

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 DR.	FIRST ROBERT	MI N.
	NICKNAME BOB	LAST CLUCK	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX:	APT / SUITE #:	CITY: STATE: ZIP CODE
	5820 BAY CLUB DR. ARLINGTON, TX 76013		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(817) 265-6777		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MR	FIRST BAILEY	MI RUFF
	NICKNAME	LAST RUFF	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #:	CITY: STATE: ZIP CODE
	4102 SHADY VALLEY DRIVE 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
	5 / 9 / 11		7 / 15 / 11
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)		13 OFFICE SOUGHT (if known)
	MAYOR		
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		

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt # Amount

Date Processed

Date Imaged

RECEIVED - CSO
 11 JUL - 6 PM 2:16

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)

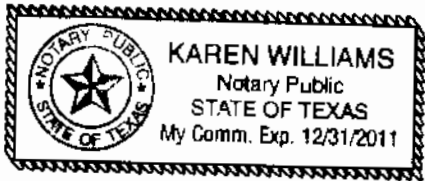
This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. "

additional pages

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	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)	\$ 6,925.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 7,753.40
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 111,286.38
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.

[Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Robert N. Cluck, this the 6th day of July, 20 11, 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

**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 <i>ROBERT N. CLUCK</i>		3 ACCOUNT # (Ethics Commission Use)	
4 Date <i>4/29/11</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>D. FUSCO</i>	7 Amount of contribution (\$) <i>200.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>2207 CANYONWOOD DR. ARLINGTON, TX 76012</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>5/2/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>MELINDA MATHES</i>	Amount of contribution (\$) <i>500.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>25 HIGHLAND PARK VILLAGE STE 100-75 DALLAS, TX 75205</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>DEVELOPER</i>		Employer (See Instructions) <i>SELF</i>	
Date <i>5/10/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>GEORGE MATHES</i>	Amount of contribution (\$) <i>75.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>25 HIGHLAND PARK VILLAGE, STE. 100 DALLAS, TX 75205</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>DEVELOPER</i>		Employer (See Instructions) <i>SELF</i>	
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		(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# _____)	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 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 3/20/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) ADLAI W. PENNINGTON	7 Amount of contribution (\$) 250.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1375 GILMAN RD. FT. WORTH, TX 76140		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Developer		10 Employer (See Instructions) Self	
Date 5/7/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) LES OR LINDA COTHRON	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2107 LAURA LN. ARLINGTON, TX 76010		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) FBO OPERATOR ARLINGTON AIRPORT		Employer (See Instructions)	
Date 3/20/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) TREPAC/TX ASSOC OF REALTORS, PAC	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 2246 AUSTIN, TX 78768-2246		(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# _____)	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	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		(If travel outside of Texas, complete Schedule T)	
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 ROBERT N. CLUCK		3 ACCOUNT # (Ethics Commission filers)	
4 Date 4/25/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) DAVID W. DUNNING	7 Amount of contribution (\$) 200.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 7001 PRESTON RD, STE. 500 DALLAS, TX 75205		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) COMMERCIAL Real Estate		10 Employer (See Instructions) SELF	
Date 4/26/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) GORDON A. EDWARDS	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7001 PRESTON RD, STE. 500 DALLAS, TX 75205		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Developer		Employer (See Instructions) UNITED COMMERCIAL	
Date 4/26/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) CHARLES E. FITZGERALD	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1125 N. CANTERBURY COURT DALLAS, TX 75208		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Developer		Employer (See Instructions) SELF	
Date 4/20/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) CHARLES W. GREEN	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4101 VISTA CREEK CT. ARLINGTON, TX 76016		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions) SELF	
Date 4/25/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) RODNEY G. MELLOTT	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 12935 W. 81ST AVE. ARVADA, CO 80005		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) GAS DRILLER		Employer (See Instructions) BEACON ENERGY	

ATTACH ADDITIONAL COPIES OF THIS FORM 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 ROBERT N. CLUCK		3 ACCOUNT # (Ethics Commission files)	
4 Date 4/26/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) JAMES D. LIGHTNER	7 Amount of contribution (\$) 250.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 5070 PINYON ST. LITTLETON, CO 80123		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) GAS DRILLING		10 Employer (See Instructions) BEACON ENERGY	
Date 4/15/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) MICHAEL W. CHRIS	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6220 GASTON AVE. DALLAS, TX 75214		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/25/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) APARTMENT ASSOC. TARRANT CO, PAC	Amount of contribution (\$) 3,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6350 BAKER BLVD. FT. WORTH, TX. 76118-6219		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/10/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) SCOTT HOWELL	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3900 WILLOW, STE. 200 DALLAS, TX 75226		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) POLITICAL CONSULTANT		Employer (See Instructions) SELF	
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		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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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 **ROBERT N. CLUCK**

3 ACCOUNT # (Ethics Commission filers)

4 Date 5/2/11	5 Payee name THINQ DESIGN	7 Amount (\$) 3,600.00
6 Payee address: City, State, Zip Code 3821 CLARKE AVE. FT. WORTH, TX 76107		

8 Purpose of payment (See instructions regarding type of information required.) CAMPAIGN MAILER <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 5/9/11	Payee name THINQ DESIGN	Amount (\$) 2,060.68
Payee address: City, State, Zip Code 3821 CLARKE AVE. FT. WORTH, TX 76107		

Purpose of payment (See instructions regarding type of information required.) POSTAGE FOR MAILER <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 5/19/11	Payee name COLTON BRUGGER CONSULTING	Amount (\$) 1,092.72
Payee address: City, State, Zip Code 998 N. JEFFERSON LA GRANGE, TX 78945		

Purpose of payment (See instructions regarding type of information required.) PHONE APPEND. <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 5/10/11	Payee name LANA WOLFF CAMPAIGN	Amount (\$) 1,000.00
Payee address: City, State, Zip Code		

Purpose of payment (See instructions regarding type of information required.) CAMPAIGN CONTRIBUTION <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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