Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

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:

OFFICE USE ONLY

Date Received: RECEIVED - CSO 01 JUL 15 AM 8:24

Date Hand-delivered or Date Postmarked

Receipt # | Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: DR
FIRST: ROBERT
MI: N
NICKNAME: BOB
LAST: CLUCK
SUFFIX:

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ 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: (817)
PHONE NUMBER: 265-6777
EXTENSION:

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: 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.
ARLINGTON, TX 76013

8 CAMPAIGN TREASURER PHONE

AREA CODE: (817)
PHONE NUMBER: 265-1226
EXTENSION:

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: 04/30/05 THROUGH Month Day Year: 07/15/05

11 ELECTION

ELECTION DATE Month Day Year: 5/7/05

ELECTION TYPE: ☐ Primary ☐ Runoff ☐ General ☐ Special

12 OFFICE

OFFICE HELD (if any): MAYOR CITY OF ARLINGTON

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 expenditures 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

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

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	$
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 3,400.00
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 0
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 59,146.53
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.

NOTARY PUBLIC STATE OF TEXAS
AMBER MILLER
Notary Public
STATE OF TEXAS
My Comm. Exp. 05/24/2008

AFFIX NOTARY STAMP / SEAL ABOVE

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Robert N. Cluck, this the 15th day of July, 20 05, 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
	Amber Miller	Notary

Texas Ethics Commission P.O Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

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: DR ROBERT N. CLUCK

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor / 6 Contributor address, City, State, Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
4/15/05	PERRY PILLOW 6350 BAKER BLVD. FT. WORTH, TX 76118	2,500.00	

9 Principal occupation: 5-2-05

10 Employer (optional): AATC

Date	Full name of contributor / Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/16/05	KENNY ORDONEZ 3529 WILLOWBROOK DR. FT. WORTH, TX 76133	50.00	

Principal occupation:

Employer (optional):

7

Date	Full name of contributor / Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5/4/05	NICHOLAS + LISA STEFKOVICH 6308 EDINBURGH DR COLLEYVILLE	400.00	

Principal occupation:

Employer (optional):

Date	Full name of contributor / Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5/4/05	RANDY + SARAH FORD 3507 TOWN LAKE CIR. ARL., TX 76016	100.00	

Principal occupation: REST. BUSINESS

Employer (optional): J. COLLIGANS

Date	Full name of contributor / Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5/4/05	BILL BOWERMAN P.O. BOX 849 ARL., TX 76004	350.00	

Principal occupation:

Employer (optional):

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

Texas Ethics Commission · P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

FORM COR-C/OH

CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

1 ACCOUNT #

2 Total pages filed

3 CANDIDATE/ OFFICEHOLDER NAME

MS / MRS / MR: DR. FIRST: ROBERT M: N.

NICKNAME: BOB LAST: CLUCK SUFFIX:

4 ORIGINAL REPORT TYPE

- [ ] January 15
- [ ] July 15
- [x] 30th day before election
- [ ] day before election
- [ ] Runoff
- [ ] Exceeded $500 limit
- [ ] 15th day after treasurer appointment (officeholder only)
- [ ] Final report
- [ ] Other (specify)

5 ORIGINAL PERIOD COVERED

Month Day Year: 1/16/05 THROUGH Month Day Year: 4/7/05

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt # | Amount

Legal | Texas

Date Processed

Date Imaged

6 EXPLANATION OF CORRECTION

MISTAKINGLY PUT BEGINNING BALANCE INSTEAD OF ENDING BALANCE OF REPORTING PERIOD.

05 MAY -2 PM 2:59

7 AFFIDAVIT

KAREN BARLAR
Notary Public
STATE OF TEXAS
My Comm. Exp. 05/20/2005

AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct

Signature of Candidate or Officeholder

Sworn to and subscribed before me by ROBERT CLUCK this the 2nd day of May, 20 05.

to certify which, witness my hand and seal of office.

Signature of officer administering oath: Karen Barlar

Printed name of officer administering oath: KAREN Barlar

Title of officer administering oath: notary public

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

30 DAYS

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

16 ACCOUNT # (Ethics Commission Use)

17 NOTICE FROM POLITICAL COMMITTEE(S)

** This box is for notice of political expenditures 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

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

05 MAY -2 PM 2:39

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)	$ 57,200.00
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$
	4.	TOTAL POLITICAL EXPENDITURES	$ 8,357.95
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 53,303.03
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

NOTARY PUBLIC STATE OF TEXAS
KAREN BARLAR
Notary Public
STATE OF TEXAS
My Comm. Exp. 05/20/2005

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 CHUCK, this the 2nd day of May, 20 05, 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
Karen Barlar	KAREN Barlar	notary public

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

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

OFFICE USE ONLY

Date Received: 05 APR 29 PM 12:26 RECEIVED - CSO

Date Hand-delivered or Date Postmarked

Receipt # | Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: DR
FIRST: ROBERT
MI: N.
NICKNAME: BOB
LAST: CLUCK
SUFFIX:

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
☐ 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: (817)
PHONE NUMBER: 265-6777
EXTENSION:

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: 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.
ARLINGTON, TX 76013

8 CAMPAIGN TREASURER PHONE

AREA CODE: (817)
PHONE NUMBER: 265-1226
EXTENSION:

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: 4/8/05 THROUGH Month Day Year: 04/29/05

11 ELECTION

ELECTION DATE Month Day Year: 05/07/05

ELECTION TYPE: ☐ Primary ☐ Runoff ☐ General ☐ Special

12 OFFICE

OFFICE HELD (if any): MAYOR, CITY OF ARLINGTON

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

Printed on recycled paper

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

16 ACCOUNT # (Ethics Commission form)

17 NOTICE FROM POLITICAL COMMITTEE(S)

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COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

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	$
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 12,650.00
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$
	4.	TOTAL POLITICAL EXPENDITURES	$ 10,206.50
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 55,746.53
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.

KAREN WILLIAMS
Notary Public
STATE OF TEXAS
My Comm. Exp. 12/31/2007

AFFIX NOTARY STAMP / SEAL ABOVE

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Robert N. Cluck, this the 29th day of April, 20 05, 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

Printed on recycled paper

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

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: DR. ROBERT N. CLUCK

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
3/26/05	LEE AND LINDA BROOKSHIRE 5704 BAY CLUB DR. ARL., TX 76013	100.00	

9 Principal occupation: 10 Employer (optional):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3/29/05	LINDA MAGAZZINE 2003 N. ST. ANDREWS CT. ARL., TX 76011	1,000.00	

Principal occupation: Employer (optional):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3/29/05	MIKE MONCRIEF 777 TAYLOR ST., STE. 1030 FT WORTH, TX 76102	250.00	

Principal occupation: Employer (optional):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/6/05	HECTOR DELGADO 221 N. KANSAS ST., STE. 2000 EL PASO, TX	1,000.00	

Principal occupation: Employer (optional):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/25/05	~~MPAC ARLINGTON, INC~~ ~~P.O. BOX 144474~~ ~~ARLINGTON, TX 76003~~	~~150.00~~	

Principal occupation: Employer (optional):

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

1,350.00

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 DR ROBERT N. CLUCK

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out of state PAC / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description(if applicable)
4/1/05	JOHN B. FOSTER 524 E. LAMAR BLVD. ARL., TX 76011	1,000.00	

9 Principal occupation

10 Employer (optional)

Date	Full name of contributor ☐ out of state PAC / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description(if applicable)
4/6/05	ADLAI PENNIGTON + GENA TURNER 4110 SURFSIDE CT ARL., TX 76016-4063	1,000.00	

Principal occupation

Employer (optional)

Date	Full name of contributor ☐ out of state PAC / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description(if applicable)

Principal occupation

Employer (optional)

Date	Full name of contributor ☐ out of state PAC / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description(if applicable)

Principal occupation

Employer (optional)

Date	Full name of contributor ☐ out of state PAC / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description(if applicable)

Principal occupation

Employer (optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

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: DR ROBERT N. CLUCK

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out of state PAC / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
4/14/05	OSCAR + BLESIDA MACARAEG 4405 ENCHANTED OAKS ARL., TX 76016	200.00	

9 Principal occupation: 10 Employer (optional):

Date	Full name of contributor ☐ out of state PAC / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/14/05	PHAN HUYNH CLARK 9900 ALEMEDA CT. FT. WORTH, TX 76108	200.00	

Principal occupation: Employer (optional):

Date	Full name of contributor ☐ out of state PAC / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/14/05	JANG SHING CHIOU / PEI CHIH WANG CHIOU 3005 RUSH CT. ARL., TX 76017	50.00	

Principal occupation: Employer (optional):

Date	Full name of contributor ☐ out of state PAC / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/14/05	KATIE CHANG JP MORGAN CHASE BANK 500 EAST BORDER ST. ARL., TX 76010	300.00	

Principal occupation: Employer (optional):

Date	Full name of contributor ☐ out of state PAC / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/14/05	KATIE CHANG SAME AS ABOVE	50.00	

Principal occupation: Employer (optional):

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

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out of state PAC	6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
4/14/05	ALI RAZA	P.O. Box 200661 ARL., TX 76006	50.00	

9 Principal occupation | 10 Employer (optional)

Date	Full name of contributor ☐ out of state PAC	Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/14/05	PANKAJ UDESHI	2636 CASTANADA CIR. FT. WORTH, TX 76112-6123	50.00	

Principal occupation | Employer (optional)

Date	Full name of contributor ☐ out of state PAC	Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/14/05	CHIN PO ~~de~~ W/HEY-PING FU	2409 CASTLE ROCK RD ARL., TX 76006	200.00	

Principal occupation | Employer (optional)

Date	Full name of contributor ☐ out of state PAC	Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/14/05	TAYLOR THUY VU	~~1350~~ 1321 E PIONEER PARKWAY ARL., TX 76010	50.00	

Principal occupation | Employer (optional)

Date	Full name of contributor ☐ out of state PAC	Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/14/05	ANSON CHAN	3117 ASHWOOD CT. RICHARDSON, TX 75082	200.00	

Principal occupation | Employer (optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

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	6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
4/14/05	PETER + LIEN DAO	4526 MARBLEARCH DR. GRAND PRAIRIE, TX 75052	50.00	

9 Principal occupation | 10 Employer (optional)

Date	Full name of contributor ☐ out of state PAC	Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/14/05		2121 W AIRPORT FWY, STE. 220 IRVING, TX 75062-6000	200.00	

Principal occupation | Employer (optional): MLD ENGINEERING SOLUTIONS, INC.

Date	Full name of contributor ☐ out of state PAC	Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/14/05	EDWARD + GRACE McDERMOTT	2114 FRANKLIN ARL., TX 76011	200.00	

Principal occupation | Employer (optional)

Date	Full name of contributor ☐ out of state PAC	Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/14/05	HUNG NGUYEN & XUAN T. VU	5520 BRAZORIA DR. GRAND PRAIRIE, TX 75052	200.00	

Principal occupation | Employer (optional)

Date	Full name of contributor ☐ out of state PAC	Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/14/05	CAROL SMITH	2125 S.W. 3RD ST., STE. 228 GRAND PRAIRIE, TX 75051	50.00	

Principal occupation | Employer (optional)

265-3

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

(Effective 09-01-1997)

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

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 / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
4/14/05	WU-SHYUNG ERIC LEE + TSAI-YUN LEE 3105 AVE. E EAST ARL., TX 76011	50.00	

9 Principal occupation | 10 Employer (optional)

Date	Full name of contributor ☐ out of state PAC / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/14/05	NAPOLEON A RAMIREZ + ANTONIA S RAMIREZ 5305 STARRY CT. FT. WORTH, TX 76123	50.00	

Principal occupation | Employer (optional)

Date	Full name of contributor ☐ out of state PAC / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/14/05	JESSICA MY-DUNG NGUYEN 12709 BEECH TREE LN. EULESS, TX 76040-3427	50.00	

Principal occupation | Employer (optional)

Date	Full name of contributor ☐ out of state PAC / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/14/05	INOCENCIO V. DELACRUZ 7104 EDEN TAP RD., APT. B KENNEDALE, TX 76060-6632	50.00	

Principal occupation | Employer (optional)

Date	Full name of contributor ☐ out of state PAC / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/14/05	WAY-YU LIN + CHING-FEN LIN 6109 LEAGROVE CT. ARL., TX 76016	50.00	

Principal occupation | Employer (optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

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 / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
4/14/05	BOB TING + SAADIA MAI 2405 CALES DR., STE A ARL., TX 76013	50.00	

9 Principal occupation | 10 Employer (optional)

Date	Full name of contributor ☐ out of state PAC / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/14/05	JAMES B + NGUYEN DANG 1214 EASTWICK DR. ARL, TX 76002	5000	

Principal occupation | Employer (optional)

Date	Full name of contributor ☐ out of state PAC / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/14/05	KENNY ORDONEZ 3529 WILLOWBROOK DR. FT. WORTH, TX 76133	50.00	

Principal occupation | Employer (optional)

Date	Full name of contributor ☐ out of state PAC / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

Principal occupation | Employer (optional)

Date	Full name of contributor ☐ out of state PAC / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

Principal occupation | Employer (optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A

3 ACCOUNT # (Ethics Commission Filers)

2 FILER NAME DR. ROBERT N. CLUCK

4 Date	5 Full name of contributor ☐ out of state PAC / 6 Contributor address, City, State, Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
3/18/05	BOB LAUTERBACH 208 N. PECAN ARL., TX 76011	500.00	

9 Principal occupation | 10 Employer (optional)

Date	Full name of contributor ☐ out of state PAC / Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3/21/05	DODSON DEVELOPMENT, LTD 2229 W. DIVISION ARL., TX 76012	500.00	

Principal occupation | Employer (optional)

Date	Full name of contributor ☐ out of state PAC / Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3/31/05	RUDY MARTINEZ 2401 E RANDOL MILL Rd, STE 429 ARL, TX 76011	150.00	

Principal occupation | Employer (optional)

Date	Full name of contributor ☐ out of state PAC / Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3/31/05	PAUL CARDARELLA ONE SBC PLAZA, RM 3707 DALLAS, TX 75202	200	

Principal occupation | Employer (optional)

Date	Full name of contributor ☐ out of state PAC / Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/1/05	DELGADO, ACOSTA, BRADEN & JONES, P.C. 221 N. KANSAS ST. STE. 2000 EL PASO, TX 79901-1441	500.00	

Principal occupation | Employer (optional)

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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: DR. ROBERT N. CLUCK

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor / 6 Contributor address, City, State, Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
4/1/05	☐ out of state PAC RON GRAVES 1715 MARTINIQUE CT. ARL., TX 76012	200.00	

9 Principal occupation: 10 Employer (optional)

Date	Full name of contributor / Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/8/05	☐ out of state PAC MELINDA C. MATHES 3500 FAIRMOUNT ST., STE. 422 DALLAS, TX 75219	200.00	

Principal occupation: Employer (optional)

Date	Full name of contributor / Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/8/05	☐ out of state PAC GARY TERRY 116 HOUSTON ST. RM 104 FT WORTH, TX 76102	150.00	

Principal occupation: Employer (optional)

Date	Full name of contributor / Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/11/05	☐ out of state PAC JANE & BOB MC FARLAND 100 W. ABRAM P.O. BOX 13060 ARL., TX 76013	1,500.00	

Principal occupation: ATTORNEY Employer (optional)

Date	Full name of contributor / Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3/10/05	☐ out of state PAC JOAN & CHARLES DUKE 1004 ROCKY CANYON ARL., TX 76012	50.00	

Principal occupation: Employer (optional)

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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: DR. ROBERT N. CLUCK

3 ACCOUNT # (Ethics Commission fees)

4 Date	5 Full name of contributor / 6 Contributor address, City, State, Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
3/10/05	JOAN DUKE	50.00	

9 Principal occupation

10 Employer (optional)

Date	Full name of contributor / Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/18/05	DOUGLAS HAFER 101 EAST PARK ROW ARLINGTON, TX 76010	250.00	

Principal occupation

Employer (optional)

Date	Full name of contributor / Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/19/05	HAMMER + NAILS CLUB 6464 BRENTWOOD STAIR RD, STE 100 FT. WORTH, TX 76112	500.00	

Principal occupation

Employer (optional)

Date	Full name of contributor / Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/28/05	STEPHEN CAVENDER 2111 N. COLLINS, STE. 323 ARLINGTON, TX 76011-2810	500.00	

Principal occupation

Employer (optional)

Date	Full name of contributor / Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/25/05	MPAC ARLINGTON, INC P.O. BOX 174474 ARLINGTON, TX 76003	150.00	

Principal occupation

Employer (optional)

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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 DR. ROBERT N. CLUCK

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor / 6 Contributor address, City, State, Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
4/15/05	HELEN WADDOX 3412 WOODFORD DR. ARLINGTON, TX 76013	100.00	

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date	Full name of contributor / Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/18/05	CHARLES W. GREEN 4101 VISTA CREEK CT. ARLINGTON, TX 76016	100.00	

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor / Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/18/05	CARL I. FRISINA, M.D. 2106 STONEHILL CT. ARLINGTON, TX 76012	250.00	

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor / Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor / Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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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:

OFFICE USE ONLY

Date Received

Receipt #

HD / PM | Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

TITLE: DR. FIRST: ROBERT MI: N.

NICKNAME: BOB LAST: CLUCK SUFFIX:

4 CANDIDATE / OFFICEHOLDER ADDRESS

☐ Change of Address

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

5820 BAY CLUB DR.
ARLINGTON, TX 76013

5 CAMPAIGN TREASURER NAME

TITLE: MR. FIRST: BAILEY MI:

NICKNAME: LAST: RUFF SUFFIX:

6 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

RECEIVED - CSO
05 APR -6 PM 12: 28

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

(817) 265-1226

8 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)

9 PERIOD COVERED

Month Day Year: 1/16/05 THROUGH Month Day Year: 4/7/05

10 ELECTION

ELECTION DATE Month Day Year: 5/7/05

ELECTION TYPE: ☐ Primary ☐ Runoff ☐ General ☐ Special

11 OFFICE

OFFICE HELD (if any): MAYOR, CITY OF ARLINGTON

12 OFFICE SOUGHT (if known): MAYOR

13 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

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME DR ROBERT

16 ACCOUNT # (Ethics Commission form)

17 NOTICE FROM POLITICAL COMMITTEE(S)

** This box is for notice of political expenditures 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

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

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	$
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 57,200.00
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$
	4.	TOTAL POLITICAL EXPENDITURES	$ 8,357.95
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 4,460.98
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

NOTARY PUBLIC STATE OF TEXAS
KAREN BARLAR
Notary Public
STATE OF TEXAS
My Comm. Exp. 05/20/2005

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 Title 15, Election Code.

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said ROBERT N. CLUCK, this the 6th day of April, 20 05, 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
Karen Barlar	KAREN Barlar	notary public

Revised 11/03/2003

Printed on recycled paper

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME DR. ROBERT N. CLUCK

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
2/12/05	MURPHY TURNER + ASSOC. 816 CONGRESS AVE., STE. 1160 AUSTIN, TX 78701	$ 3200.00

8 Purpose of payment (See instructions regarding type of information required.) RE-ELECTION CAMPAIGN

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
2/20/05	JOE BARTON, FUNDRAISER	$ 250.00

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

•• Complete if direct expenditure to benefit C/OH ••
Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
3/15/05	MURPHY TURNER + ASSOC. 816 CONGRESS AVE., STE. 1160 AUSTIN, TX 78701	4,907.95

Purpose of payment (See instructions regarding type of information required.) RE-ELECTION CAMPAIGN

•• Complete if direct expenditure to benefit C/OH ••
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.)

•• Complete if direct expenditure to benefit C/OH ••
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

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, MD

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
2/19/05	DAVID + KAREN TESMER 4568 JOUSTING LN. GRAND PRAIRIE, TX 75052	50.00	

☐ out of state PAC

9 Principal occupation: V.P. COST. AFFAIRS

10 Employer (optional): THR

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
2/19/05	H. CRAIG DAVIS 1104 WILDWOOD CT. ARL., TX 76011	25.00	

☐ out of state PAC

Principal occupation: SYS. TECH

Employer (optional): SBC

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
2/24/05	WAYNE COBLE 2201 GREEN OAKS BLVD. ARL., TX 76017	100.00	

☐ out of state PAC

Principal occupation: RETIRED

Employer (optional):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
2/24/05	BEN + MARY FRANCES DOSKOCIL 5306 MANSFIELD RD. ARL., TX 76017	250.00	

☐ out of state PAC

Principal occupation: RETIRED

Employer (optional):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
2/25/05	MIKE DITTO 940 MEADOW OAKS DR. ARL., TX 76010	50.00	

☐ out of state PAC

Principal occupation:

Employer (optional):

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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 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description(if applicable)
	MRS BOB DUNCAN 1210 BRITTANY LANE ARL, TX 76013	200.00	

9 Principal occupation

10 Employer (optional)

Date	Full name of contributor ☐ out of state PAC Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description(if applicable)

Principal occupation

Employer (optional)

7

Date	Full name of contributor ☐ out of state PAC Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description(if applicable)

Principal occupation

Employer (optional)

Date	Full name of contributor ☐ out of state PAC Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description(if applicable)

Principal occupation

Employer (optional)

Date	Full name of contributor ☐ out of state PAC Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description(if applicable)

Principal occupation

Employer (optional)

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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, M.D

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
2/14/05	TOM CRAVENS 501 S. FIELDER ARL., TX 76013	250.00	

9 Principal occupation

10 Employer (optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
2/14/05	BAILEY RUFF 4102 SHADY VALLEY DR. ARL., TX 76013	1,000.00	

Principal occupation RETIRED

Employer (optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
2/15/05	GEORGE + SARAH BLUMENSCHEIN 906 W. RANDOL MILL RD. ARL., TX 76012	1,000.00	

Principal occupation PHYSICIANS

Employer (optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
2/18/05	MIKE + NANCILU Mc CLELLAN 1801 LONGBRANCH CT ARL., TX 76012	100.00	

Principal occupation

Employer (optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
2/21/05	TOMMY + KAREN FOSTER 3901 SHADY VALLEY DR. ARL., TX 76013	300.00	

Principal occupation

Employer (optional)

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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 / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description(if applicable)
2/20/05	WALID JOULANI 2900 RUSH CT. ARL., TX 76017	250.00	

☐ out of state PAC

9 Principal occupation

10 Employer (optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description(if applicable)
2/21/05	LEE CHAPMAN ONE SUMMIT AVE., STE. 501 FT. WORTH, TX 76102	500.00	

☐ out of state PAC

Principal occupation

Employer (optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description(if applicable)
2/22/05	WENDELL + BETTY NEDDERMAN 6200 TIFFANY OAK LN ARL., TX 76016	50.00	

☐ out of state PAC

Principal occupation

Employer (optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description(if applicable)
2/22/05	J.G. LUKE P.O. BOX 1024 ARL., TX 76004	250.00	

☐ out of state PAC

Principal occupation

Employer (optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description(if applicable)
2/23/05	AMERICAN AIRLINES PAC 1101 17TH ST. N.W. NO 600 WASHINGTON, DC 20036	500.00	

☑ out of state PAC

Principal occupation

Employer (optional)

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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 / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description(if applicable)
2/24/05	JOSEPH MERRILL 4 COUNTRY CLUB CT. ARL., TX 76013	100.00	

9 Principal occupation | 10 Employer (optional)

Date	Full name of contributor ☐ out of state PAC / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description(if applicable)
2/25/05	FRANK + PATTI SOLANO 1021 CREEK CROSSING COPPELL, TX 75019	500.00	

Principal occupation | Employer (optional)

Date	Full name of contributor ☐ out of state PAC / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description(if applicable)
2/25/05	J. CAMPBELL 5912 MOSS DR. ARL., TX 76016	250.00	

Principal occupation | Employer (optional)

Date	Full name of contributor ☐ out of state PAC / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description(if applicable)
2/26/05	VICTOR + KRISTIN VANDERGRIFF 702 LOCH LOMOND ARL., TX 76012	500.00	

Principal occupation | Employer (optional)

Date	Full name of contributor ☐ out of state PAC / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description(if applicable)
2/24/05	R.W. PREVOST 2100 SCENIC BAY DR. ARL., TX 76013	250.00	

Principal occupation | Employer (optional)

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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 / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
2/27/05	KENT + D'ANN BESLEY 2800 CALIFORNIA LN. ARL., TX 76015	100.00	

9 Principal occupation

10 Employer (optional)

Date	Full name of contributor ☐ out of state PAC / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
2/27/05	LEONARD OSZUSTOWICZ 2000 E. LAMAR BLVD. STE 500 ARL., TX 76006	150.00	

Principal occupation

Employer (optional)

7

Date	Full name of contributor ☐ out of state PAC / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
2/28/05	RAYMOND + SHARON GOMEZ 1032 DIAMOND BLVD. SOUTHLAKE, TX 76092	1,000.00	

Principal occupation

Employer (optional)

Date	Full name of contributor ☐ out of state PAC / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
2/28/05	SHERRI GOMEZ 4236 CASTLE ROCK CT. IRVING, TX 75038	1,000.00	

Principal occupation

Employer (optional)

Date	Full name of contributor ☐ out of state PAC / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
2/28/05	KAY KING 4015 SHADY VALLEY DR. ARL., TX 76013	100.00	

Principal occupation

Employer (optional)

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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 / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description(if applicable)
2/28/05	ROBERT + ELIZABETH KOHN 2735 LAUREL VALLEY WY. ARL., TX 76006	100.00	

9 Principal occupation

10 Employer (optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description(if applicable)
2/28/05	EDWARD + GRACE MCDERMOTT 2114 FRANKLIN ARL., TX 76011	100.00	

Principal occupation

Employer (optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description(if applicable)
2/28/05	PAT + NORB WALTER 1512 MILLBROOK DR. ARL., TX 76012	100.00	

Principal occupation

Employer (optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description(if applicable)
2/28/05	RON + SUSAN WRIGHT 5505 OVERRIDGE DR. ARL., TX 76017	100.00	

Principal occupation

Employer (optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description(if applicable)
2/28/05	TROY + SHIRLEY COX 3909 KRAMER CT. ARL., TX 76016	25.00	

Principal occupation

Employer (optional)

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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

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out of state PAC / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description(if applicable)
2/28/05	DON & CRISTY DUKE P.O. BOX 13464 ARL., TX 76094	100.00	

9 Principal occupation | 10 Employer (optional)

Date	Full name of contributor ☐ out of state PAC / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description(if applicable)
2/28/05	DAVID E. ELMORE 2312 PLEASANT FOREST S. ARL., TX 76015	100.00	

Principal occupation | Employer (optional)

Date	Full name of contributor ☐ out of state PAC / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description(if applicable)
2/28/05	BILLIE FARRAR 1731 WOODS DR. ARL., TX 76010	250.00	

Principal occupation | Employer (optional)

Date	Full name of contributor ☐ out of state PAC / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description(if applicable)
2/28/05	LARRY FOWLER 4900 MORRIS HEIGHTS DR. ARL., TX 76016	100.00	

Principal occupation | Employer (optional)

Date	Full name of contributor ☐ out of state PAC / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description(if applicable)
3/1/05	GREG MORSE 200 W. MAIN ST. ARL., TX 76010	100.00	

Principal occupation | Employer (optional)

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

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 / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
2/28/05	ANDREW + ANNA PIEL 4402 MURWICK DR. ARL., TX 76016	100.00	

9 Principal occupation	10 Employer (optional)

Date	Full name of contributor ☐ out of state PAC / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3/1/05	MICHAEL + JAN GERRO 3515 LAKE TAHOE DR. ARL., TX 76016	100.00	

Principal occupation	Employer (optional)

Date	Full name of contributor ☐ out of state PAC / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3/2/05	CARROLL + JOANEZ 3012 COLLARD RD ARL., TX 76017	100.00	

Principal occupation	Employer (optional)
ORAL SURGEN	

Date	Full name of contributor ☐ out of state PAC / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3/2/05	CAROLE + BOB FINDLAY 1408 PORTO BELLO CT ARL., TX 76012	200.00	

Principal occupation	Employer (optional)

Date	Full name of contributor ☐ out of state PAC / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3/3/05	BILL SNIDER 2111 N. COLLINS, STE. 323 ARL., TX 76011	100.00	

Principal occupation	Employer (optional)
ATTORNEY	

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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 / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description(if applicable)
3/3/05	MARJORAY WILEMON 4111 SHADY VALLEY DR. ARL, TX 76013	50.00	

9 Principal occupation	10 Employer (optional)
RETIRED	

Date	Full name of contributor ☐ out of state PAC / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description(if applicable)
3/4/05	P. MARK & KAREN BROWN 3107 ALPS CT. ARL., TX 76012	100.00	

Principal occupation	Employer (optional)

Date	Full name of contributor ☐ out of state PAC / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description(if applicable)

Principal occupation	Employer (optional)

Date	Full name of contributor ☐ out of state PAC / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description(if applicable)

Principal occupation	Employer (optional)

Date	Full name of contributor ☐ out of state PAC / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description(if applicable)

Principal occupation	Employer (optional)

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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 ROBERT N. CLUCK, M.D

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out of state PAC / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description(if applicable)
2/9/05	GARY C. MARTIN P.O. BOX 91588 ARL., TX. 76015	1,000.00	

9 Principal occupation: V-CHAIRMAN MARTIN SPOCKET+GEAR, INC

10 Employer (optional)

Date	Full name of contributor ☐ out of state PAC / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description(if applicable)
2/9/05	DAVID L. MORITZ 2111 N. COLLINS, STE. 323 ARL., TX 76011	2500.00	

Principal occupation: INVESTOR

Employer (optional)

Date	Full name of contributor ☐ out of state PAC / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description(if applicable)
2/10/05	ARNOLD E. PETSCHE 2211 SHADYWOOD CT. ARL., TX 76012	2,500.00	

Principal occupation: CHAIRMAN

Employer (optional): A.E. PETSCHE CO., INC.

Date	Full name of contributor ☐ out of state PAC / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description(if applicable)
2/11/05	HASSAN HALABY 5808 BAY CLUB DR. ARL., TX 76013	1,000.00	

Principal occupation: BUS. OWNER

Employer (optional): I HOP

Date	Full name of contributor ☐ out of state PAC / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description(if applicable)
2/15/05	DAVID A. VOGEL 2611 COLLEEN DR. ARL., TX 76016	100.00	

Principal occupation: REALTOR

Employer (optional)

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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 / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
2/15/05	SANDRA & DON DAVIS 2366 E. RO TO SIX FLAGS ARL., TX 76011	1,000.00	

9 Principal occupation: AUTO DEALER

10 Employer (optional)

Date	Full name of contributor ☐ out of state PAC / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
2/16/05	MICHAEL MENDELSON, M.D. 1001 N. WALDROP DR., STE. 509 ARL, TX 76012	500.00	

Principal occupation: PHYSICIAN

Employer (optional)

Date	Full name of contributor ☐ out of state PAC / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
2/16/05	DR JERRY & MARSHA BANE 4101 SHADY VALLEY DR ARL., TX 76013	100.00	

Principal occupation: PHYICIAN & REALTOR

Employer (optional)

Date	Full name of contributor ☐ out of state PAC / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
2/17/05	DR JACK & TOMMIE JEAN BROOKS 1827 SOUTHPARK DR. ARL., TX 76013	250.00	

Principal occupation: PHYSICIAN

Employer (optional)

Date	Full name of contributor ☐ out of state PAC / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
2/17/05	PETER & NANCY CONLON 2015 WIMBELDON DR. ARL., TX 76017	100.00	

Principal occupation

Employer (optional)

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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 / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description(if applicable)
2/17/05	CARTER + BURGESS PAC 777 MAIN ST. FT. WORTH, TX	1,000.00	

9 Principal occupation

10 Employer (optional)

Date	Full name of contributor ☐ out of state PAC / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description(if applicable)
2/17/05	JIMMY BENNETT 2310 AUTUMN OAKS TR. ARL., TX 76006	500.00	

Principal occupation CPA

Employer (optional)

Date	Full name of contributor ☐ out of state PAC / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description(if applicable)
2/18/05	STAN + JAN AGEE 109 W. RANDOL MILL ARL., TX 76011	100.00	

Principal occupation

Employer (optional)

Date	Full name of contributor ☐ out of state PAC / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description(if applicable)
2/18/05	BILL W. L. HUGHES, JR. 1809 WOODS DR. ARL., TX 76010	100.00	

Principal occupation

Employer (optional)

Date	Full name of contributor ☐ out of state PAC / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description(if applicable)
2/18/05	CLYDE R. ASHWORTH 3 HOMEPLACE CT. ARL., TX 76016	100.00	

Principal occupation JUDGE

Employer (optional)

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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 / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description(if applicable)
2/18/05	CARL LISA & CRAVENS 410 BRYCE LN. ARL., TX 76013	100.00	

9 Principal occupation: FINANCE

10 Employer (optional): J.P. MORGAN CHASE

Date	Full name of contributor ☐ out of state PAC / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description(if applicable)
2/18/05	JEFF & JANA KELLY 2903 SERENITY CT. ARL., TX 76016	100.00	

Principal occupation: MANAGER

Employer (optional): HORIZON PLB, LTD

Date	Full name of contributor ☐ out of state PAC / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description(if applicable)
2/18/05	ROGER & JANIS DEFRANG 2200 SHADY VIEW CT ARL., TX 76013	100.00	

Principal occupation: UP SALES

Employer (optional): DICHIONSR

Date	Full name of contributor ☐ out of state PAC / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description(if applicable)
2/18/05	ROBERT & JEAN STOESSEL 3302 WOODFORD DR. ARL., TX 76013	250.00	

Principal occupation:

Employer (optional):

Date	Full name of contributor ☐ out of state PAC / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description(if applicable)
2/18/05	LEE & PATRICIA TAYLOR 2020 FRIAR TUCK DR. ARL., TX 76013	50.00	

Principal occupation: RETIRED

Employer (optional):

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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 / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description(if applicable)
2/18/05	GLENN M. DAY 2307 WOOD CLIFF CT. ARL., TX 76012	100.00	

☐ out of state PAC

9 Principal occupation: REAL ESTATE APPRAISER

10 Employer (optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description(if applicable)
2/18/05	SYLVIA & CURTIS GLEATON 2716 ANTERO DR. ARL., TX 76006	150.00	

☐ out of state PAC

Principal occupation

Employer (optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description(if applicable)
2/19/05	T.W. & BETTY MOORE 5901 BAY CLUB DR. ARL., TX 76013	250.00	

☐ out of state PAC

Principal occupation: RETIRED

Employer (optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description(if applicable)
2/19/05	JAMES & LOIS DITTO 1803 OAK GROVE DR. ARL., TX 76013	100.00	

☐ out of state PAC

Principal occupation: RETIRED

Employer (optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description(if applicable)
2/19/05	SHEILA JAMES CRIBBS P.O. BOX 13060 ARL., TX 76013	1,000.00	

☐ out of state PAC

Principal occupation: ATTORNEY

Employer (optional)

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SCHEDULE A

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3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
2/19/05	JOANNE + BUB JOHNSTON 1421 COUNTRY CLUB DR. ARL., TX 76013	50.00	

☐ out of state PAC

9 Principal occupation

10 Employer (optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
2/19/05	BOHN + ANN ALLEN 706 LOCH LOMOND ARL., TX 76012	200.00	

☐ out of state PAC

Principal occupation PHYSICIAN

Employer (optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
2/19/05	JAMES + PATTI RICHARDS 4303 STEEPLECHASE TRL. ARL., TX 76016	100.00	

☐ out of state PAC

Principal occupation URBAN DESIGN

Employer (optional) TOWNSCAPE, INC

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
2/20/05	BRENT + JUDY SKILLMAN 2626 SUNLIGHT DR. ARL., TX 76006	50.00	

☐ out of state PAC

Principal occupation

Employer (optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
2/20/05	RICHARD + ANN MORRIS 1810 CEDAR ELM DR. ARL., TX 76012	100.00	

☐ out of state PAC

Principal occupation PHYSICIAN

Employer (optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out of state PAC / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
2/20/05	GEORGE + BARBARA SLAUGHTER 2311 WOODSONG TR ARL., TX 76016	25.00	

9 Principal occupation

10 Employer (optional)

Date	Full name of contributor ☐ out of state PAC / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
2/20/05	MICHAEL + MARTHA REISWIG 2712 MARK TWAIN CT. ARL., TX 76006	1,000.00	

Principal occupation: BROKER MANAGER

Employer (optional): REISWIG GROUP REALTORS

Date	Full name of contributor ☐ out of state PAC / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
2/20/05	JEFFREY + ELIZABETH POSTER 801 FINDLAY DR ARL, TX 76012	100.00	

Principal occupation: ATTORNEY

Employer (optional):

Date	Full name of contributor ☐ out of state PAC / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
2/21/05	PHILLIP BELL 1110 N WATSON RD ARL., TX 76011	2500.00	

Principal occupation: PARTNER

Employer (optional): BOB MOORE CONSTRUCTION, INC

Date	Full name of contributor ☐ out of state PAC / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
2/21/05	ANTHONY J. CHIARELLO 1812 O'HENRY CT. ARL., TX 76006	500.00	

Principal occupation: PRESIDENT

Employer (optional): DALLAS TRUCK CENTER

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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 / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description(if applicable)
2/21/05	JAMES & TRICIA MAIBACH 6501 BALDWIN ACRES CT. ARL., TX 76001	250.00	

9 Principal occupation: REAL ESTATE

10 Employer (optional): PEGCO SOUTHWEST REALTY

Date	Full name of contributor ☐ out of state PAC / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description(if applicable)
2/21/05	WILLIAM + PEGGY POYNTER 2307 CASTLE ROCK RD. ARL., TX 76006	100.00	

Principal occupation: REAL ESTATE INVESTMENT

Employer (optional): POYNTER SCITRES Cos.

Date	Full name of contributor ☐ out of state PAC / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description(if applicable)
2/21/05	SAM + JO LESTER 2412 LAKEVIEW ARL., TX 76013	100.00	

Principal occupation: RESTAURANT OWNER

Employer (optional): CATFISH SAMS

Date	Full name of contributor ☐ out of state PAC / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description(if applicable)
2/21/05	DR LARRY NORRIS 2109 S. BOWEN ARL., TX 76013	100.00	

Principal occupation: ORTHODONTIST

Employer (optional):

Date	Full name of contributor ☐ out of state PAC / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description(if applicable)
2/22/05	JUDITH CARRIER 3720 WOOTEN DR. FT. WORTH, TX 76133	100.00	

Principal occupation: EDUCATOR

Employer (optional): TCC

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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 / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description(if applicable)
2/22/05	RALPH + ALICE SOBEL P.O. BOX 120186 ARL., TX 76012	50.00	

9 Principal occupation: RETIRED

10 Employer (optional)

Date	Full name of contributor ☐ out of state PAC / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description(if applicable)
2/22/05	LINDA PAVLIK 115 W. 2ND ST., STE. 210 FT. WORTH, TX 76102	250.00	

Principal occupation: PR

Employer (optional): PAVLIK + ASSOC., L.P

Date	Full name of contributor ☐ out of state PAC / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description(if applicable)
2/22/05	JANICE D. THOMPSON 2009 WINTER SUNDAY WAY ARL., TX 76012	100.00	

Principal occupation: PARALEGAL MGR.

Employer (optional): WEIL, GOTSHAL + MANGES, LLP

Date	Full name of contributor ☐ out of state PAC / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description(if applicable)
2/22/05	DOROTHY JONES 2502 HARMONY CT. ARL., TX 76015	25.00	

Principal occupation: RETIRED CHIROPRACTOR

Employer (optional)

Date	Full name of contributor ☐ out of state PAC / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description(if applicable)

Principal occupation

Employer (optional)

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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 / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
2/20/05	GREG & PAM KENT 1304 CROWNHILL CT. ARLINGTON, TX 76012	2500.00	

9 Principal occupation: RISK MANAGER

10 Employer (optional): BASS ENTERPRISES

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
2/21/05	TOBY GOODMAN 1600 E. LAMAR ARL., TX 76011	250.00	

Principal occupation: STATE REP / ATTORNEY

Employer (optional):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
2/21/05	BETTY "BECKY" WETSEL 3907 SHADY CREEK DR. N. ARL., TX 76013	250.00	

Principal occupation:

Employer (optional):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
2/22/05	MIKE & DEBI PATTERSON 1111 W. ARKANSAS LANE ARL., TX 76013	500.00	

Principal occupation: ATTORNEY

Employer (optional): PEIRSON PATTERSON

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
2/22/05	VAL & LINDA GIBSON 2414 WIMBLEDON DR. ARL, TX 76017	100.00	

Principal occupation: BUSINESS OWNER

Employer (optional): ZAP PRINT & COPY

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

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

SCHEDULE A

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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 / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description(if applicable)
2/23/05	PATRICK + SARAH SPEARS 5165 ALAIRE DR FT. WORTH, TX 76132	100.00	

9 Principal occupation

10 Employer (optional)

Date	Full name of contributor ☐ out of state PAC / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description(if applicable)
2/23/05	ROBERT SHEPARD 5606 HUNTERWOOD LN. ARL., TX 76017	100.00	

Principal occupation ATTORNEY

Employer (optional)

7

Date	Full name of contributor ☐ out of state PAC / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description(if applicable)
2/23/05	JAMES NICHOLS 4821 OVERTON WOODS DR. FT. WORTH, TX 76109	250 00	

Principal occupation ENGINEER

Employer (optional) FREESE & NICHOLS

Date	Full name of contributor ☐ out of state PAC / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description(if applicable)

Principal occupation

Employer (optional)

Date	Full name of contributor ☐ out of state PAC / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description(if applicable)

Principal occupation

Employer (optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out of state PAC / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description(if applicable)
2/21/05	ROBERT TRUE, MD. / 1001 WALDROP DR., STE. 405 ARL., TX 76012	250.00	

9 Principal occupation: PHYSICIAN

10 Employer (optional)

Date	Full name of contributor ☐ out of state PAC / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description(if applicable)
2/23/05	AL HUMPHREY, M.D. / 910 N. DAVIS DR., STE. 400 ARL., TX. 76012	250.00	

Principal occupation: PHYSICIAN

Employer (optional)

Date	Full name of contributor ☐ out of state PAC / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description(if applicable)
2/23/05	KAREN CHARLES R VAVRIN, MD / 1808 O'HENRY CT. ARL., TX 76006	100.00	

Principal occupation: PHYSICIAN

Employer (optional)

Date	Full name of contributor ☐ out of state PAC / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description(if applicable)
2/23/05	GENE & MILDRED STEWART / 2127 ROCKY BRANCH DR. ARL., TX 76013	200.00	

Principal occupation: RETIRED

Employer (optional)

Date	Full name of contributor ☐ out of state PAC / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description(if applicable)
2/23/05	GEORGE + PATTY ANDREWS / 11 PARK ROW CT. ARL., TX 76013	100.00	

Principal occupation

Employer (optional)

