><i>P.O. Box 2241 Victoria, Tx 77902</i>  | Amount of contribution (\$)<br><i>\$500.00</i>   | In-kind contribution description (if applicable)  |
| Principal occupation / Job title (See Instructions)       |  | Employer (See Instructions)                      |   |
| Date<br><i>1-26-14</i>                                    | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>David + Kathy Escalante</i><br>Contributor address; City; State; Zip Code<br><i>P.O. Box 778 Bloomington Tx 77951</i>    | Amount of contribution (\$)<br><i>\$100.00</i>   | In-kind contribution description (if applicable)  |
| Principal occupation / Job title (See Instructions)       |  | Employer (See Instructions)                      |   |
| Date  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Contributor address; City; State; Zip Code  | Amount of contribution (\$)                      | In-kind contribution description (if applicable)  |
| Principal occupation / Job title (See Instructions)       |  | Employer (See Instructions)                      |   |
| Date  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Contributor address; City; State; Zip Code  | Amount of contribution (\$)                      | In-kind contribution description (if applicable)  |
| Principal occupation / Job title (See Instructions)       |  | Employer (See Instructions)                      |   |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# LOANS

# SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

1

2 FILER NAME

Mary Ann Rivera

3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$

5 Date of loan

1-31-14

7 Name of lender

Lupe Rivera Jr.

out-of-state PAC (ID#: \_\_\_\_\_)

9 Loan Amount (\$)

\$ 700.00

6 Is lender a financial institution?

Y  N

8 Lender address; City; State; Zip Code

258 Grand St. Placedo, Tx 77977

10 Interest rate

0

11 Maturity date

None

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

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

not applicable

18 Guarantor address; City; State; Zip Code

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

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

not applicable

Guarantor address; City; State; Zip Code

Principal Occupation (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

|                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

|                                       |  |   |
|---------------------------------------|--|---|
| <b>1</b> Total pages Schedule F:<br>1 | <b>2</b> FILER NAME<br>Mary Ann Rivera | <b>3</b> ACCOUNT # (Ethics Commission Filers) |
|---------------------------------------|--|---|

|                          |                              |
|--------------------------|------------------------------|
| <b>4</b> Date<br>1-27-14 | <b>5</b> Payee name<br>Lowes |
|--------------------------|------------------------------|

|                                 |   |
|---------------------------------|---|
| <b>6</b> Amount (\$)<br>\$24.52 | <b>7</b> Payee address; City; State; Zip Code<br>8602 N. Navarro St. Victoria, Tx 77904 |
|---------------------------------|---|

|                                 |   |   |
|---------------------------------|---|---|
| <b>8</b> PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule)<br>Advertising Expense | (b) Description (If travel outside of Texas, complete Schedule T)<br>1/4" x 4x8 utility panes (3) |
|---------------------------------|---|---|

|  |  |  |             |
|--|--|--|-------------|
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name<br>Mary Ann Rivera | Office sought<br>Justice of the Peace Pet. 1 | Office held |
|--|--|--|-------------|

|                 |                                   |
|-----------------|-----------------------------------|
| Date<br>1-30-14 | Payee name<br>Revista de Victoria |
|-----------------|-----------------------------------|

|                         |  |
|-------------------------|--|
| Amount (\$)<br>\$525.00 | Payee address; City; State; Zip Code<br>P.O. Box 1412 Victoria, Tx 77902 |
|-------------------------|--|

|                        |   |   |
|------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule)<br>Advertising Expenditure | Description (If travel outside of Texas, complete Schedule T)<br>4x5 full color February Ad |
|------------------------|---|---|

|   |  |  |             |
|---|--|--|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name<br>Mary Ann Rivera | Office sought<br>Justice of the Peace Pet. 1 | Office held |
|---|--|--|-------------|

|                 |  |
|-----------------|--|
| Date<br>1-31-14 | Payee name<br>Eclipse Tinting & Auto Glass |
|-----------------|--|

|                          |   |
|--------------------------|---|
| Amount (\$)<br>\$1216.54 | Payee address; City; State; Zip Code<br>P.O. Box 1710 Port Lavaca, Tx 77979 |
|--------------------------|---|

|                        |   |   |
|------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule)<br>Advertising Expense | Description (If travel outside of Texas, complete Schedule T)<br>Signs and T-Shirts |
|------------------------|---|---|

|   |  |  |             |
|---|--|--|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name<br>Mary Ann Rivera | Office sought<br>Justice of the Peace Pet. 1 | Office held |
|---|--|--|-------------|

|                |   |
|----------------|---|
| Date<br>2-5-14 | Payee name<br>VEHS Titans Baseball Booster Club c/o Jean Fisher |
|----------------|---|

|                        |  |
|------------------------|--|
| Amount (\$)<br>\$75.00 | Payee address; City; State; Zip Code<br>623 Wood Hi Rd, Victoria, Tx 77905 |
|------------------------|--|

|                        |   |  |
|------------------------|---|--|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule)<br>Advertising Expense | Description (If travel outside of Texas, complete Schedule T)<br>1/4 page Ad |
|------------------------|---|--|

|   |  |  |             |
|---|--|--|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name<br>Mary Ann Rivera | Office sought<br>Justice of the Peace Pet. 1 | Office held |
|---|--|--|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED