

**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: 3
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr. Robert M. NICKNAME LAST SUFFIX "Bobby" Contreras	OFFICE USE ONLY Date Received <i>Hilda Ramirez</i> 2009 JUL 24 AM 9:28 Date Hand-delivered or Date Postmarked Receipt # 28 Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 3 1/2 Miles N. Fm 907/R.R. 1 Box 61-F, Alamo, TX 78516		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 787-9657		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Gloria NICKNAME LAST SUFFIX Espinosa		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE P. O. Box 1168, Alamo, TX 78516		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 787-4152		
9 REPORT TYPE	<input 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 checked="" 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)		
10 PERIOD COVERED	Month Day Year 01 / 01 / 09 THROUGH Month Day Year 06 / 30 / 09		
11 ELECTION	ELECTION DATE Month Day Year 03 / 04 / 2008 ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any) Justice of the Peace, Pct. 2, Pl. 1	13 OFFICE SOUGHT (if known)	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	** 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		

GO TO PAGE 2

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)

** 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

\$.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$.00

4. TOTAL POLITICAL EXPENDITURES

\$ 170.00

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$

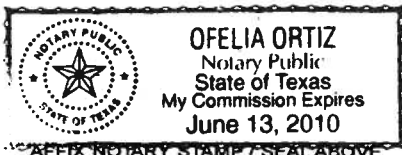
OUTSTANDING LOAN TOTALS

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.



Robert "Bobby" M. Contreras
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Robert "Bobby" M. Contreras, this the 13th day of July, 2009, 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 EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: <div style="text-align: center; font-size: 24px;">1</div>
2 FILER NAME <div style="font-size: 18px; font-weight: bold;">Robert "Bobby" M. Contreras</div>		3 ACCOUNT # (Ethics Commission filers)
4 Date <div style="font-size: 18px;">1/22/09</div>	5 Payee name <div style="font-size: 18px;">The Advance Newspaper</div> 6 Payee address; City; State; Zip Code <div style="font-size: 18px;">1101 N, Cage Blvd. Suite 1c, Pharr, TX 78577</div>	7 Amount (\$) <div style="font-size: 18px; text-align: center;">\$ 70.00</div>
8 Purpose of payment (See instructions regarding type of information required.) <div style="font-size: 18px; text-align: center;">Newspaper Ad (Christmas)</div>		9 .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
Date <div style="font-size: 18px;">5/7/09</div>	Payee name <div style="font-size: 18px;">San Juan Parks & Recreation Advisory Board</div> Payee address; City; State; Zip Code <div style="font-size: 18px;">709 S. Nebraska, San Juan, TX 78589</div>	Amount (\$) <div style="font-size: 18px; text-align: center;">\$100.00</div>
Purpose of payment (See instructions regarding type of information required.) <div style="font-size: 18px; text-align: center;">Benefit Golf Tournament (for student activities)</div>		.. 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