

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		<b>1 ACCOUNT#</b> (Ethics Commission filers)	<b>2 Total pages filed:</b>
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR: <b>DR.</b> FIRST: <b>ROBERT</b> MI: <b>N</b> NICKNAME: <b>BOB</b> LAST: <b>CLUCK</b> SUFFIX: <b>MD</b>	<b>OFFICE USE ONLY</b> Date Received: <b>11 APR 2 PM 3:19</b> Date Hand-delivered or Date Postmarked: _____ Receipt # _____ Amount: _____ Date Processed: _____ Date Imaged: _____	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> Change of Address	ADDRESS / PO BOX:      APT / SUITE #:      CITY:      STATE:      ZIP CODE <b>5820 BAY CLUB DR.</b> <b>ARLINGTON, TX 76013</b>		
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE      PHONE NUMBER      EXTENSION <b>(817) 265-6777</b>		
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR: <b>MR</b> FIRST: <b>BAILEY</b> MI: _____ NICKNAME: _____      LAST: <b>RUFF</b> SUFFIX: _____		
<b>7 CAMPAIGN TREASURER ADDRESS (Residence or business)</b>	STREET ADDRESS (NO PO BOX PLEASE):      APT / SUITE #:      CITY:      STATE:      ZIP CODE <b>4102 SHADY VALLEY DR.</b> <b>ARLINGTON, TX 76013</b>		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE      PHONE NUMBER      EXTENSION <b>(817) 265-1226</b>		
<b>9 REPORT TYPE</b>	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input 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)		
<b>10 PERIOD COVERED</b>	Month      Day      Year      THROUGH      Month      Day      Year <b>1 / 16 / 11</b> <b>4 / 14 / 11</b>		
<b>11 ELECTION</b>	ELECTION DATE Month      Day      Year /      /      /	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
<b>12 OFFICE</b> OFFICE HELD (if any) <b>MAYOR</b>	<b>13 OFFICE SOUGHT (if known)</b> <b>MAYOR</b>		
<b>14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS</b>  <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 ROBERT N. 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. \*\*

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> additional pages	COMMITTEE TYPE	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)	\$ 24,400.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 0
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 113,064.78
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

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 20, Election Code.

*Robert N. Cluck*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Robert Cluck, this the 12<sup>th</sup> day of April, 2011, to certify which, witness my hand and seal of office.

*Tina Stewart*  
Signature of officer administering oath

Tina Stewart  
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 <b>ROBERT N. CLUCK</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>1/6/11</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>WILLIAM M. MARTENSEN</b>	7 Amount of contribution (\$) <b>250.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>4412 MATLOCK ROAD, STE. 100 ARLINGTON, TX 76018</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>1/10/11</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>ROY GULLY</b>	Amount of contribution (\$) <b>500.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>4704 RAQUET CLUB DR. ARLINGTON, TX 76017</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>1/12/11</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>GREGORY MCCARTHY</b>	Amount of contribution (\$) <b>500.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>2222 PATTERSON ARLINGTON, TX 76012</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>1/12/11</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>PAM &amp; GREG KENT</b>	Amount of contribution (\$) <b>250.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>1301 CROWN HILL COURT ARLINGTON, TX 76012</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>INSURANCE</b>		Employer (See Instructions)	
Date <b>1/12/11</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>JUDITH &amp; ROBERT JOHNSON</b>	Amount of contribution (\$) <b>500.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>7202 LAKE MEADE BLVD. ARLINGTON, TX 76016</b>		(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.

# 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)

1/12/11

SAM ACOLA

6 Contributor address; City; State; Zip Code

1921 CHANNING PARK DR.  
ARLINGTON, TX 76013

100.00

(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)

1/13/11

TOM CRAVENS

Contributor address; City; State; Zip Code

501 S. FIELDER  
ARLINGTON, TX 76013

100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

RETIRED

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

1/13/11

THOMAS HICKS

Contributor address; City; State; Zip Code

10000 HOLLOW WAY  
DALLAS, TX 75229

5000.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

INVESTOR

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

1/13/11

TRICIA & JIM MAIBACH

Contributor address; City; State; Zip Code

1703 N. PEYCO DR.  
ARLINGTON, TX 76001

500.00

(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# \_\_\_\_\_)

Amount of contribution (\$)

In-kind contribution description (if applicable)

1/13/11

LINDA & DANNY SMITH

Contributor address; City; State; Zip Code

1106 GREENBRIAR LANE  
ARLINGTON, TX 76013

100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

BANKER

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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)

1/14/11

**LUANNE & KIRK KING**  
6 Contributor address; City; State; Zip Code  
**6906 WHIPPOORWILL CT.  
COLLEVILLE, TX 76034**

100.00

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

**HOSPITAL ADM.**

10 Employer (See Instructions)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

1/14/11

**NANCY & VERNON BRYANT**  
Contributor address; City; State; Zip Code  
**1712 CARLETON  
FT. WORTH, TX 76107**

100.00

(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# \_\_\_\_\_)

Amount of contribution (\$)

In-kind contribution description (if applicable)