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4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description(if applicable)
2/24/05	HERMAN BOSWELL 1718 S COOPER ST. ARL., TX 76013	500.00	

☐ out of state PAC

9 Principal occupation: REAL ESTATE BROKER

10 Employer (optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description(if applicable)
2/24/05	ALINE W. HIPPLE 4109 SHADY VALLEY DR. ARL., TX 76013	100.00	

☐ out of state PAC

Principal occupation: RETIRED

Employer (optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description(if applicable)
2/24/05	CHARLES R. ELHOFF 1000 BALLPARK WAY, STE 214 ARL., TX 76006	100.00	

☐ out of state PAC

Principal occupation: FIANCIAL ADVISOR

Employer (optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description(if applicable)
2/24/05	BRUCE ASHWORTH 2214 PARK SPRINGS BLVD. ARL., TX 76013	100.00	

☐ out of state PAC

Principal occupation: ATTORNEY

Employer (optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description(if applicable)
2/24/05	FRED & LYNDA WEEKLEY 1821 MOSSY OAK ARL., TX 76012	25.00	

☐ out of state PAC

Principal occupation: LAWYER

Employer (optional)

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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 ROBERT N. CLUCK, MD.

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
2/16/05	CHRISTOPHER CARROLL 4200 S. COOPER, STE 200A ARL., TX 76015	2500.00	

☐ out of state PAC

9 Principal occupation

10 Employer (optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
2/28/05	SUE ~~& JIMMY~~ PHILLIPS 415 JOYCE ARL., TX 76010	50.00	

☐ out of state PAC

Principal occupation

Employer (optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
2/28/05	MOSY HADDAD 2233 AVE J STE 101 ARL., TX 76006	1,000.00	

☐ out of state PAC

Principal occupation

Employer (optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
2/28/05	JIMMY PHILLIPS 415 JOYCE ARL., TX 76010	100.00	

☐ out of state PAC

Principal occupation

Employer (optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
2/28/05	JOE BARTON P.O. BOX 1444 ENNIS, TX 75120	2,500.00	

☐ out of state PAC

Principal occupation CONGRESSMAN

Employer (optional)

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4 Date	5 Full name of contributor ☐ out of state PAC / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description(if applicable)
2/25/05	ED MENTON 847 W. MITCHELL ARL., TX 76013	250.00	

9 Principal occupation: PHYSICIAN

10 Employer (optional)

Date	Full name of contributor ☐ out of state PAC / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description(if applicable)
2/25/05	B. GAIL ARNOLD 1401 CLUBVIEW CT. ARL., TX 76013	100.00	

Principal occupation

Employer (optional)

7

Date	Full name of contributor ☐ out of state PAC / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description(if applicable)
2/25/05	TIM + JENNIFER FOGLE 4708 VALLEYCREST DR. ARL., TX 76013	100.00	

Principal occupation: HEALTH CONSULTANT

Employer (optional): SELF

Date	Full name of contributor ☐ out of state PAC / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description(if applicable)
2/25/05	JACK + CAROLYN DAVIS 1803 TENNYSON DR. ARL., TX 76013	100.00	

Principal occupation: RETIRED

Employer (optional)

Date	Full name of contributor ☐ out of state PAC / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description(if applicable)
3/1/05	EMILY MOSS 1801 IVORWOOD LN ARL., TX 76013	50.00	

Principal occupation: RETIRED

Employer (optional)

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3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out of state PAC / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description(if applicable)
2/27/05	JOHN & THERESA BUCK 109 WOODS DR. ARL., TX 76010	25.00	

9 Principal occupation: RETIRED

10 Employer (optional)

Date	Full name of contributor ☐ out of state PAC / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description(if applicable)
2/28/05	JERRY JORDAN P.O. BOX 993 ARL., TX 76004	250.00	

Principal occupation: REAL ESTATE

Employer (optional): JORCO GROUP

Date	Full name of contributor ☐ out of state PAC / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description(if applicable)
2/28/05	CARO + JOHN KORD 7100 LAKE POWELL ARL., TX 76016	100.00	

Principal occupation: PHYSICIAN

Employer (optional)

Date	Full name of contributor ☐ out of state PAC / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description(if applicable)
2/28/05	PETER + ELIZA HATTON 2607 PARK RUN DR. ARL., TX 76016	25.00	

Principal occupation: RETIRED

Employer (optional)

Date	Full name of contributor ☐ out of state PAC / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description(if applicable)
2/27/05	DEE + LINDA STEER 1400 PORTO BELLO CT. ARL., TX 76012	200.00	

Principal occupation

Employer (optional)

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4 Date	5 Full name of contributor ☐ out of state PAC / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
2/28/05	KELLY + REBECCA MCKNIGHT 3209 W. SUBLETT RD ARL., TX 76017	250.00	

9 Principal occupation

10 Employer (optional)

Date	Full name of contributor ☐ out of state PAC / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
2/27/05	VICKI + R.E. KARPER 707 PORTOFINO DR. ARL., TX 76012	250.00	

Principal occupation PATHOLOGIST

Employer (optional)

Date	Full name of contributor ☐ out of state PAC / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
2/24/05	ROBERT + GLENDA MAHONEY 3906 SHADYCREEK DR. ARL., TX 76013	250.00	

Principal occupation PRESIDENT

Employer (optional) ENTRUST CONNECTIONS

Date	Full name of contributor ☐ out of state PAC / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
2/25/05	TOM + MARY ANNE HARRIS 2211 WINTER SUNDAY WAY ARL., TX 76012	100.00	

Principal occupation RETIRED PHYSICIAN

Employer (optional)

Date	Full name of contributor ☐ out of state PAC / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
2/16/05	CLAY + DELL ELLIS #1 HOMEPLACE CT ARL, TX 76016	100.00	

Principal occupation ORTHODONTIST

Employer (optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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2 FILER NAME :

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out of state PAC / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description(if applicable)
2/28/05	SHARON HOLDEN 1008 N. BOWEN ARL., TX 76012	100.00	

9 Principal occupation: BUS. OWNER

10 Employer (optional): ELYSIUM SPA

Date	Full name of contributor ☐ out of state PAC / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description(if applicable)
3/2/05	DAVE + SALLY BOTCHER 604 RAINTREE CT. ARL., TX 76012	100.00	

Principal occupation: ENGINEERING DIRECTOR

Employer (optional): LOCKHEED MARTIN

Date	Full name of contributor ☐ out of state PAC / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description(if applicable)
3/1/05	KENT GRUSENDORF 1221 W. NATHAN LOWE RD. ARL., TX 76017	250.00	

Principal occupation:

Employer (optional):

Date	Full name of contributor ☐ out of state PAC / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description(if applicable)
2/28/05	JOHN + SHERRY CARTUSCIELLO 3507 YACHT CLUB CT ARL., TX 76016	50.00	

Principal occupation:

Employer (optional):

Date	Full name of contributor ☐ out of state PAC / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description(if applicable)
2/22/05	R.G. WICK ALEXANDER 840 W MITCHELL ST. ARL., TX 76013	1000.00	

Principal occupation: ORTHODONTIST

Employer (optional):

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
3/2/05	HUGH ROSS 1008 WHISPERING OAK ARL., TX 76012	100.00	

☐ out of state PAC

9 Principal occupation: SALES

10 Employer (optional):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
2/24/05	LEONARD ARNOLD 707 ROSEWOOD LN. ARL., TX 76010	10.00	

☐ out of state PAC

Principal occupation: RETIRED

Employer (optional):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
2/21/05	BARCLAY & MARSHA BERDAN 3639 ENCANTO DR. FT WORTH, TX 76109	100.00	

☐ out of state PAC

Principal occupation: EXECUTIVE

Employer (optional): THR

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
2/25/05	JIM SPANIOLO 2306 COPPER RIDGE ARL., TX 76006	100.00	

☐ out of state PAC

Principal occupation: PRESIDENT

Employer (optional): UTA

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3/3/05	J.J. HUTCHERSON 1109 GREENBRIAR LN. ARL., TX 76013	100.00	

☐ out of state PAC

Principal occupation:

Employer (optional):

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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 ROBERT N. CLUCK, M.D.

