



# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME

**Bob Vann**

15 ACCOUNT # (Ethics Commission filers)

16 SUPPORTING POLITICAL COMMITTEE(S)

\*\* This listing includes 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<br><br><input type="checkbox"/> GENERAL<br><br><input type="checkbox"/> SPECIFIC<br><br><input type="checkbox"/> additional pages | COMMITTEE NAME                       |
|  | COMMITTEE ADDRESS                    |
|  | COMMITTEE CAMPAIGN TREASURER NAME    |
|  | COMMITTEE CAMPAIGN TREASURER ADDRESS |

17 NO REPORTABLE ACTIVITY

Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED. \$ 0

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 0

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$ 0

4. TOTAL POLITICAL EXPENDITURES \$ 0

OUTSTANDING LOAN TOTALS

5. 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

*Robert Vann*  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Robert Vann this the 12 day of JANUARY 19 98, to certify which, witness my hand and seal of office.

*Brenda G. Sasaki*  
Signature of officer administering oath

Brenda G. Sasaki  
Print 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 **Bob VANN**

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Full name of contributor  out of state PAC

7 Amount of contribution (\$)

8 In-kind contribution description(if applicable)

6 Contributor address; City; State; Zip Code

9 Principal occupation

10 Employer (optional)

Date

Full name of contributor  out of state PAC

Amount of contribution (\$)

In-kind contribution description(if applicable)

Contributor address; City; State; Zip Code

Principal occupation

Employer (optional)

Date

Full name of contributor  out of state PAC

Amount of contribution (\$)

In-kind contribution description(if applicable)

Contributor address; City; State; Zip Code

Principal occupation

Employer (optional)

Date

Full name of contributor  out of state PAC

Amount of contribution (\$)

In-kind contribution description(if applicable)

Contributor address; City; State; Zip Code

Principal occupation

Employer (optional)

Date

Full name of contributor  out of state PAC

Amount of contribution (\$)

In-kind contribution description(if applicable)

Contributor address; City; State; Zip Code

Principal occupation

Employer (optional)

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

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

# PLEGGED CONTRIBUTIONS

# SCHEDULE B

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule B:

1

2 FILER NAME

Bob VANN

3 ACCOUNT # (Ethics Commission filers)

3 1 1 1

4 TOTAL OF UNITEMIZED PLEDGES:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

|        |  |                         |                                       |
|--------|--|-------------------------|---------------------------------------|
| 5 Date | 6 Full name of pledgor <input type="checkbox"/> out of state PAC | 8 Amount of pledge (\$) | 9 In-kind description (if applicable) |
|        | 7 Pledgor address; City; State; Zip Code                         |                         |                                       |

|                         |                        |
|-------------------------|------------------------|
| 10 Principal occupation | 11 Employer (optional) |
|-------------------------|------------------------|

|      |  |                       |                                     |
|------|--|-----------------------|-------------------------------------|
| Date | Full name of pledgor <input type="checkbox"/> out of state PAC | Amount of pledge (\$) | In-kind description (if applicable) |
|      | Pledgor address; City; State; Zip Code                         |                       |                                     |

|                      |                     |
|----------------------|---------------------|
| Principal occupation | Employer (optional) |
|----------------------|---------------------|

|      |  |                       |                                     |
|------|--|-----------------------|-------------------------------------|
| Date | Full name of pledgor <input type="checkbox"/> out of state PAC | Amount of pledge (\$) | In-kind description (if applicable) |
|      | Pledgor address; City; State; Zip Code                         |                       |                                     |

|                      |                     |
|----------------------|---------------------|
| Principal occupation | Employer (optional) |
|----------------------|---------------------|

|      |  |                       |                                     |
|------|--|-----------------------|-------------------------------------|
| Date | Full name of pledgor <input type="checkbox"/> out of state PAC | Amount of pledge (\$) | In-kind description (if applicable) |
|      | Pledgor address; City; State; Zip Code                         |                       |                                     |

|                      |                     |
|----------------------|---------------------|
| Principal occupation | Employer (optional) |
|----------------------|---------------------|

|      |  |                       |                                     |
|------|--|-----------------------|-------------------------------------|
| Date | Full name of pledgor <input type="checkbox"/> out of state PAC | Amount of pledge (\$) | In-kind description (if applicable) |
|      | Pledgor address; City; State; Zip Code                         |                       |                                     |

|                      |                     |
|----------------------|---------------------|
| Principal occupation | Employer (optional) |
|----------------------|---------------------|

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

# LOANS

# SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:

1

2 FILER NAME

Bob VANN

3 ACCOUNT # (Ethics Commission filers)

;

4 TOTAL OF UNITEMIZED LOANS:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date of loan

7 Name of lender

out of state PAC

9 Loan Amount (\$)

6 Is lender a financial institution?

8 Lender address; City; State; Zip Code

10 Interest rate

Y N

11 Maturity date

12 Description of Collateral

none

13 GUARANTOR INFORMATION

14 Name of guarantor

16 Amount Guaranteed (\$)

not applicable

15 Guarantor address; City; State; Zip Code

17 Principal Occupation

18 Employer

Date of loan

Name of lender

out of state PAC

Loan Amount (\$)

Is lender a financial institution?

