



# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

14 C/OH NAME

15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

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

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

17 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ - 0 -

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

\$ 4840<sup>00</sup>

EXPENDITURE  
TOTALS

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

\$ 364<sup>22</sup>

4. TOTAL POLITICAL EXPENDITURES

\$ 13,529.39

CONTRIBUTION  
BALANCE

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

\$ 4,241.01

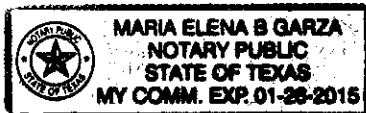
OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 40,000.00

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.



*[Handwritten Signature]*  
\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Joe G. Rivera, this the 15<sup>th</sup> day of January, 20 15, to certify which, witness my hand and seal of office.

*[Handwritten Signature]*  
\_\_\_\_\_  
Signature of officer administering oath

Maria Elena Garza  
Printed name of officer administering oath

Notary Public  
Title of officer administering oath

# PLEGGED CONTRIBUTIONS

# SCHEDULE B

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES:   ⇒   ⇒   ⇒   ⇒   ⇒   ⇒			\$
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)  7 Pledgor address;      City; State; Zip Code	8 Amount of pledge (\$)	9 In-kind description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Pledgor address;      City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Pledgor address;      City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Pledgor address;      City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Pledgor address;      City; State; Zip Code	Amount of pledge (\$)	In-kind 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 SCHEDULE AS NEEDED**

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

4840

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 1-2	
2 FILER NAME JOE G. RIVERA		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/21/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MICHAEL A. RIVERA	7 Amount of contribution (\$) 150 <sup>00</sup>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 3406 RIVER NORTH DR. SAN ANTONIO, TX. 78230		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) HAIR DRESSER		10 Employer (See Instructions) SELF EMPLOYED	
Date 10/23/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DAVID LAMAR GARCIA	Amount of contribution (\$) 50 <sup>00</sup>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. BOX 532 HARLINGEN, TX		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/28/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JOE G., DELIA & OFILIA RIVERA	Amount of contribution (\$) 1,500 <sup>00</sup>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 34 LANGAN BROWNSVILLE, TX 78521		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)	
Date 10/28/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: REY E. ESQUIVEL	Amount of contribution (\$) \$ 2,000	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. BOX 822 HARLINGEN, TX 78551		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) BAIL BONDSMAN		Employer (See Instructions)	
Date 10/28/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MADHAVAN PICHARDI, M.D.	Amount of contribution (\$) 250 <sup>00</sup>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3475 W. ALTON GLOOR BROWNSVILLE, TX 78521		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) DOCTOR		Employer (See Instructions)	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>2 - 2</b>	
2 FILER NAME <b>JOE G. RIVERA</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>11/03/14</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>RANDY WHITTENTON</b>	7 Amount of contribution (\$) <b>250<sup>00</sup></b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>2014 E. HARRISON HARRLINGEN, TX 78550</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <b>ATTORNEY</b>		10 Employer (See Instructions)	
Date <b>11/03/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>M. HINOJOSA</b>	Amount of contribution (\$) <b>300<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>4826 ORCHID DR. Brownsville</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>11/10/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>JOE ERNEST RIVERA</b>	Amount of contribution (\$) <b>340<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>1353 LOCHALINE LOOP Pflugerville, TX 78660</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>STATE EMPLOYEE 14 MY SON</b>		Employer (See Instructions) <b>ATTORNEY GEN OF TEXAS -</b>	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

**ATTACH ADDITIONAL COPIES OF THIS 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

JOE G. RIVERA

3 ACCOUNT # (Ethics Commission Filers)

4

TOTAL OF UNITEMIZED LOANS: = = = = = = =  
FUNDS OBTAIN FROM VALIC SAVINGS ACCT.

\$ 10,000

5 Date of loan

10/27/14

7 Name of lender

JOE G. RIVERA d OFILIA RIVERA

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

9 Loan Amount (\$)

5,000

6 Is lender a financial institution?

Y  N

8 Lender address; City; State; Zip Code

34 LANGAN  
BROWNSVILLE, TX 78521

10 Interest rate

- 0 -

11 Maturity date

12 Principal occupation / Job title (See Instructions)

COUNTY CLERK

13 Employer (See Instructions)

CAMERON COUNTY

14 Description of Collateral

none

15 Check if personal funds were deposited into political account

16 GUARANTOR INFORMATION

not applicable

17 Name of guarantor

18 Guarantor address; City; State; Zip Code

19 Amount Guaranteed (\$)

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

11/07/14

Name of lender

JOE G. d OFILIA RIVERA

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

Loan Amount (\$)

5,000

Is lender a financial institution?

