

# 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

FIRST

MI

ROBERT

N.

NICKNAME

LAST

SUFFIX

BOB

CLUCK

MD

### OFFICE USE ONLY

Date Received

RECEIVED - CSO  
14 JUL 14 PM 2:44

Date Hand-delivered or Postmarked

Receipt #

Amount

Date Processed

Date Imaged

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

5820 BAY CLUB DR.  
ARLINGTON, TX 76013

change of address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION

(817) 265-6777

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

BAILEY

NICKNAME

LAST

SUFFIX

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

- 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                      Month Day Year  
1 / 16 / 14                      THROUGH                      7 / 15 / 14

11 ELECTION

ELECTION DATE                      ELECTION TYPE

Month Day Year                       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

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME

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

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

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)

\$ 0

EXPENDITURE TOTALS

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

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 500.00

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 103,773.64

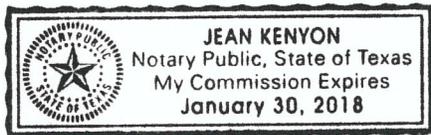
OUTSTANDING LOAN TOTALS

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 15, Election Code.



*Robert N. Cluek*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Robert N. Cluek, this the 14th day of July, 20 14, to certify which, witness my hand and seal of office.

*Jean Kenyon*  
Signature of officer administering oath

Jean Kenyon  
Printed name of officer administering oath

Notary  
Title of officer administering oath

**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F:	<b>2</b> FILER NAME	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date	<b>5</b> Payee name
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<b>6</b> Amount (\$)	<b>7</b> Payee address; City; State; Zip Code
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>2-12-14</b>	Payee name <b>TONY PAMPA</b>
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Amount (\$) <b>500.00</b>	Payee address; City; State; Zip Code <b>5101 FOREST LAKE CT. ARLINGTON, TX 76017</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>CAMPAIGN CONTRIBUTION</b>	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> 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 EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED