Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989)

# 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: Robert | MI: W.
NICKNAME: Bob | LAST: Cluck | SUFFIX: MD

**4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS**
☐ change of address
ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
5820 Bay Club Drive
Arlington, Texas 76013

**5 CANDIDATE/ OFFICEHOLDER PHONE**
AREA CODE | PHONE NUMBER | EXTENSION
(817) 265-6777

**6 CAMPAIGN TREASURER NAME**
MS / MRS / (MR) | FIRST: BAILEY | MI:
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 Dr.
Arl., Tx 76013

**8 CAMPAIGN TREASURER PHONE**
AREA CODE | PHONE NUMBER | EXTENSION
(817) 265-1226

**OFFICE USE ONLY**
Date Received: RECEIVED + CSO 15 JAN 15 PM 3:27
Date Hand-delivered or Postmarked:
Receipt # | Amount
Date Processed:
Date Imaged:

**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 THROUGH Month / Day / Year

**11 ELECTION**
ELECTION DATE: Month / Day / Year
ELECTION TYPE: ☐ Primary ☐ Runoff ☐ General ☐ Special

**12 OFFICE**
OFFICE HELD (if any): Mayor, City of Arlington

**13** OFFICE SOUGHT (if known)

**GO TO PAGE 2**

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# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

**14** C/OH NAME

**15** ACCOUNT # (Ethics Commission Filers)

**16** 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 SUCCH EXPENDITURES.

COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

**17** CONTRIBUTION TOTALS

EXPENDITURE TOTALS

CONTRIBUTION BALANCE

OUTSTANDING LOAN 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) | $ 21,825.00 |
| 3. | TOTAL POLITICAL EXPENDITURES OF $100 OR LESS, UNLESS ITEMIZED | $ |
| 4. | **TOTAL POLITICAL EXPENDITURES** | $ 1,250.00 |
| 5. | TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | $ 124,349.64 |
| 6. | TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | $ 9,460.07 |

**18** AFFIDAVIT

JEAN KENYON
Notary Public, State of Texas
My Commission Expires
January 30, 2018

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.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Robert N. Cluck, this the 15th day of January, 20 15, to certify which, witness my hand and seal of office.

| Signature of officer administering oath | Printed name of officer administering oath | Title of officer administering oath |
|---|---|---|
| Jean Kenyon | Jean Kenyon | Notary |

# 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#:) / 6 Contributor address; City; State; Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 9/16 | Randall J. Rose<br>3416 Collard Rd.<br>Arl, Tx 76017 | # 1,000.00 | (If travel outside of Texas, complete Schedule T) |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |
| Date | Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
| 12/15 | Danny & Linda Smith<br>1106 Greenbriar Ln.<br>Arl, Tx 76013 | 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#:) / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
| " | Helen Schrickel<br>1304 Canterbury Ct<br>Arl, Tx 76013 | 100.00 | (If travel outside of Texas, complete Schedule T) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date | Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
| " | Robert and Vickie Karper<br>707 Portofino<br>Arl, Tx 76012 | 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#:) / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
| " | David and Ann Russell<br>1106 San Juan Ct.<br>Arl, Tx 76012 | 500.00 | (If travel outside of Texas, complete Schedule T) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | 1800.00 |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

**If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.**

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A**

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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#:) / 6 Contributor address; City; State; Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| | Gary Martin<br>3100 Sprocket Dr.<br>Arl, Texas 76015 | $ 1,000.00 | (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#:) / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
| | Cliff Mycoskie<br>200 E. Abrams St.<br>Arl, Tx 76010 | 200.00 | (If travel outside of Texas, complete Schedule T) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date | Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
| | Les and Linda Cothron<br>2107 Laura Ln.<br>Arl, Tx 76010 | 200.00 | (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#:) / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
| | O.V. and Yvonne Discuillo<br>1419 Country Club Dr.<br>Arl, Tx 76013 | 400.00 | (If travel outside of Texas, complete Schedule T) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date | Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
| | Conner Scott<br>3211 Summer Grove<br>Arl, Tx 76001 | 50.00 | (If travel outside of Texas, complete Schedule T) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | 1850.00 |

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A**

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1 Total pages Schedule A:

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3 ACCOUNT # (Ethics Commission Filers)

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| | Steve and Patricia Brock<br>1211 Greenbriar Ct.<br>Arl., Tex | 200.00 | |

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

2850.00

| Date | Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| | Glenn Day<br>2307 Wood Cliff Ct.<br>Arl, Tx 76012 | 50.00 | |

(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#:) / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| | Jerry and Jann Jackson<br>4700 Hidden Oaks Dr.<br>Arl, Tx 76017 | 200.00 | |

(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#:) / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| | Curtis and Sylvia Heaton<br>2716 Antero Dr.<br>Arl., Tx 76006 | 200.00 | |

(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#:) / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| | Jerry Loftin<br>113 N. Houston,<br>Ft. Worth, Tx 76102 | 150.00 | |

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

800.00

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A**

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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#:) / 6 Contributor address; City; State; Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| | Brent Skillman<br>2626 Sunlight Dr.<br>Arl., Tx 76006 | 25.00 | |

(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#:) / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| | Jim + Sue Lavender<br>3307 Country Club Dr.<br>Arl., Tx 76013 | 50.00 | |

(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#:) / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| | Byron + Valinda Kallam<br>2117 N. Fielder Rd.<br>Arl., Texas 76012 | 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#:) / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| | Grace Worrell<br>1100 Pebble Creek Rd<br>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#:) / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| | Tom and Mary Ann Harris<br>2211 Winter Sunday Way<br>Arl., Tx 76012 | 200.00 | |