Y  N

Lender address; City; State; Zip Code

34 LANGAN  
BROWNSVILLE, TX 78521

Interest rate

- 0 -

Maturity date

Principal occupation / Job title (See Instructions)

COUNTY CLERK

Employer (See Instructions)

CAMERON COUNTY

Description of Collateral

none

Check if personal funds were deposited into political account

GUARANTOR INFORMATION

not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

Amount Guaranteed (\$)

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       | Printing Expense              | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                |                               | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 1 - 6		2 FILER NAME JOE G. RIVERA		3 ACCOUNT # (Ethics Commission Filers) #	
4 Date 9/20/14		5 Payee name CASA			
6 Amount (\$) 100 <sup>00</sup>		7 Payee address; City; State; Zip Code 647 E. ST. CHARLES BROWNSVILLE, TX 78520			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE		(b) Description (If travel outside of Texas, complete Schedule T) CASINO NIGHT EVENT	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name JOE G. RIVERA		Office sought Co. Judge	
Date 9/21/14		Payee name TODD & ASSOC.			
Amount (\$) 3500 <sup>00</sup>		Payee address; City; State; Zip Code 1117 N. MAIN MCALLEN, TX			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) CONSULTING EXPENSE		Description (If travel outside of Texas, complete Schedule T) ADVERTISING	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name JOE G. RIVERA		Office sought Co. Judge	
Date 9/17/14		Payee name HOME DEPOT			
Amount (\$) 280 <sup>00</sup>		Payee address; City; State; Zip Code 4551 PADRE ISLAND HWY BROWNSVILLE, TX 78521			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name JOE G. RIVERA		Office sought Co. Judge	
Date 9/16/14		Payee name KNIGHTS OF COLUMBUS / HANLINGEN			
Amount (\$) 100 <sup>00</sup>		Payee address; City; State; Zip Code E. HANLISON ST. HANLINGEN, TX 78550			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) ADVERTISING / FISHING TOUR		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name JOE G. RIVERA		Office sought Co. Judge	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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.

1 Total pages Schedule F: 2-6		2 FILER NAME JOE G. RIVERA		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/12/14		5 Payee name STRIPES GAS			
6 Amount (\$) 50 <sup>21</sup>		7 Payee address; City; State; Zip Code Brownsville, TX 78521			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) TRAVEL IN DISTRICT		(b) Description (If travel outside of Texas, complete Schedule T)	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name JOE G. RIVERA		Office sought Co. Judge	
Date 10/14/14		Payee name HEB - GAS			
Amount (\$) 67 <sup>21</sup>		Payee address; City; State; Zip Code 802 4 PAREDES LINE RD Brownsville, TX 78521			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) TRAVEL IN DISTRICT		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name JOE G. RIVERA		Office sought Co. Judge	
Date 10/20/14		Payee name THE GRAPHIC SPOT			
Amount (\$) 216 <sup>50</sup>		Payee address; City; State; Zip Code 74 SOUTH PRICE RD. Brownsville, TX 78521			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) ADVERTISING		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name JOE G. RIVERA		Office sought Co. Judge	
Date 10/24/14		Payee name <del>STRIPES</del> STRIPES GAS			
Amount (\$) 67 <sup>93</sup>		Payee address; City; State; Zip Code SAM HOUSTON ST SAN BENITO, TX			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) TRAVEL IN DISTRICT		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name JOE G. RIVERA		Office sought Co. Judge	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

401.85



**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.

1 Total pages Schedule F: <b>3-6</b>		2 FILER NAME <b>JOE G. RIVERA</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>10/28/14</b>		5 Payee name <b>THE BROWNSVILLE HERALD</b>			
6 Amount (\$) <b>675.00</b>		7 Payee address; City; State; Zip Code <b>1135 E. VAN BUREN BROWNSVILLE, TX 78520</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>ADVERTISING</b>		(b) Description (If travel outside of Texas, complete Schedule T)	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>JOE G. RIVERA</b>		Office sought <b>Co. Judge</b>	
Date <b>10/28/14</b>		Payee name <b>SAN BENITO NEWS</b>			
Amount (\$) <b>520.00</b>		Payee address; City; State; Zip Code <b>356 N. SAM HOUSTON SAN BENITO, TX 78586</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>ADVERTISING</b>		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>JOE G. RIVERA</b>		Office sought <b>Co. Judge</b>	
Date <b>10/28/14</b>		Payee name <b>H.E.B GAS</b>			
Amount (\$) <b>64.00</b>		Payee address; City; State; Zip Code <b>FRONTAGE RD HAMLINSEN, TX</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>TRAVEL IN DISTRICT</b>		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>JOE G. RIVERA</b>		Office sought <b>Co. Judge</b>	
Date <b>11/01/14</b>		Payee name <b>THE VERMILION</b>			
Amount (\$) <b>164.57</b>		Payee address; City; State; Zip Code <b>115 PAREDES LINE RD BROWNSVILLE, TX 78521</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>FOOD + BEVERAGE</b>		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>JOE G. RIVERA</b>		Office sought <b>Co. Judge</b>	

