Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

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)

2 Total pages filed

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: DR. FIRST: ROBERT MI: N. NICKNAME: BOB LAST: CLUCK SUFFIX:	OFFICE USE ONLY Date Received 09 JUL 15 PM 12:27 RECEIVED - CSO
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ☐ Change of Address	ADDRESS / PO BOX: 5820 BAY CLUB DR. APT / SUITE #: CITY: ARLINGTON, TX STATE: ZIP CODE: 76013	Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE: (817) PHONE NUMBER: 265-6777 EXTENSION:	
CAMPAIGN TREASURER NAME	MS / MRS / MR: FIRST: BAILEY MI: NICKNAME: LAST: RUFF SUFFIX:	
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): 4102 SHADY VALLEY DR. APT / SUITE #: CITY: ARLINGTON, TX STATE: ZIP CODE: 76013	
8 CAMPAIGN TREASURER PHONE	AREA CODE: (817) PHONE NUMBER: 265-1226 EXTENSION:	

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 4/31/09 THROUGH Month Day Year 7/15/09

11 ELECTION: ELECTION DATE Month Day Year / / ; ELECTION TYPE ☐ Primary ☐ Runoff ☐ General ☐ Special

12 OFFICE: OFFICE HELD (if any): MAYOR

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

Revised 06/27/2008

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME DR. ROBERT CLUCK

16 ACCOUNT # (Ethics Commission Filers)

17 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

☐ 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)	$ 12,155.00

EXPENDITURE TOTALS

3	TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ 0
4.	**TOTAL POLITICAL EXPENDITURES**	$ 20,047.14

CONTRIBUTION BALANCE

5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 88,864.78

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

KAREN WILLIAMS
Notary Public
STATE OF TEXAS
My Comm. Exp. 12/31/2011

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 N. Cluck, this the 14th day of July, 20 09, to certify which, witness my hand and seal of office.

Karen Williams — Signature of officer administering oath
Karen Williams — Printed name of officer administering oath
Notary — Title of officer administering oath

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
4/11/09	BRUCE ASHWORTH 2214 PARK SPRINGS ARL., TX 76013	100.00	

9 Principal occupation (Optional) ATTORNEY

10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/25/09	RANDY SCHOPPAUL 5033 TOFTREES DR. ARL., TX 76016	25.00	

Principal occupation (Optional)

Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/25/09	EA + MICHAEL CANE 1204 MILLBROOK DR. ARL., TX 76012	100.00	

Principal occupation (Optional) PHYSICIAN

Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/30/09	DANNY GREENBRIAR LN ARL., TX. 76013	200.00	

Principal occupation (Optional) BANKER

Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/29/09	HERMAN BOSWELL 1718 S. COOPER ST ARL., TX 76013	1,000.00	

Principal occupation (Optional) RETIRED

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
4/30/09	LOUISE & BARBARA HEINZE 2402 GREEN PARK DR. ARL., TX 76017	150.00	

9 Principal occupation (Optional)	10 Employer (Optional)
BUILDER	

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

Principal occupation (Optional)	Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

CITY CO

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

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#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
5/2/09	SUE LIH 978 WALNUT ST. DALLAS, TX 75243	100.00	(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions): RETAIL

10 Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5/4/09	MICHAEL L. WILLIAMS P.O. BOX 717 AUSTIN, TX 78767	250.00	(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5/8/09	MICHAEL C. FARHAT 1108 GREENBRIAR LN. ARLINGTON, TX 76013	250.00	(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5/8/09	GEORGE C MATHES 25 HIGHLAND PARK DALLAS, TX 75205	100.00	(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): DEVELOPER

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
6/5/09	BEN DOSKOCIL 5306 MANSFIELD RD. ARLINGTON, TX 76017	250.00	(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): RETIRED

Employer (See Instructions):

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

Revised 06/27/2008

950.00

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID# ____) 6 Contributor address: City: State: Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
5/4/09	MICHAEL L. WILLIAMS P.O. BOX 717 AUSTIN, TX 78767	250.00	

9 Principal occupation (Optional)	10 Employer (Optional)
TEXAS LAND COMMISSIONER	

Date	Full name of contributor ☐ out-of-state PAC (ID# ____) Contributor address: City: State: Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID# ____) Contributor address: City: State: Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID# ____) Contributor address: City: State: Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID# ____) Contributor address: City: State: Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

Principal occupation (Optional)	Employer (Optional)

250.00

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

CITY

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1

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)
4/30/09	D'ANN BESLEY 6 Contributor address; City; State; Zip Code 2800 CALIFORNIA LN. ARL., TX 76015	100.00	

9 Principal occupation (Optional) CITIZEN

10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#: ____)	Amount of contribution ($)	In-kind contribution description (if applicable)
5/1/09	CLAY ELLIS, D.D.S. Contributor address; City; State; Zip Code 1115 W. ARKANSAS LN, STE. B ARL., TX 76013	200.00	

Principal occupation (Optional) DENTIST

Employer (Optional)

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 (Optional)

Employer (Optional)

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 (Optional)

Employer (Optional)

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 (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

CITY

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1

2 FILER NAME

3 ACCOUNT # (Ethics Commission Filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID# ____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
4/23/09	ROSS & CHERYL CALHOUN 3709 SANTIAGO CT. IRVING, TX 75062	500.00	
9 Principal occupation (Optional) DEVELOPER	10 Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC (ID# ____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/28/09	HAL T. THORNE 1221 N. I-35, STE. 170 CARROLLTON, TX 75006	500.00	
Principal occupation (Optional) ATTORNEY	Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC (ID# ____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/16/09	MIKE ROCK UNION PACIFIC FUND FOR EFFECTIVE GOV. 600 THIRTEENTH ST., NW SUITE 340 WASHINGTON, DC 2005	1,000.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC (ID# ____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5/3/09	WAY-YU LIN & CHING-FEN LIN 6109 LEAGROVE CT. ARL., TX 76016	50.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC (ID# ____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5/3/09	YIHMEI TENG + JAMES TENG 2606 JESSUP TRAIL ARL., TX 76006	50.00	
Principal occupation (Optional)	Employer (Optional)		

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 A1
(FOR FORMS C/OH, C/C 1-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID# ____) 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
5/4/09	SUNHEE C. HONG 12801 MIDWAY RD. #401 DALLAS, TX. 75244	200.00	

9 Principal occupation (Optional) | 10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID# ____) Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5/4/09	MICHAEL NGUYEN 613 W. MAIN ST., STE. 306 ARL., TX 76010-1045	100.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID# ____) Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5/4/09	COLIN & BARBARA CHANG 2005 SLEEPY HOLLOW DR. ARL. TX 76006	200.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID# ____) Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5/4/09	ED + GRACE MCDERMOTT 2114 FRANKLIN DR. ARL., TX. 76011	500.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID# ____) Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5/4/09	JANG-SHING + PEI-CHIH WANG CHIOU 3005 RUSH CT. ARL., TX. 76017	100.00	

Principal occupation (Optional) | Employer (Optional)

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 A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

Total pages this Schedule A1

2 FILER NAME

3 ACCOUNT # (Ethics Commission Filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
5/4/09	KATIE & RICKY CHANG 2502 CLAREMONT DR. GRAND PRAIRIE, TX. 75052	100.00	

9 Principal occupation (Optional)	10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5/4/09	CHIN PO & WHEY-PING FU 2409 CASTLE ROCK RD. ARL., TX 76006	200.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5/4/09	ANN MAYO 6607 TOWNLAKE CIR. ARL., TX 76016	100.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5/4/09	DAVID & CHI-YEH BOONE 306 CANYON LAKE DR. SOUTHLAKE, TX 76092	100.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

Principal occupation (Optional)	Employer (Optional)

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 A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
5/4/09	KELVIN HOANG P.O. BOX 180789 ARL., TX 76096	300.00	

9 Principal occupation (Optional)

10 Employer (Optional): MKT MANAGEMENT, CORP DBA ASIAN MTK CTR

Date	Full name of contributor ☐ out-of-state PAC (ID#) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5/4/09	NGOK LAM + STANLEY KONG 5505 SEAPINES DR. PLANO, TX. 75093	300.00	

Principal occupation (Optional)

Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5/	CHRIS WONG + CHRISTINE WONG P.O. BOX 152193 ARL., TX 76015	250.00	

Principal occupation (Optional)

Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5/4/09	KEN NISHIKATSU 2115 FRANKLIN DR. ARL., TX 76011	80.00	

Principal occupation (Optional)

Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME DR. ROBERT CLUCK

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
5/5/09	MURPHY TURNER + ASSOC. P.O. BOX 296 AUSTIN, TX 78767-0296	2,699.66

8 Purpose of payment (See instructions regarding type of information required.) NEIGHBORHOOD CALLS

(If travel outside of Texas, complete Schedule T)

9 •• 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 ($)
5/5/09	MURPHY TURNER + ASSOC	8,763.24

Purpose of payment (See instructions regarding type of information required.) MAILER # 2248

(If travel outside of Texas, complete Schedule T)

•• 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 ($)
5/5/09	MURPHY TURNER + ASSOC.	8,184.24

Purpose of payment (See instructions regarding type of information required.) ELECTION DAY MAILER

(If travel outside of Texas, complete Schedule T)

•• 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 ($)
6/10/09	MURPHY TURNER + ASSOC.	400.00

Purpose of payment (See instructions regarding type of information required.) MAILER # 2289

(If travel outside of Texas, complete Schedule T)

•• Complete if direct expenditure to benefit C/OH ••
Candidate / Officeholder name | Office sought | Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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#) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
5/4/09	BETH HARRIS 2102 COOLIDGE DR. ARL, TX 76011	50.00	

9 Principal occupation / Job title (See Instructions) CITIZEN

10 Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5/2/09	CHESAPEAKE ENERGY FOR TEXANS PAC P.O. BOX 916 FT. WORTH, TX 76101	$1,000.00	

Principal occupation / Job title (See Instructions) GAS PRODUCER

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/14/09	DANIEL FULLER, JR 4205 BRYN MAWR DR. DALLAS, TX 75225	50.00	

Principal occupation / Job title (See Instructions) RETAIL

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/14/09	DAVID C. WILSON 2525 McKINNON ST, STE 700 DALLAS, TX 75201	100.00	

Principal occupation / Job title (See Instructions) DEVELOPER

Employer (See Instructions)

1275.00

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 Full name of contributor ☐ out-of-state PAC (ID#) / 6 Contributor address, City, State, Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
4/16/09	TERRY SYLER 2525 MCKINNON ST, #700 DALLAS, TX 75201	75.00	

9 Principal occupation / Job title (See Instructions) | 10 Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#) / Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/21/09	JOHN + WHITNEY MATHES 5504 W. UNIVERSITY BLVD. DALLAS, TX 75209	100.00	

Principal occupation / Job title (See Instructions): DEVELOPER | Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#) / Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/22/09	KATHERIN MATHES 5722 W. AMHERST DALLAS, TX 75209	150.00	

Principal occupation / Job title (See Instructions): DEVELOPER | Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#) / Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/23/09	STEVEN GREENBERG 2525 MC KINNON ST, STE 700 DALLAS, TX 75201	50.00	

Principal occupation / Job title (See Instructions): ATTORNEY | Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#) / Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/9/09	EDWIN ABBOTT 628 SOUTH HARBOR ST. GRANBURY, TX 76048	500.00	

Principal occupation / Job title (See Instructions) | Employer (See Instructions)

875.00

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 Full name of contributor ☐ out-of-state PAC (ID#)	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
3/30/09	BEAU BROWNE 6 Contributor address, City, State Zip Code 710 VIEWSIDE CIR. ARL., TX 76011	250.00	

9 Principal occupation / Job title (See Instructions) REAL ESTATE

10 Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#)	Amount of contribution ($)	In-kind contribution description (if applicable)
5/8/09	DONALD HUFFINES Contributor address, City, State, Zip Code 8200 DOUGLAS AVE, STE 300 DALLAS, TX. 75225	500.00	

Principal occupation / Job title (See Instructions) DEVELOPER

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#)	Amount of contribution ($)	In-kind contribution description (if applicable)
5/8/09	PHILLIP HUFFINES Contributor address, City, State, Zip Code 8200 DOUGLAS AVE, STE 300 DALLAS, TX 75225	500.00	

Principal occupation / Job title (See Instructions) DEVELOPER

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)

800.00

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

MURPHY

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# ____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
5/5/09	STEPHEN CAVENDER 2111 N COLLINS ARL., TX 76011	250.00	

9 Principal occupation / Job title (See Instructions): DEVELOPER

10 Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID# ____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5/11/09	G. CRAIG HUBBLE 637 ST. CHARLES CT. ARL., TX 76013	150.00	

Principal occupation / Job title (See Instructions): ATTORNEY

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID# ____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/22/09	FFORD MTCOSKIE 1409 WOODBINE CT. ARL., TX 76012	500.00	

Principal occupation / Job title (See Instructions): LANDSCAPER

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID# ____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5/3/09	FRED + RUTH COLBY 1805 RIDGESIDE DR. ARL., TX 76013	200.00	

Principal occupation / Job title (See Instructions): PHYSICIAN

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID# ____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5/1/09	DIANE + NED PATRICK 4000 SHADY VALLEY CT. ARL., TX 76013	100.00	

Principal occupation / Job title (See Instructions): DENTIST + TX LEGISLATOR

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 A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

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)
5/3/09	CARLOS ACOSTA 6 Contributor address; City; State; Zip Code 811 W I-20, STE 132 ARL., TX 76017	100.00	

9 Principal occupation (Optional) PHYSICIAN

10 Employer (Optional)

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 (Optional)

Employer (Optional)

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 (Optional)

Employer (Optional)

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 (Optional)

Employer (Optional)

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 (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

CITY

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
5/5/09	Murphy Turner & Associates P.O. Box 296 AUSTIN, TX 78767	2,699.66

8 Purpose of payment (See instructions regarding type of information required.)
NEIGHBORHOOD CALLS

9 •• 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 ($)
5/5/09	MURPHY TURNER + ASSOC P.O. Box 296 AUSTIN, TX 78767	8,763.24

Purpose of payment (See instructions regarding type of information required.)
MAILER

•• 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 ($)
5/5/09	MURPHY TURNER + ASSOC P.O. Box 296 AUSTIN, TX 78767	8,184.24

of payment (See instructions regarding type of information required.)
MAILER

•• 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