

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #  
(Ethics Commission filers)

2 Total pages filed:

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

MI

DR

ROBERT

N.

NICKNAME

LAST

SUFFIX

BOB

CLUCK

MD

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked:

Receipt #

Amount

Date Processed

Date Imaged

07 JUN 16 PM 12:40  
 RECEIVED - CSO

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

5820 BAY CLUB DRIVE

ARLINGTON, TX 76013

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817) 265-6777

CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

BAILEY

RUFF

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

4102 SHADY VALLEY DR.

ARLINGTON, TX 76013

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817) 265-1226

9 REPORT TYPE

January 15

30th day before election

Runoff

15th day after campaign treasurer appointment (officeholder only)

July 15

8th day before election

Exceeded \$500 limit

Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year

THROUGH

Month Day Year

4 / 12 / 07

7 / 15 / 07

11 ELECTION

ELECTION DATE

Month Day Year

ELECTION TYPE

Primary

Runoff

General

Special

12 OFFICE

OFFICE HELD (if any)

MAYOR

CITY OF ARLINGTON

13 OFFICE SOUGHT (if known)

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

\*\* Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. \*\*

Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code

additional pages

GO TO PAGE 2

# 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

18 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)

\$ 3600.00

EXPENDITURE TOTALS

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

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 17,076.97

CONTRIBUTION BALANCE

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

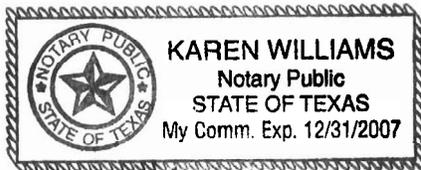
\$ 78,394.27

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.

*[Handwritten Signature]*

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Robert N. Cluck, this the 16<sup>th</sup> day of July, 2007, to certify which, witness my hand and seal of office.

*[Handwritten Signature]*

Signature of officer administering oath

Karen Williams

Printed name of officer administering oath

Notary

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		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>4/13/07</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>JOHN C. MATHES</b>	7 Amount of contribution (\$) <b>100.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>5504 W. UNIVERSITY BLVD DALLAS, TX 75209</b>			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>4/13/07</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>DANIEL A. FULLER, JR</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>4205 BRYN MAWR DR. DALLAS, TX 75225</b>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>4/17/07</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>DAVID C. WILSON</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>2525 MCKINNON ST., STE. 700 DALLAS, TX 75201</b>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>4/23/07</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>WENDY LOPEZ</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>1825 MARKET CENTER BLVD., STE. 150 DALLAS, TX 75207</b>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>4/29/07</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>DR. R.G. WICK ALEXANDER</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>840 W. MITCHELL ST. ARLINGTON, TX 76013</b>			
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 5/2/07	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>LINDA PAVLIK</b> 6 Contributor address; City; State; Zip Code <b>115 W. 2ND ST., STE. 210 FT. WORTH, TX 76102</b>	7 Amount of contribution (\$) <b>250.00</b>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 5/2/07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>KEVIN VAN HOANG</b> Contributor address; City; State; Zip Code <b>3330 MATLOCK RD., STE 200 ARL., TX 76015</b>	Amount of contribution (\$) <b>150.00</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/6/07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>DIANE P. PATRICK</b> Contributor address; City; State; Zip Code <b>4000 SHADY VALLEY CT. ARL., TX 76013</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date /07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>ANDY NGUYEN</b> Contributor address; City; State; Zip Code <b>5520 BRAZORIA DR. PRAIRIE, TX 75052</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/10/07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>ROBERT CARTER AUSTIN</b> Contributor address; City; State; Zip Code <b>P.O. BOX 461347 GARLAND, TX 75046</b>	Amount of contribution (\$) <b>2500.00</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
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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 <b>DR. ROBERT N. CLUCK</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>5/7/07</b>	5 Payee name <b>MURPHY TURNER + ASSOC.</b> 6 Payee address; City; State; Zip Code	7 Amount (\$) <b>12,834.69</b>
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
Date <b>5/10/07</b>	Payee name <b>MURPHY TURNER + ASSOC</b> Payee address; City; State; Zip Code	Amount (\$) <b>1,271.73</b>
Purpose of payment (See instructions regarding type of information required.)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name      Office sought      Office held
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name      Office sought      Office held
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name      Office sought      Office held

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