Lender address; City; State; Zip Code

Interest rate

Y N

Maturity date

Description of Collateral

none

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

not applicable

Guarantor address; City; State; Zip Code

Principal Occupation

Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED  
If lender 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: **1**

2 FILER NAME

**Bob VANN**

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

6 Payee address; City; State; Zip Code

8 Purpose of expenditure

9 **\*\* Complete if direct expenditure to benefit C/OH \*\***  
Candidate / Officeholder name Office sought / held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure

**\*\* Complete if direct expenditure to benefit C/OH \*\***  
Candidate / Officeholder name Office sought / held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure

**\*\* Complete if direct expenditure to benefit C/OH \*\***  
Candidate / Officeholder name Office sought / held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure

**\*\* Complete if direct expenditure to benefit C/OH \*\***  
Candidate / Officeholder name Office sought / held

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

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G: **1**

2 FILER NAME

**Bob VANN**

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

8 Amount (\$)

6 Payee address; City; State; Zip Code

7 Purpose of expenditure

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure

Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED



# PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

## SCHEDULE H

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule H: 1

2 FILER NAME

Bob VANN

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Business name

7 Amount (\$)

6 Business address; City; State; Zip Code

8 Purpose of payment

9 -- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought / held

Date

Business name

Amount (\$)

Business address; City; State; Zip Code

Purpose of payment

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought / held

Date

Business name

Amount (\$)

Business address; City; State; Zip Code

Purpose of payment

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought / held

Date

Business name

Amount (\$)

Business address; City; State; Zip Code

Purpose of payment

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought / held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule I: **1**

2 FILER NAME

**Bob VANN**

3 ACCOUNT # (Ethics Commission filers)

|                          |  |               |
|--------------------------|--|---------------|
| 4 Date                   | 5 Payee name                           | 8 Amount (\$) |
|                          | 6 Payee address; City; State; Zip Code |               |
| 7 Purpose of expenditure |  |               |

|                        |                                      |             |
|------------------------|--------------------------------------|-------------|
| Date                   | Payee name                           | Amount (\$) |
|                        | Payee address; City; State; Zip Code |             |
| Purpose of expenditure |                                      |             |

|                        |                                      |             |
|------------------------|--------------------------------------|-------------|
| Date                   | Payee name                           | Amount (\$) |
|                        | Payee address; City; State; Zip Code |             |
| Purpose of expenditure |                                      |             |

|                        |                                      |             |
|------------------------|--------------------------------------|-------------|
| Date                   | Payee name                           | Amount (\$) |
|                        | Payee address; City; State; Zip Code |             |
| Purpose of expenditure |                                      |             |

|                        |                                      |             |
|------------------------|--------------------------------------|-------------|
| Date                   | Payee name                           | Amount (\$) |
|                        | Payee address; City; State; Zip Code |             |
| Purpose of expenditure |                                      |             |

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# CREDITS (optional)

# SCHEDULE K

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule K: **1**

2 FILER NAME

**BOB VANN**

3 ACCOUNT # (Ethics Commission filers)

|        |  |               |
|--------|--|---------------|
| 4 Date | 5 Payor name                           | 8 Amount (\$) |
|        | 6 Payor address; City; State; Zip Code |               |
|        | 7 Reason for credit                    |               |

|      |                                      |             |
|------|--------------------------------------|-------------|
| Date | Payor name                           | Amount (\$) |
|      | Payor address; City; State; Zip Code |             |
|      | Reason for credit                    |             |

|      |                                      |             |
|------|--------------------------------------|-------------|
| Date | Payor name                           | Amount (\$) |
|      | Payor address; City; State; Zip Code |             |
|      | Reason for credit                    |             |

|      |                                      |             |
|------|--------------------------------------|-------------|
| Date | Payor name                           | Amount (\$) |
|      | Payor address; City; State; Zip Code |             |
|      | Reason for credit                    |             |

|      |                                      |             |
|------|--------------------------------------|-------------|
| Date | Payor name                           | Amount (\$) |
|      | Payor address; City; State; Zip Code |             |
|      | Reason for credit                    |             |

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED