

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 # <small>(Ethics Commission Filers)</small>	2 Total pages filed: <div style="font-size: 24pt; text-align: center;">5</div>												
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; font-size: 8pt;">MS / MRS / MR</td> <td style="width:35%; font-size: 12pt;">Mr.</td> <td style="width:15%; font-size: 8pt;">FIRST</td> <td style="width:35%; font-size: 12pt;">Robert</td> <td style="width:5%; font-size: 8pt;">MI</td> <td style="width:10%; font-size: 12pt;">M.</td> </tr> <tr> <td style="font-size: 8pt;">NICKNAME</td> <td style="font-size: 12pt;">"Bobby"</td> <td style="font-size: 8pt;">LAST</td> <td style="font-size: 12pt;">Contreras</td> <td style="font-size: 8pt;">SUFFIX</td> <td></td> </tr> </table>	MS / MRS / MR	Mr.	FIRST	Robert	MI	M.	NICKNAME	"Bobby"	LAST	Contreras	SUFFIX		<div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center; margin: 0;">OFFICE USE ONLY</p> <p style="font-size: 8pt; margin: 0;">Date Received</p> <p style="font-size: 24pt; margin: 0; text-align: center;"><i>Alfredo Contreras</i></p> <p style="font-size: 12pt; margin: 0; text-align: right;">2012 JAN 7 PM 4:23</p> <p style="font-size: 8pt; margin: 0;">Date Hand Delivered or Postmarked</p> <p style="font-size: 8pt; margin: 0;">Receipt # Amount</p> <p style="font-size: 8pt; margin: 0;">Date Processed</p> <p style="font-size: 8pt; margin: 0;">Date Imaged</p> </div>	
MS / MRS / MR	Mr.	FIRST	Robert	MI	M.										
NICKNAME	"Bobby"	LAST	Contreras	SUFFIX											
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; font-size: 8pt;">ADDRESS / PO BOX;</td> <td style="width:15%; font-size: 8pt;">APT / SUITE #;</td> <td style="width:15%; font-size: 8pt;">CITY;</td> <td style="width:15%; font-size: 8pt;">STATE;</td> <td style="width:20%; font-size: 8pt;">ZIP CODE</td> </tr> <tr> <td style="font-size: 12pt;">3 1/2 Miles N. Fm907</td> <td></td> <td style="font-size: 12pt;">Alamo,</td> <td style="font-size: 12pt;">Texas</td> <td style="font-size: 12pt;">78516</td> </tr> </table> <p style="font-size: 8pt; margin-top: 5px;"><input type="checkbox"/> change of address</p>			ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	3 1/2 Miles N. Fm907		Alamo,	Texas	78516		
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5 CANDIDATE / OFFICEHOLDER PHONE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: 8pt;">AREA CODE</td> <td style="width:30%; font-size: 8pt;">PHONE NUMBER</td> <td style="width:50%; font-size: 8pt;">EXTENSION</td> </tr> <tr> <td style="font-size: 12pt;">(956)</td> <td style="font-size: 12pt;">787-9657</td> <td></td> </tr> </table>			AREA CODE	PHONE NUMBER	EXTENSION	(956)	787-9657							
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7 CAMPAIGN TREASURER ADDRESS (residence or business)	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:35%; font-size: 8pt;">STREET ADDRESS (NO PO BOX PLEASE);</td> <td style="width:15%; font-size: 8pt;">APT / SUITE #;</td> <td style="width:15%; font-size: 8pt;">CITY;</td> <td style="width:15%; font-size: 8pt;">STATE;</td> <td style="width:20%; font-size: 8pt;">ZIP CODE</td> </tr> <tr> <td style="font-size: 12pt;">1309 Date Palm / P.O. Box 1168</td> <td></td> <td style="font-size: 12pt;">Alamo, TX</td> <td></td> <td style="font-size: 12pt;">78516</td> </tr> </table>			STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE	1309 Date Palm / P.O. Box 1168		Alamo, TX		78516		
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9 REPORT TYPE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;"><input checked="" type="checkbox"/> January 15</td> <td style="width:25%;"><input type="checkbox"/> 30th day before election</td> <td style="width:25%;"><input type="checkbox"/> Runoff</td> <td style="width:25%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final report (Attach C/OH - FR)</td> </tr> </table>			<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final report (Attach C/OH - FR)				
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10 PERIOD COVERED	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; font-size: 8pt;">Month Day Year</td> <td style="width:20%; text-align: center; font-size: 8pt;">THROUGH</td> <td style="width:25%; font-size: 8pt;">Month Day Year</td> <td style="width:30%;"></td> </tr> <tr> <td style="font-size: 12pt;">07 / 01 / 11</td> <td></td> <td style="font-size: 12pt;">12 / 31 / 11</td> <td></td> </tr> </table>			Month Day Year	THROUGH	Month Day Year		07 / 01 / 11		12 / 31 / 11					
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11 ELECTION	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; font-size: 8pt;">ELECTION DATE</td> <td style="width:70%; font-size: 8pt;">ELECTION TYPE</td> </tr> <tr> <td style="font-size: 8pt;">Month Day Year</td> <td style="font-size: 8pt;"><input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special</td> </tr> <tr> <td style="font-size: 12pt;">03 / 06 / 12</td> <td></td> </tr> </table>	ELECTION DATE	ELECTION TYPE	Month Day Year	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	03 / 06 / 12									
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03 / 06 / 12															
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)													
	Justice of the Peace, Pct. 2 Place 1														
GO TO PAGE 2															

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME **Robert "Bobby" M. Contreras** 15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

additional pages

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

17 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)	\$ 500.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,686.02
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,590.37
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Robert M. Contreras
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Robert "Bobby" M. Contreras, this the 17th day of January, 20 12, 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: 1	
2 FILER NAME Robert "Bobby" M. Contreras		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12-22-11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mr. Rodriguez - Kelly Apartments	7 Amount of contribution (\$) \$ 500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1001 E. Kelly, Pharr, Texas 78577		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Owner		10 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
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Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
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Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
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Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The instruction Guide explains how to complete this form.

1 Total pages Schedule F: 2	2 FILER NAME Robert "Bobby" M. Contreras	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 08-09-11	5 Payee name The Monitor Newspaper
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6 Amount (\$) \$974.10	7 Payee address; City; State; Zip Code 300 W. Nolana, McAllen, TX 78501
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T)
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 09-21-11	Payee name The Advance Newspaper
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Amount (\$) \$370.00	Payee address; City; State; Zip Code 1101 N. Cage, Pharr, TX 78577
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/28/11	Payee name Hidalgo County Democratic Party
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Amount (\$) \$1,000.00	Payee address; City; State; Zip Code Hidalgo County Elections Department, Edinburg, TX 78539
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Filing Fee	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/28/11	Payee name Lowe's Home Centers
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Amount (\$) \$241.35	Payee address; City; State; Zip Code 707 South Jackson, Pharr, TX 78577
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Supplies - wiring for lights for signs work area.	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 2 of 2	2 FILER NAME Robert "Bobby" M. Contreras	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 12/26/11	5 Payee name The Home Depot
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6 Amount (\$) \$27.02	7 Payee address; City; State; Zip Code 409 North Jackson, Pharr, TX 78577
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Supplies - tie downs for signs	(b) Description (If travel outside of Texas, complete Schedule T)
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/29/11	Payee name True Value Hardware
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Amount (\$) \$73.55	Payee address; City; State; Zip Code Business 83, Alamo, Texas 78516
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Supplies - post hole diggers	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Amount (\$)	Payee address; City; State; Zip Code
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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