

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: 4
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR DR. NICKNAME BOB	FIRST ROBERT LAST CLUCK	OFFICE USE ONLY <hr/> Date Received Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 5820 BAY CLUB DRIVE ARLINGTON, TX 76013		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 265-6777		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MR NICKNAME	FIRST BAILEY LAST 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	<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) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 1/15/08 7/14/08		
11 ELECTION	ELECTION DATE Month Day Year / /	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) CITY OF ARLINGTON	13 OFFICE SOUGHT (if known)	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	.. 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		

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

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

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)

\$ 250.00

EXPENDITURE TOTALS

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

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 1,500.00

CONTRIBUTION BALANCE

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

\$ 76,544.27

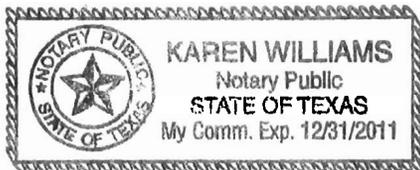
OUTSTANDING LOAN TOTALS

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

\$ 9,460.07

19 AFFIDAVIT

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 16, Election Code.



AFFIX NOTARY STAMP / SEAL ABOVE

Robert N. Cluck
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Robert N. Cluck, this the 14th day of July, 2008, to certify which, witness my hand and seal of office.

Karen Williams Karen Williams

Signature of officer administering oath

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

ROBERT N. CLUCK

3 ACCOUNT # (Ethics Commission filers)

4 Date

1/25/08

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

D. CRAIG CASSELBERRY

6 Contributor address: City: State: Zip Code

*BIG CONGRESS AVE.
AUSTIN, TX 78701*

7 Amount of contribution (\$)

\$250.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

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)

Contributor address: City: State: Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

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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

(If travel outside of Texas, complete Schedule T)

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 EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME <i>ROBERT N. CLUCK</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>3/17/08</i>	5 Payee name <i>CONGRESSMAN JOE BARTON</i>	7 Amount (\$) <i>\$ 1,000.00</i>
6 Payee address: _____ City: _____ State: _____ Zip Code _____		
8 Purpose of payment (See instructions regarding type of information required.) <i>CONTRIBUTION</i> <small>(If travel outside of Texas, complete Schedule T)</small>	9 <small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date <i>4/28/08</i>	Payee name <i>KRISTEN VANDERGRIFF</i>	Amount (\$) <i>\$ 500.00</i>
Payee address: _____ City: _____ State: _____ Zip Code _____		
Purpose of payment (See instructions regarding type of information required.) <i>CAMPAIGN CONTRIBUTION</i> <small>(If travel outside of Texas, complete Schedule T)</small>	<small>** Complete if direct expenditure to benefit C/OH **</small> 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.)	<small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name _____ Office sought _____ Office held _____	
<small>(If travel outside of Texas, complete Schedule T)</small>		
Date	Payee name	Amount (\$)
Payee address: _____ City: _____ State: _____ Zip Code _____		
Purpose of payment (See instructions regarding type of information required.)	<small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name _____ Office sought _____ Office held _____	
<small>(If travel outside of Texas, complete Schedule T)</small>		

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