1/17/11

**CHRIS CARROLL**  
Contributor address; City; State; Zip Code  
**2340 W. 1-20 #100  
ARLINGTON, TX 76017**

1,000.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

**RESTAURANT OWNER**

Employer (See Instructions)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

1/17/11

**MIKE PATTERSON**  
Contributor address; City; State; Zip Code  
**2310 WEST INTERSTATE 20, STE. 100  
ARLINGTON, TX 76017**

2,000.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

**ATTORNEY**

Employer (See Instructions)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

1/17/11

**THAD SMOTHERMAN**  
Contributor address; City; State; Zip Code  
**2300 PANORAMA CT.  
ARLINGTON, TX 76016**

250.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

**INVESTOR**

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 1/13/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>WILEY CURTIS</b> 6 Contributor address; City; State; Zip Code <b>3340 THORNTREE CT. ARLINGTON, TX 76016</b>	7 Amount of contribution (\$) <b>100.00</b>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) <b>OPHTHALMOLOGIST</b>		10 Employer (See Instructions)	
Date 1/17/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>CAROLE &amp; JOE TERRY</b> Contributor address; City; State; Zip Code <b>2104 CROSS CREEK CT. ARLINGTON, TX 76017</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1/17/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>JAY PROPEZ</b> Contributor address; City; State; Zip Code <b>1001 CONGRESS AVE., #400 AUSTON, TX. 78701</b>	Amount of contribution (\$) <b>500.00</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1/17/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>JEFF WILLIAMS</b> Contributor address; City; State; Zip Code <b>6948 W. POLLY WEBB RD. ARLINGTON, TX 76016</b>	Amount of contribution (\$) <b>1,000.00</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) <b>ARCHITECT</b>		Employer (See Instructions)	
Date 1/17/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>TONY POMPA</b> Contributor address; City; State; Zip Code <b>7203 LAKE HAVASU CT. ARLINGTON, TX 76016</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
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 <input type="checkbox"/> out-of-state PAC (ID# _____) <b>ERIC NELSON</b>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
1/17/11	6 Contributor address; City; State; Zip Code <b>3711 DUSTIN TRAIL ARLINGTON, TX 76016</b>	250.00	
		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>SCOTT CORLEY</b>	Amount of contribution (\$)	In-kind contribution description (if applicable)
1/17/11	Contributor address; City; State; Zip Code <b>229 N. DOBSON ST. BURKESON, TX 76028</b>	250.00	
		(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# _____) <b>JOHN HIBBS</b>	Amount of contribution (\$)	In-kind contribution description (if applicable)
1/17/11	Contributor address; City; State; Zip Code <b>4006 FALCON LAKE DR. ARLINGTON, TX 76016</b>	100.00	
		(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# _____) <b>JIMMY PHILLIPS</b>	Amount of contribution (\$)	In-kind contribution description (if applicable)
1/17/11	Contributor address; City; State; Zip Code <b>915 JOYLE ST. ARLINGTON, TX 76010</b>	100.00	
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>RETIRED</b>		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>SUE PHILLIPS</b>	Amount of contribution (\$)	In-kind contribution description (if applicable)
1/17/11	Contributor address; City; State; Zip Code <b>915 JOYLE ST. ARLINGTON, TX 76010</b>	100.00	
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>RETIRED</b>		Employer (See Instructions)	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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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 <i>1/17/11</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>MIKE LLOYD</i> 6 Contributor address; City; State; Zip Code <i>3851 SW GREEN OAKS BLVD. #123 ARLINGTON, TX 76017</i>	7 Amount of contribution (\$) <i>500.00</i>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
10 Employer (See Instructions)			
Date <i>1/17/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>TINA JOSLIN</i> Contributor address; City; State; Zip Code <i>4509 LITTLE HOLLOW CT. ARLINGTON, TX 76016</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions)			
Date <i>1/17/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>CONNIE &amp; BAILEY RUFF</i> Contributor address; City; State; Zip Code <i>4102 SHADY VALLEY DR. ARLINGTON, TX 76013</i>	Amount of contribution (\$) <i>500.00</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) <i>RETIRED</i>		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions)			
Date <i>1/17/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>ROY ENGLISH</i> Contributor address; City; State; Zip Code <i>500 THROCKMORTON ST. #2004 FT. WORTH, TX 76102</i>	Amount of contribution (\$) <i>300.00</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) <i>ATTORNEY</i>		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions)			
Date <i>1/17/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>CLIFF MYCOSKIE</i> Contributor address; City; State; Zip Code <i>1409 WOODBINE CT. ARLINGTON, TX 76012</i>	Amount of contribution (\$) <i>250.00</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) <i>LANDSCAPER</i>		(If travel outside of Texas, complete Schedule T)	
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 1/12/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>BILL LVELY</b> 6 Contributor address; City; State; Zip Code <b>6515 BROOKSHIRE DALLAS, TX 75230</b>	7 Amount of contribution (\$) <b>250.00</b> <small>(If travel outside of Texas, complete Schedule T)</small>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 1/12/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>LINE BARGER GOGGAN BLAIR &amp; SAMPSON, LLP.</b> Contributor address; City; State; Zip Code <b>P.O. Box 17428 AUSTIN, TX 78760</b>	Amount of contribution (\$) <b>250.00</b> <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) <b>ATTORNEYS</b>		Employer (See Instructions)	
Date 1/17/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>GARRY &amp; JULIA GRAHAM</b> Contributor address; City; State; Zip Code <b>P.O. Box 171505 ARLINGTON, TX 76003</b>	Amount of contribution (\$) <b>250.00</b> <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1/18/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>KATHY &amp; ARNOLD PETSCHKE</b> Contributor address; City; State; Zip Code <b>4704 SANTA LOYA COURT FT. WORTH, TX 76126</b>	Amount of contribution (\$) <b>5,000.00</b> <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1/19/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>BILL + CAROL GRAMMER</b> Contributor address; City; State; Zip Code <b>1414 COUNTRY CLUB RD ARLINGTON, TX 76013</b>	Amount of contribution (\$) <b>100.00</b> <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) <b>RETIRED</b>		Employer (See Instructions)	
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