(If travel outside of Texas, complete Schedule T)

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| | 875.00 |

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**SCHEDULE A**

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| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| | B.D. Allen<br>706 Loch Lomond<br>Arl., Tx 76012 | 100.00 | (If travel outside of Texas, complete Schedule T) |

1575.0

| 9 Principal occupation / Job title (See Instructions) | 10 Employer (See Instructions) |
|---|---|
| | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| | | | (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#:_____) / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| | | | (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#:_____) / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| | | | (If travel outside of Texas, complete Schedule T) |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| | 100.00 |

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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1 Total pages Schedule A:

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| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 12/15 | Wick Allexander<br>870 W. Mitchell St.<br>Arl., Tx 76013 | 1,000.00 | (If travel outside of Texas, complete Schedule T) |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |
| Date | Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
| 12/23 | Ben Nix<br>4161 Shady Valley Dr.<br>Arl., Tx 76013 | 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#:) / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
| | Ignacio Nunez<br>1800 Raydon Dr.<br>Arl, Tx 76013 | 100.00 | (If travel outside of Texas, complete Schedule T) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date | Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
| | C Carver<br>3012 Collard Rd.<br>Arl, Tx 76017 | 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#:) / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
| | Ajay Sobti<br>5815 Bay Club Dr.<br>Arl, Tx 76013 | 250.00 | (If travel outside of Texas, complete Schedule T) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | 1950.00 |

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A**

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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#:) / 6 Contributor address; City; State; Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| | Arnold and Kathy Petsche<br>2211 Shadywood<br>Arl, Tx 76012 | 10,000.00 | |

(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#:) / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| | Klata Peacock<br>2019 Channing Park Dr.<br>Arl., Tx 76013 | 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#:) / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| | Bailey Ruff<br>4102 Shady Valley Dr.<br>Arl., Tx 76013 | 1,000.00 | |

(If travel outside of Texas, complete Schedule T)

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| | 11,200. |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 1/10 | Phill and Risa Bell<br>1110 N. Watson Rd.<br>Arl., Tx 76011 | 1,000.00 | |

(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#:) / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 1' | Charles and Lou Arnold<br>1416 Country Club Rd.<br>Arlington, Tx 76013 | 100.00 | |

(If travel outside of Texas, complete Schedule T)

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| | 12,200.00 |

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| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| | Cindy Foster<br>3648 Antares<br>Arl, Tx 76016 | 1,000.00 | (If travel outside of Texas, complete Schedule T) |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |
| Date | Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
| | Barclay & Marsha Berdan<br>3639 Enchant Dr.<br>Ft. Worth, Tx 76019 | 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#:) / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
| | Kathy Bailey<br>721 N. Fielder Rd.<br>Arl, Tx 76012 | 100.00 | (If travel outside of Texas, complete Schedule T) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date | Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
| | Melton M. Graham<br>1104 Portofino Ct.<br>Arl, Tx 76012 | 250.00 | (If travel outside of Texas, complete Schedule T) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | 2400.0 |
| Date | Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
| 1/5 | Helen Maddox<br>3412 Woodford Dr.<br>Arl, Tx 76013 | 100.00 | (If travel outside of Texas, complete Schedule T) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | 1,550.00 |

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A**

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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#:_____) / 6 Contributor address; City; State; Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| | Stan & Jan Agee<br>501 E. Main St.<br>Arl, Tx 76010 | 500.00 | (If travel outside of Texas, complete Schedule T) |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |
| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
| | James & Lois Ditto<br>1803 Oak Grove Dr.<br>Arl, Tx 76013 | 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#:_____) / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
| | CAROLYN CASSELBERRY<br>1201 W. GREEN OAKS BLVD.<br>ARL., TX 76013 | 100.00 | (If travel outside of Texas, complete Schedule T) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
| | | | (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#:_____) / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
| | | | (If travel outside of Texas, complete Schedule T) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | 700.00 |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

**If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.**



21,825.00

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989)

# 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 Candidate/Officeholder/Political Committee |
| Event Expense | Polling Expense | Travel Out Of District | |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

**The Instruction Guide explains how to complete this form.**

| 1 Total pages Schedule F: | 2 FILER NAME | 3 ACCOUNT # (Ethics Commission Filers) |
|---|---|---|
| | | |

| 4 Date | 5 Payee name |
|---|---|
| 12-5-14 | Murphy Nasica & Assoc. |
| **6 Amount ($)** | **7 Payee address; City; State; Zip Code** |
| $1,000.00 | 815-A Brazos St., Ste 304 Austin, TX 78701 |

| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) | (b) Description (If travel outside of Texas, complete Schedule T) |
|---|---|---|
| | Polical Mailer | ☐ Check if Austin, TX, officeholder living expense |

| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|---|---|---|
| | | | |

| Date | Payee name |
|---|---|
| 1-6-15 | Murphy Nasica & Assoc. |
| **Amount ($)** | **Payee address; City; State; Zip Code** |
| 250.00 | |

| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
|---|---|---|
| | | ☐ Check if Austin, TX, officeholder living expense |

| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|---|---|---|
| | | | |

| 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) |
|---|---|---|
| | | ☐ Check if Austin, TX, officeholder living expense |

| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|---|---|---|
| | | | |

| 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) |
|---|---|---|
| | | ☐ Check if Austin, TX, officeholder living expense |

| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|---|---|---|
| | | | |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**