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out of state PAC / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description(if applicable)
2/26/05	GARY + SANDRA HARRIS 2311 PHEASANT TR. ARL, TX. 76016	100.00	

9 Principal occupation ADMIN. 10 Employer (optional) AMH

Date	Full name of contributor ☐ out of state PAC / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description(if applicable)
2/28/05	WILEY + JENNIFER CURTIS 3340 THORNTREE CT. ARL., TX 76016	100.00	

Principal occupation Employer (optional)

Date	Full name of contributor ☐ out of state PAC / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description(if applicable)
3/8/05	ALBERT ROLLINS 3004 YELLOWSTONE ARL, TX 76013	100.00	

Principal occupation Employer (optional)

Date	Full name of contributor ☐ out of state PAC / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description(if applicable)
3/10/05	LINCOLN SQUARE LTD 3100 MONTICELLO, STE. 300 DALLAS, TX 75205	2,500.00	

Principal occupation Employer (optional)

Date	Full name of contributor ☐ out of state PAC / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description(if applicable)
3/12/05	STEPHEN + YVONNE CALLOWAY 4604 SHADY CREEK LN. COLLEYVILLE, TX 76034	100.00	

Principal occupation Employer (optional)

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2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out of state PAC / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
3/12/05	DIANNA A. EWEN 5001 BROOKHOLLOW CT. ARL., TX 76013	50.00	

9 Principal occupation | 10 Employer (optional)

Date	Full name of contributor ☐ out of state PAC / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3/15/05	PAULA HIGHTOWER-PIERSON 2117 SHADOW RIDGE ARL., TX 76006	100.00	

Principal occupation | Employer (optional)

7

Date	Full name of contributor ☐ out of state PAC / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3/15/05	LINDA & DANNY SMITH 1106 GREENBRIAR LN. ARL., TX 76013	200.00	

Principal occupation: BANKER | Employer (optional): JP MORGAN CHASE

Date	Full name of contributor ☐ out of state PAC / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3/15/05	HAROLD DIXSON 3005 SHADY LN S ARL., TX 76001	200.00	

Principal occupation: DEV. MGR | Employer (optional): GRASONLAND, INC

Date	Full name of contributor ☐ out of state PAC / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3/15/05	KAY & MIKE SAKOWSKI 1818 O HENRY CT. ARL., TX 76006	100.00	

Principal occupation: PHYSICIAN | Employer (optional)

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2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description(if applicable)
3/15/05	LINDA DAVIS P.O. BOX 25 ARL., TX 76004	50.00	

☐ out of state PAC

9 Principal occupation

10 Employer (optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description(if applicable)
3/15/05	LINDA DAVIS P.O. BOX 25 ARL., TX 76004	50.00	

☐ out of state PAC

Principal occupation

Employer (optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description(if applicable)
3/15/05	FRED DAVIS P.O. BOX 13663 ARL, TX 76094	50.00	

☐ out of state PAC

Principal occupation

Employer (optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description(if applicable)
3/16/05	PHILLIP & DIANA GALYEN 2109 SCENIC BAY ARL, TX 76013	500.00	

☐ out of state PAC

Principal occupation ATTORNEY

Employer (optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description(if applicable)
3/18/05	JERRY AND PAT LOFTIN 3304 EDGEWATER CT. ARL., TX 76016	100.00	

☐ out of state PAC

Principal occupation ATTORNEY

Employer (optional)

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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 DR. ROBERT N. CLUCK

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description(if applicable)
3/16/05	FRED & LYNDA WEEKLEY 1821 MOSSY OAK ARL., TX 76012	75 —	

9 Principal occupation

10 Employer (optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description(if applicable)
3/22/05	CALVIN N. MCKAIG, M.D. 1203 CANTERBURY CT. ARL., TX 76013	50 —	

Principal occupation

Employer (optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description(if applicable)
3/23/05	1803-B W. PARK ROW ARL., TX 76013	500 —	

Principal occupation

Employer (optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description(if applicable)
2/18/05	ROBERT DANIELS 1425 COUNTRY CLUB DR. ARL., TX 76013	100 —	

Principal occupation

Employer (optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description(if applicable)
3/9/05	JEFF & KAREN WILLIAMS 6948 W. POLY WEBB RD. ARL., TX 76016	1,000 —	

Principal occupation

Employer (optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out of state PAC / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description(if applicable)
3/16/05	SHARI & TIMM MIKULENKA 1300 RIVERVIEW DR. ARL., TX 76012	100 -	

9 Principal occupation	10 Employer (optional)

Date	Full name of contributor ☐ out of state PAC / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description(if applicable)

Principal occupation	Employer (optional)

Date	Full name of contributor ☐ out of state PAC / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description(if applicable)

Principal occupation	Employer (optional)

Date	Full name of contributor ☐ out of state PAC / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description(if applicable)

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Date	Full name of contributor ☐ out of state PAC / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description(if applicable)

Principal occupation	Employer (optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

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:

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt # Amount

Date Processed

Date Imaged

RECEIVED 05 JAN 18 AM 10:54 OSO

3 CANDIDATE / OFFICEHOLDER NAME
MS / MRS / MR: DR. FIRST: ROBERT MI: N
NICKNAME LAST: CLUCK SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
[ ] 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:
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
ARLINGTON, TX 76013

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

9 REPORT TYPE
[X] 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: 7/16/04 THROUGH Month Day Year: 1/15/05

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)

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

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME: DR. ROBERT N. CLUCK

16 ACCOUNT # (Ethics Commission filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

•• This box is for notice of political expenditures 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
- ☐ GENERAL
- ☐ SPECIFIC

COMMITTEE NAME

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)	$ 0
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$
	4. TOTAL POLITICAL EXPENDITURES	$ 250.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 4,369.50
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.

Signature of Candidate or Officeholder

NOTARY STATE OF TEXAS — WILLIAMS Public OF TEXAS Exp. 12/31/2007

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Robert N. Cluck, this the 18th day of January, 20 05, 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
Karen Williams	Karen Williams	Notary

Revised 11/05/2003

Printed on recycled paper

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME DR. ROBERT N. CLUCK

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
8/2/04	TEXANS FOR RICK PERRY	250.00

8 Purpose of payment (See instructions regarding type of information required.)

9 •• Complete if direct expenditure to benefit C/OH ••
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.)

•• Complete if direct expenditure to benefit C/OH ••
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.)

•• Complete if direct expenditure to benefit C/OH ••
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.)

•• Complete if direct expenditure to benefit C/OH ••
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Printed on recycled paper