# 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 <input type="checkbox"/> out-of-state PAC (ID# _____) <b>LARRY &amp; BARBARA WALLACE</b>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
<b>1/24/11</b>	6 Contributor address; City; State; Zip Code <b>2808 LAKESHORE DR. ARLINGTON, TX 76013</b>	<b>100.00</b>	
		<small>(If travel outside of Texas, complete Schedule T)</small>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>JERRY LOFTIN</b>	Amount of contribution (\$)	In-kind contribution description (if applicable)
<b>1/28/11</b>	Contributor address; City; State; Zip Code <b>113 N. HOUSTON FT. WORTH, TX 76102</b>	<b>100.00</b>	
		<small>(If travel outside of Texas, complete Schedule T)</small>	
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		
		<small>(If travel outside of Texas, complete Schedule T)</small>	
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		
		<small>(If travel outside of Texas, complete Schedule T)</small>	
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		
		<small>(If travel outside of Texas, complete Schedule T)</small>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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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 <input type="checkbox"/> out-of-state PAC (ID# _____) <i>WENDY LOPEZ</i>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
<i>1/24/11</i>	6 Contributor address; City; State; Zip Code <i>1931 STANFORD AVE DALLAS, TX 75209</i>	<i>250.00</i>	
		<small>(If travel outside of Texas, complete Schedule T)</small>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>MIKE PATERSON</i>	Amount of contribution (\$)	In-kind contribution description (if applicable)
<i>1/17/11</i>	Contributor address; City; State; Zip Code <i>2340 WEST INTERSTATE 20, STE. 218 ARLINGTON, TX 76017</i>		<i>5,697.49</i>
		<small>(If travel outside of Texas, complete Schedule T)</small>	
Principal occupation / Job title (See Instructions) <i>ATTORNEY</i>		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>HOLT REED</i>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <i>208 S. AKARD ST, STE 2557 DALLAS, TX 75202</i>	<i>\$100.00</i>	
		<small>(If travel outside of Texas, complete Schedule T)</small>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) <i>AT+T TEXAS PAC</i>	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>GLENN C. TROUTMAN</i>	Amount of contribution (\$)	In-kind contribution description (if applicable)
<i>2/10/11</i>	Contributor address; City; State; Zip Code <i>3600 YACHTCLUB DR ARLINGTON, TX 76016</i>	<i>250.00</i>	
		<small>(If travel outside of Texas, complete Schedule T)</small>	
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		
		<small>(If travel outside of Texas, complete Schedule T)</small>	
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.

**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 <b>ROBERT N. CLUCK</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>MIKE PATTERSON</b>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable) <b>\$5,697.49 FUNDRAISER</b>
6 Contributor address; City; State; Zip Code <b>2310 WEST I 20 STE 100 ARLINGTON, TX</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
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.

# PATTERSON

★  
EQUITY PARTNERS

2340 West Interstate 20, Suite 218  
Arlington, Texas 76017  
Tel 817.461.5500  
Fax 817.856.6060  
pattersonequitypartners.com

Mayor Bob & Linda Cluck  
5820 Bay Club Dr.  
Arlington, TX 76013-5210

January 24, 2011

Re: January 17, 2011 Campaign Kick-Off Fundraiser

Bob:

Thank you for allowing us to kick off your 2011 re-election campaign at our office, we are honored to help.

Included in this mailing are some late contributions that we have received as well as a summary of those that attended and the contributions they made.

Also, please accept this letter as my legal disclosure of the in-kind contributions made in accordance with the 1/17/11 fundraiser. Here is the contribution detail:

- \$2,000.00 Contribution made via personal check
- \$2,202.26 Design, printing & postage of invitation
- \$3,095.23 Catering Expenses
- \$400.00 Event Entertainment (band)
- **\$7,697.49 Total Campaign Contribution**

I believe that brings the total amount raised to <sup>28,447.49</sup> ~~\$28,197.49~~ for your campaign. Congratulations! That is a great vote of confidence in the work you have done and will continue to do.

Please don't hesitate to call on me if I can ever be of any help.

Best Regards,



Mike Patterson