

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME

16 ACCOUNT # (Ethics Commission filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

**** This box is for notice of political expenditures 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

additional pages

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

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)

\$ 7,275.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 14,585.83

CONTRIBUTION BALANCE

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

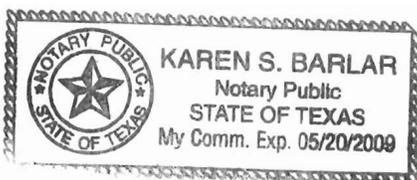
\$ 93,406.57

OUTSTANDING LOAN TOTALS

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

\$ 9,460.07

19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Robert Chack, this the 4th day of May, 20 07, to certify which, witness my hand and seal of office.

Karen S. Barlar Karen S. Barlar Notary

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 <i>ROBERT N. CLUCK, M.D.</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>4/4/07</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>GARY WALKER</i>	7 Amount of contribution (\$) <i>900.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>101 W. RANDOL MILL RD, STE 120 ARL, TX 76011</i>			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>4/10/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>HERMAN BOSWELL</i>	Amount of contribution (\$) <i>1,000.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1718 S. COOPER ST. ARL, TX 76013</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>3/23/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>PERRY A. PILLON</i>	Amount of contribution (\$) <i>3,000.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>6350 BAKER BLVD. FT. WORTH, TX 76118</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4/11/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>LEWIS</i>	Amount of contribution (\$) <i>25.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2110 CRESTWOOD TRAIL MANSFIELD, TX 76063</i>			
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			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)	
4 Date 4/4/07	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GARY WALKER	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code WALKON PROPERTIES 101 W. RANDOL MILL RD ARL., TX. 76011			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4/18/07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KEN + BUNNY FLOYD	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2611 AUGUSTA LN. ARL., TX 76012			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MELINDA CHENEY MATHES	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 25 HIGHLAND PARK VILLAGE STE 100-751 DALLAS, TX 75205			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/23/07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KATHERINE C. MATHES	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5722 W. AMHERST DALLAS, TX 75209			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/15/07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) W. ADAMS	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1903 CENTRAL DR. STE. 700 BEDFORD, TX 76021			
Principal occupation / Job title (See Instructions)		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:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

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

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

4/27/07

LAWRENCE B.

6 Contributor address; City; State; Zip Code
2121 SAN JACINTO ST., STE. 1870
DALLAS, TX 75201

\$1,000.00

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

4/18/07

RICHARD DAVIS

Contributor address; City; State; Zip Code
HAMMER + NAILS CLUB
6464 BRENTWOOD STAIR RD., STE. 100
FT. WORTH, TX 76112

\$500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule F:

2 FILER NAME **DR. ROBERT N. CLUCK** 3 ACCOUNT # (Ethics Commission filers)

4 Date 4/18/07	5 Payee name MURPHY TURNER & ASSOC	7 Amount (\$) \$ 326.16
6 Payee address; City; State; Zip Code 816 CONGRESS AVE., STE. 1160 AUSTIN, TX 78701		

8 Purpose of payment (See instructions regarding type of information required.)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 4/27/07	Payee name MURPHY TURNER & ASSOC	Amount (\$) 1,259.67
Payee address; City; State; Zip Code 816 CONGRESS AVE., STE. 1160 AUSTIN, TX 78701		

Purpose of payment (See instructions regarding type of information required.)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	--

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

Purpose of payment (See instructions regarding type of information required.)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	--

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

Purpose of payment (See instructions regarding type of information required.)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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