

**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 #)ers)	2 Total pages filed
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3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST NI	OFFICE USE ONLY
	NICKNAME LAST SUFFIX	
	DR. ROBERT N.	
	BOB CLUCK	

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE #, CITY, STATE, ZIP CODE	RECEIVED - OSO 11 APR 03 PM 4:29
	5820 BAY CLUB DRIVE ARLINGTON, TX 76013	

5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION	Date Received
	(817) 265-6777	

6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST NI	Date Hand-delivered or Date Postmarked
	NICKNAME LAST SUFFIX	
	BAILEY N.	
	RUFF	

7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #, CITY, STATE, ZIP CODE	Receipt # Amount
	4102 SHADY VALLEY DR. ARLINGTON, TX 76013	

8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION	Date Processed
	(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 type="checkbox"/> July 15 <input checked="" type="checkbox"/> 6th 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
	4 / 15 / 11		5 / 8 / 11

11 ELECTION	ELECTION DATE	ELECTION TYPE
	Month Day Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special
	5 / 14 / 11	

12 OFFICE	OFFICE HELD (If any)	13 OFFICE SOUGHT (If known)
	MAYOR	MAYOR

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:	
<input type="checkbox"/> Additional pages		

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS**

**FORM C/OH  
COVER SHEET PG 2**

15 C/OH NAME ROBER N. CLUCK 16 ACCOUNT # (Ethics Commission File #)

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. Taxes 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	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	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) \$ 2,250.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$ 0

4. TOTAL POLITICAL EXPENDITURES \$ 3,200.00

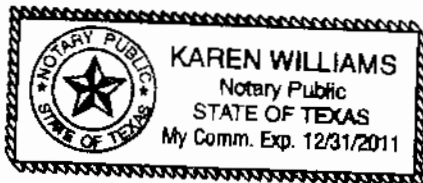
CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 112,114.78

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



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 the 197 Election Code.

*Robert N. Cluck*  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Robert N. Cluck, this the 3rd day of May, 2011, to certify which, witness my hand and seal of office.

Karen Williams Karen Williams Notary  
Signature of officer administering oath Printed name of officer administering oath 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 file):

4 Date <b>4/18/11</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (DR) <b>MRS. KELLY MCKNIGHT</b>	7 Amount of contribution (\$) <b>250.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>3209 W. SUBLET RD. ARLINGTON, TX 76017</b>		(If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See instructions) 10 Employer (See instructions)

Date <b>4/13/11</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (DR) <b>QUICKSILVER PAC / STEPHEN LINDSEY</b>	Amount of contribution (\$) <b>1,000.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>801 CHERRY STREET, STE. 3700, UNIT 17 FT. WORTH, TX 76102</b>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See instructions) Employer (See instructions)

Date <b>4/20/11</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (DR) <b>RICK MERRITT</b>	Amount of contribution (\$) <b>500.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>3004 IRON STONE COURT ARLINGTON, TX 76006</b>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See instructions) Employer (See instructions)

Date <b>4/15/11</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (DR) <b>MPAC ARLINGTON INC</b>	Amount of contribution (\$) <b>500.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>P.O. BOX 174474 ARLINGTON, TX 76003</b>		(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 (DR)	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 **ROBERT N. CLUCK** 3 ACCOUNT # (Ethics Commission file)

4 Date <b>4/20/11</b>	5 Payee name <b>D. FERNANDEZ + ASSOCIATES</b>	7 Amount (\$) <b>3,200.00</b>
6 Payee address: City, State, Zip Code <b>2825 QUAIL LANE ARLINGTON, TX 76016</b>		

8 Purpose of payment (See instructions regarding type of information required.) <b>SIGNS (CAMPAIGN)</b> <small>(If travel outside of Texas, complete Schedule T)</small>	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
Payee address: City, State, Zip Code		

Purpose of payment (See instructions regarding type of information required.)  <small>(If travel outside of Texas, complete Schedule T)</small>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
Payee address: City, State, Zip Code		

Purpose of payment (See instructions regarding type of information required.)  <small>(If travel outside of Texas, complete Schedule T)</small>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
Payee address: City, State, Zip Code		

Purpose of payment (See instructions regarding type of information required.)  <small>(If travel outside of Texas, complete Schedule T)</small>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**