

# 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:** 4

**3 CANDIDATE / OFFICEHOLDER NAME**  
 MS / MRS / MR FIRST MI  
Robert A.  
 NICKNAME LAST SUFFIX  
Leftwich

**4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS**  
 ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
2326 E. Adams  
Harlingen, Tx 78550  
 Change of Address

**5 CANDIDATE / OFFICEHOLDER PHONE**  
 AREA CODE PHONE NUMBER EXTENSION  
(956) 412-7602

**6 CAMPAIGN TREASURER NAME**  
 MS / MRS / MR FIRST MI  
Richard  
 NICKNAME LAST SUFFIX  
URibe

**7 CAMPAIGN TREASURER ADDRESS**  
 (Residence or business) STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
1721 East Monroe Ave Harlingen, Tx 78550

**8 CAMPAIGN TREASURER PHONE**  
 AREA CODE PHONE NUMBER EXTENSION  
(956) 536-1692

**9 REPORT TYPE**  
 January 15  30th day before election  Runoff  15th day after campaign treasurer appointment (officeholder only)  
 July 15  8th day before election  Exceeded \$500 limit  Final report (Attach C/OH - FR)

**10 PERIOD COVERED**  
 Month Day Year Month Day Year  
01 / 01 / 2010 THROUGH 03 / 29 / 2010

**11 ELECTION**  
 ELECTION DATE: Month Day Year 05 / 08 / 2010  
 ELECTION TYPE:  Primary  Runoff  General  Special

**12 OFFICE** OFFICE HELD (if any) Harlingen City Commissioner, District 2 **13 OFFICE SOUGHT** (if known) Harlingen City Commissioner, District # 2

**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

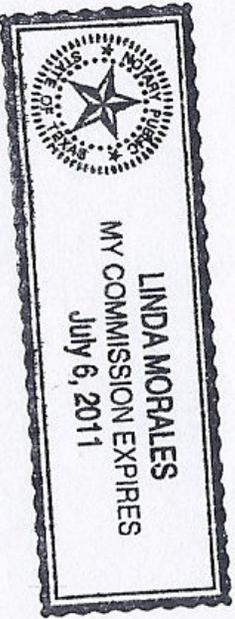
**OFFICE USE ONLY**

Date Received: \_\_\_\_\_  
 Date Hand-delivered by Postmarked: \_\_\_\_\_  
 Receipt # \_\_\_\_\_ Amount \_\_\_\_\_  
 Date Processed \_\_\_\_\_  
 Date Imaged \_\_\_\_\_

**GO TO PAGE 2**

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 680.00
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,480.00
	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0
CONTRIBUTION BALANCE	4. TOTAL POLITICAL EXPENDITURES	\$ 282.07
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2,440.93
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Robert Lotwick, this the 5th day of April, 20 10, to certify which, witness my hand and seal of office.

Signature of officer administering oath Linda Morales Printed name of officer administering oath Linda Morales Title of officer administering oath Notary Public

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>1</b>	
2 FILER NAME <b>Robert A. Leftwich</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>2/1/2010</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Charles M. Leftwich</b>	7 Amount of contribution (\$) <b>\$ 700.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>12500 Melville Montgomery, TX 77356</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <b>Attorney</b>		10 Employer (See Instructions) <b>Self</b>	
Date <b>2/12/2010</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jim Solis</b>	Amount of contribution (\$) <b>\$ 500.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>1021 S. F St Harlingen, TX</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Attorney</b>		Employer (See Instructions) <b>Self</b>	
Date <b>3/15/2010</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Ernesto Silva</b>	Amount of contribution (\$) <b>\$ 500.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>902 S. Loop 499 APTS-2 Harlingen, TX 78550</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Consultant</b>		Employer (See Instructions) <b>Self</b>	
Date <b>3/16/2010</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Feliciana ABrego</b>	Amount of contribution (\$) <b>\$ 100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>1814 Pheasant Dr Harlingen, TX 78550</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>PMA</b>		Employer (See Instructions) <b>SPAUGlass</b>	
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)	

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

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

# POLITICAL EXPENDITURES

# SCHEDULE F

The Instruction Guide explains how to complete this form.	1 Total pages Schedule F: <b>1</b>
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2 FILER NAME <b>Robert A. Leftwich</b>	3 ACCOUNT # (Ethics Commission filers)
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4 Date <b>3/4/2010</b>	5 Payee name <b>Fast signs</b>	7 Amount (\$) <b>\$158.59</b>
6 Payee address; City; State; Zip Code <b>1611 S. 77 Sunshine Strip Marlingen, Tx 78550</b>		

8 Purpose of payment (See instructions regarding type of information required.) <b>Signs</b> (If travel outside of Texas, complete Schedule T)	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
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Date <b>03/20/2010</b>	Payee name <b>Super Cheap Signs</b>	Amount (\$) <b>\$123.48</b>
Payee address; City; State; Zip Code <b>9804 Gray Blvd. Austin, Tx 78758</b>		

Purpose of payment (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
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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)	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
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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)	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
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