

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

15 C/OH NAME
ROBERT "BOBBY" M. CONTRERAS

16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

additional pages

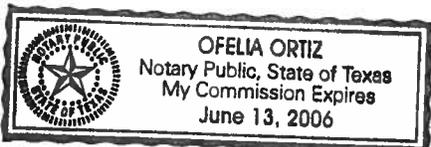
** This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they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

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$3,300.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$3,582.06
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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.



AFFIX NOTARY STAMP / SEAL ABOVE

Roberto M. Contreras
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said ROBERT "BOBBY" M. CONTRERAS, this the 15th day of JANUARY, 2008, to certify which, witness my hand and seal of office.

Ofelia Ortiz
Signature of officer administering oath

OFELIA ORTIZ
Printed name of officer administering oath

NOTARY PUBLIC
Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 2	
2 FILER NAME ROBERT "BOBBY" M. CONTRERAS		3 ACCOUNT # (Ethics Commission filers)	
4 Date 09/11/07	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) OSCAR F. SALINAS 6 Contributor address; City; State; Zip Code 525 BEECH McALLEN, TEXAS 78501	7 Amount of contribution (\$) \$200.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/09/07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOE M. ROTH Contributor address; City; State; Zip Code 5820 N. CAGE, PHARR, TEXAS 78577	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/11/07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILLIE GONZALEZ Contributor address; City; State; Zip Code 320 S. ALAMO RD., ALAMO, TEXAS 78516	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/13/07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MANUEL GUERRA, III Contributor address; City; State; Zip Code 320 W. PECAN BLVD., McALLEN, TEXAS 78501	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/13/07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NORMAN Z. CORDOVA Contributor address; City; State; Zip Code 121 S. 8th ST., DONNA, TEXAS 78537	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 2	
2 FILER NAME ROBERT "BOBBY" M. CONTRERAS		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/17/07	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALBERTO TREVIÑO	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 819 N. "I" ROAD, PHARR, TEXAS 78577		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 11/03/07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NOE CANTU	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. BOX 5893, McALLEN, TEXAS 78502		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: 2
2 FILER NAME ROBERT "BOBBY" M. CONTRERAS		3 ACCOUNT # (Ethics Commission filers)
4 Date 09/06/07	5 Payee name CARLOS MIR 6 Payee address; City; State; Zip Code 620 W. FERGUSON, PHARR, TEXAS 78577	7 Amount (\$) \$250.00
8 Purpose of payment (See instructions regarding type of information required.) ADVERTISEMENT (SIGNS) (If travel outside of Texas, complete Schedule T)		9 .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
Date 09/06/07	Payee name THE MONITOR NEWSPAPER Payee address; City; State; Zip Code 300 W. NOLANA, McALLEN, TEXAS 78501	Amount (\$) \$953.93
Purpose of payment (See instructions regarding type of information required.) NEWSPAPER AD (If travel outside of Texas, complete Schedule T)		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
Date 09/13/07	Payee name THE ADVANCE NEWS Payee address; City; State; Zip Code 1101 N. CAGE BLVD., SUITE 1C, PHARR, TEXAS 78577	Amount (\$) \$162.00
Purpose of payment (See instructions regarding type of information required.) NEWSPAPER AD (If travel outside of Texas, complete Schedule T)		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
Date 10/04/07	Payee name BETO'S PRINTING Payee address; City; State; Zip Code 110 W. 4th ST., SAN JUAN, TEXAS 78589	Amount (\$) \$502.28
Purpose of payment (See instructions regarding type of information required.) ADVERTISEMENT (T-SHIRTS/CAPS) (If travel outside of Texas, complete Schedule T)		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2

2 FILER NAME

ROBERT "BOBBY" M. CONTRERAS

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/04/07

5 Payee name

BOBBY CONTRERAS

7 Amount (\$)

\$400.00

6 Payee address; City; State; Zip Code

RR 1, BOX 61-F, ALAMO, TEXAS 78516

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

CONTRACT LABOR

(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

Date

10/10/07

Payee name

SAM'S CLUB

Amount (\$)

\$313.85

Payee address; City; State; Zip Code

1400 E. JACKSON AVE., McALLEN, TEXAS 78501

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

SUPPLIES

(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

Date

12/04/07

Payee name

HIDALGO COUNTY DEMOCRATIC PARTY

Amount (\$)

\$1,000.00

Payee address; City; State; Zip Code

105 E. EXPRESSWAY 83, SUITE F, PHARR, TEXAS 78577

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

FILING FEE

(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

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