

# 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: <b>3</b>
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3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	<b>OFFICE USE ONLY</b> Date Received  <b>RECEIVED - CSO</b> <b>13 JAN 15 AM 11:42</b> Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged
	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	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	FIRST	MI	
	NICKNAME	LAST	SUFFIX	
		BAILEY		
		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)	265-1224		

9 REPORT TYPE	<input checked="" 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 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	Month	Day	Year
	7/16/12		THROUGH	11/15/13		

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
/ /							

12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)
	MAYOR - CITY OF ARLINGTON		

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 ROBERT N. CLUCK 16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

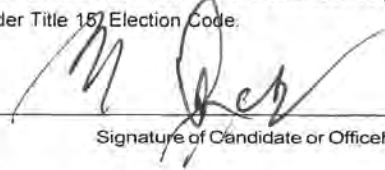
-- This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required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

<input type="checkbox"/> additional pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME  COMMITTEE ADDRESS  COMMITTEE CAMPAIGN TREASURER NAME  COMMITTEE CAMPAIGN TREASURER ADDRESS
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18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 700.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 110,586.38
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 18 Election Code.

  
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Robert Cluck, this the 15<sup>th</sup> day of January, 2013, 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 EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME <b>ROBERT N. CLUCK</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>9/8/12</b>	5 Payee name <b>ROGER WILLIAMS</b>	7 Amount (\$) <b>\$700.00</b>
6 Payee address; City; State; Zip Code <b>1005 CONGRESS AVE, STE. 910 AUSTIN, TX 78701</b>		
8 Purpose of payment (See instructions regarding type of information required.) <b>CAMPAIGN - <del>SENATE</del> CONGRESSIONAL DIST 25</b> <small>(If travel outside of Texas, complete Schedule T)</small>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> 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.)  <small>(If travel outside of Texas, complete Schedule T)</small>		<b>** Complete if direct expenditure to benefit C/OH **</b> 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.)  <small>(If travel outside of Texas, complete Schedule T)</small>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
Date	Payee name  Payee address;      City; State; Zip Code	Amount (\$)
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**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**