

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Robert A. Leftwich 16 ACCOUNT # (Ethics Commission Filers)

17 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. **

COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	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	\$ 925. ⁰⁰ / ₁₀₀
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,225. ⁰⁰ / ₁₀₀
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 68. ⁰⁰ / ₁₀₀
	4. TOTAL POLITICAL EXPENDITURES	\$ 5220. ⁵⁰ / ₁₀₀
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 445. ⁰⁰ / ₁₀₀
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.

Robert A. Leftwich
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Robert Leftwich, this the 30th day of April, 20 10, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

D. Vargas
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: <u>2</u>	
2 FILER NAME <u>Robert A. Leftwich</u>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <u>04/11/2010</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Rudy Martinez</u>	7 Amount of contribution (\$) <u>\$400.00</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>1306 S. F Street S Harlingen, Tx</u>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <u>owner Earth Co</u>		10 Employer (See Instructions) <u>Self - Earth CO</u>	
Date <u>4/2/2010</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Arlene Garza</u>	Amount of contribution (\$) <u>\$600.00</u> \$500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>5001 Bodenhamer Ave. Harlingen, Tx 78553</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <u>Office Manager HR + Finance</u>		Employer (See Instructions) <u>GA Inc.</u>	
Date <u>4/15/2010</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Mary Prepejchal</u>	Amount of contribution (\$) <u>\$100.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>722 N. Eye St. Harlingen, Tx 78550</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <u>Office Manager</u>		Employer (See Instructions) <u>TSTC</u>	
Date <u>4/15/2010</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Julie Pena</u>	Amount of contribution (\$) <u>\$750.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>335 W. Ruben Torres BLVD Brownsville, Tx 78520</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <u>House Wife</u>		Employer (See Instructions) <u>NA</u>	
Date <u>4/24/2010</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>ERROL O. GRANNUM, MD</u>	Amount of contribution (\$) <u>\$150.00</u> xx	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>1791 Bass Blvd Harlingen, Tx 78551</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <u>OPHTHALMOLOGIST</u>		Employer (See Instructions) <u>Self</u>	

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: <u>2</u>	
2 FILER NAME <u>Robert A Leftwich</u>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <u>4/25/2010</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Ema Pena</u>	7 Amount of contribution (\$) <u>\$300.00</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>700 PAREDES AVE. Brownsville, Tx 78521</u>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <u>Office Manager</u>		10 Employer (See Instructions) <u>Law offices of Ruben Pena</u>	
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)	
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 A. Leftwich** 3 ACCOUNT # (Ethics Commission filers)

4 Date 4/13/2010	5 Payee name MS Designs 6 Payee address; City; State; Zip Code 424 W. Harrison Harlingen, Tx 78550	7 Amount (\$) \$435.00
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8 Purpose of payment (See instructions regarding type of information required.) Campaign 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
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Date 4/15/2010	Payee name MS Designs Payee address; City; State; Zip Code 424 W. Harrison Harlingen, Tx 78550	Amount (\$) \$216.50
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Purpose of payment (See instructions regarding type of information required.) Campaign Signs (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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Date 4/19/2010	Payee name Valley Morning Star Payee address; City; State; Zip Code 1310 S. Commerce Harlingen, Tx 78551	Amount (\$) \$2,000.00
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Purpose of payment (See instructions regarding type of information required.) Campaign Ads (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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Date 4/19/2010	Payee name Bargain Book Payee address; City; State; Zip Code 1126 S. Commerce Harlingen, Tx 78550	Amount (\$) \$1,353.00
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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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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: 2
2 FILER NAME Robert A. Leftwich		3 ACCOUNT # (Ethics Commission filers)
4 Date 4/19/2010	5 Payee name Platillos Mexican Restaurant	7 Amount (\$) \$350.00
6 Payee address; City; State; Zip Code 1010 Loop 499 Harlingen, Tx 78550		
8 Purpose of payment (See instructions regarding type of information required.) Food Plates for Fund Raiser <small>(If travel outside of Texas, complete Schedule T)</small>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 4/23/2010	Payee name Valley Morning Star	Amount (\$) \$800.00
Payee address; City; State; Zip Code 1310 S. Commerce Harlingen, TX 78550		
Purpose of payment (See instructions regarding type of information required.) Ads <small>(If travel outside of Texas, complete Schedule T)</small>		** 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.) <small>(If travel outside of Texas, complete Schedule T)</small>		** 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.) <small>(If travel outside of Texas, complete Schedule T)</small>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

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