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <b>A-6</b>		2 FILER NAME <b>JOE G. RIVERA</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>11/03/14</b>		5 Payee name <b>RODD &amp; ASSOC.</b>			
6 Amount (\$) <b>825.00</b>		7 Payee address; City; State; Zip Code <b>1117 N. MAIN MC ALLEN, TX</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>Advertising</b>		(b) Description (If travel outside of Texas, complete Schedule T)	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>JOE G. RIVERA</b>		Office sought <b>Co. Judge</b>	
Date <b>11/03/14</b>		Payee name <b>THE CORNER STORE</b>			
Amount (\$) <b>59.00</b>		Payee address; City; State; Zip Code <b>SAN BENITO, TX</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>FOOD &amp; BEV.</b>		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>JOE G. RIVERA</b>		Office sought <b>Co. Judge</b>	
Date <b>11/04/14</b>		Payee name <b>Brownsville, Herald</b>			
Amount (\$) <b>667.44</b>		Payee address; City; State; Zip Code <b>1135 E. VAN BUREN Brownsville, TX 78520</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Advertising</b>		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>JOE G. RIVERA</b>		Office sought <b>Co. Judge</b>	
Date <b>11/04/14</b>		Payee name <b>LOS MISMOS RESTAURANT</b>			
Amount (\$) <b>160.30</b>		Payee address; City; State; Zip Code <b>4940 N. EXPRESSWAY Brownsville, TX 78521</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>JOE G. RIVERA</b>		Office sought <b>Co. Judge</b>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**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.

1 Total pages Schedule F: <b>5 - 6</b>		2 FILER NAME <b>JOE G. RIVERA</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>11/04/14</b>		5 Payee name <b>VICC</b>			
6 Amount (\$) <b>431.48</b>		7 Payee address; City; State; Zip Code <b>95 Country Club Rd Brownsville, TX 78520</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>FOOD &amp; BEVERAGES</b>		(b) Description (If travel outside of Texas, complete Schedule T)	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>JOE G. RIVERA</b>		Office sought <b>Co. Judge</b>	
Date <b>11/08/14</b>		Payee name <b>STRIPES / GAS</b>			
Amount (\$) <b>65.01</b>		Payee address; City; State; Zip Code <b>FRONTAGE Rd &amp; Ed Carey Dr HALLINGEN, TX</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>TRAVEL IN DISTRICT</b>		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>JOE G. RIVERA</b>		Office sought <b>Co. Judge</b>	
Date <b>11/21/14</b>		Payee name <b>MAP CONSULTANTS</b>			
Amount (\$) <b>5,000.00</b>		Payee address; City; State; Zip Code <b>2400 S. 4TH AUSTIN, TX 78704</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>CONSULTING / ADVERTISING</b>		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>JOE G. RIVERA</b>		Office sought <b>Co. Judge</b>	
Date <b>11/21/14</b>		Payee name <b>LOTUS CAFE</b>			
Amount (\$) <b>99.95</b>		Payee address; City; State; Zip Code <b>905 N. EXPRESSWAY Brownsville, TX 78520</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>FOOD &amp; BEVERAGES</b>		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>JOE G. RIVERA</b>		Office sought <b>Co. Judge</b>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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: 6-6	<b>2</b> FILER NAME JOE G. RIVERA	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 12/08/14	<b>5</b> Payee name Gloria Canales Folklonic	
<b>6</b> Amount (\$) 150 <sup>00</sup>	<b>7</b> Payee address; City; State; Zip Code 1415 MAPLE COURT HAMLINGEN, TX 78550	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Advertising (Program Book Ad)	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T)
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name JOE G. RIVERA	Office sought Co. Judge
Date 12/16/14	Payee name ANITA'S TORTILLERIA	
Amount (\$) 80 <sup>00</sup>	Payee address; City; State; Zip Code 603 E. Jefferson Brownsville, TX 78520	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD & BEVERAGES	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name JOE G. RIVERA	Office sought Co. Judge
Date 12/16/14	Payee name TODDLE INN	
Amount (\$) 89 <sup>74</sup>	Payee address; City; State; Zip Code 1740 CENTRAL BLVD Brownsville, TX 78520	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD & BEVERAGES	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name JOE G. RIVERA	Office sought Co. Judge
Date 12/30/14	Payee name STAPLES	
Amount (\$) 95 <sup>99</sup>	Payee address; City; State; Zip Code 2436 Pablo Kiesel Brownsville, TX 78521	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name JOE G. RIVERA	Office sought Co. Judge

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED