Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

4458

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: 15

OFFICE USE ONLY

Date Received

Receipt #

HB / PM | Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

TITLE: Constable | FIRST: Bob | MI: —

NICKNAME: — | LAST: VANN | SUFFIX: —

4 CANDIDATE / OFFICEHOLDER ADDRESS

☐ Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE: 10801 Rush Rd., Austin TX 78732

5 CAMPAIGN TREASURER NAME

TITLE: — | FIRST: Becky | MI: J.

NICKNAME: — | LAST: VANN | SUFFIX: —

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE: 10801 Rush Rd., Austin, TX 78732

7 CAMPAIGN TREASURER PHONE

AREA CODE: (512) | PHONE NUMBER: 266-2500 | EXTENSION: —

8 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)

9 PERIOD COVERED

Month / Day / Year: 07 / 01 / 99 THROUGH 12 / 31 / 99

10 ELECTION

ELECTION DATE: Month / Day / Year: 03 / 14 / 00

ELECTION TYPE: ☒ Primary ☐ Runoff ☐ General ☐ Special

11 OFFICE

OFFICE HELD (if any): Constable Pct 2

12 OFFICE SOUGHT (if known): Constable Pct 2

13 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: N/A

Address / PO Box; Apt / Suite #; City; State; Zip Code

☐ additional pages

GO TO PAGE 2

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

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	COMMITTEE NAME
☐ GENERAL	COMMITTEE ADDRESS
☐ SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
☐ additional pages	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	$ 1,730
	2. **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 7,225
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF $50 OR LESS UNLESS ITEMIZED	$
	4. **TOTAL POLITICAL EXPENDITURES**	$ 3,939.32
OUTSTANDING LOAN TOTALS	5. 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.

Bob Vann
Signature of Candidate or Officeholder

BRENDA G. SASAKI
Notary Public, State of Texas
My Commission Expires
FEB. 8, 2003

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Bob Vann, this the 14th day of January 19 2000, 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

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 8

2 FILER NAME: Bob VANN

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
9/21/99	Theresa Smith P.O. Box 73, McNeil 78651-0073	205	

9 Principal occupation (Optional) | 10 Employer (Optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9/21/99	Earl VAN Roosenbeek 2620 Lake Springs, Jacksonville, TX 75766	510	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9/21/99	Carol Buesing 1605 Quail Run, Pflugerville, TX 78660	250	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9/21/99	Bud Schauerte 8501-A Cima Oak Ln, Austin, TX 78759-8261	200	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9/27/99	Oscar D. Easterly 12801 Meehan Dr., Austin, TX 78727	100	

Principal occupation (Optional) | 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.

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 8

2 FILER NAME: Bob VANN

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out of state PAC / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
9/27/99	Clayton Coker 12706 Rhea Ct., Austin, TX 78727	100	

9 Principal occupation (Optional) | 10 Employer (Optional)

Date	Full name of contributor ☐ out of state PAC / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9/27/99	Marcus Lonnie Moore 13427-A FM2769, Austin, TX 78726	100	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out of state PAC / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9/27/99	Douglas MA 12700 Tomanet Trl., Austin, TX 78727	100	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out of state PAC / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9/27/99	Frank Miller P.O. Box 4507, Lago Vista, TX 78645	100	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out of state PAC / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9/27/99	George A. Reynolds 2017-A Margalene Way, Austin TX 78728	100	

Principal occupation (Optional) | Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH & SPAC)

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1 Total pages this Schedule A1: 8

2 FILER NAME: Bob VANN

3 ACCOUNT # (Ethics Commission Ises)

4 Date	5 Full name of contributor ☐ out of state PAC / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
9/27/99	HANK GONZALEZ 2616 Market Garden Ln, Austin, TX 78745	100	

9 Principal occupation (Optional)	10 Employer (Optional)

Date	Full name of contributor ☐ out of state PAC / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/3/99	Greg Hastings 4411 Spicewood Springs Rd #1605 Austin TX 78759	100	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out of state PAC / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/7/99	Driving PAC 8871 Tallwood Dr., Austin, TX 78759	100	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out of state PAC / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/7/99	Barbara Bembry P.O. Box 26355 Austin TX 78755	250	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out of state PAC / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/7/99	L. C. Bradley 9201 Cedar Forest Dr, Austin TX 78750	100	

Principal occupation (Optional)	Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 8

2 FILER NAME: Bob VANN

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor (☐ out of state PAC) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/7/99	Geoffrey C. Price 6010 Balcones Dr. #100, Austin, TX 78731	250	

9 Principal occupation (Optional)
10 Employer (Optional)

Date	Full name of contributor (☐ out of state PAC) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/7/99	Gustave E. Blomquist 3835 Cologne Ln, Austin, TX 78727	100	

Principal occupation (Optional)
Employer (Optional)

Date	Full name of contributor (☐ out of state PAC) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/7/99	Jim Shaw Box 202252, Austin TX 78720	100	

Principal occupation (Optional)
Employer (Optional)

Date	Full name of contributor (☐ out of state PAC) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/7/99	Adam Ballesteros 603 Campfire Trl, Pflugerville, TX 78660	100	

Principal occupation (Optional)
Employer (Optional)

Date	Full name of contributor (☐ out of state PAC) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/7/99	Jeff Casey 6530 Needham Ln, Austin, TX 78739	100	

Principal occupation (Optional)
Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 8

2 FILER NAME: Bob VANN

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor / 6 Contributor address, City, State, Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/7/99	Brenda SASAKI 12703 Timberside Dr, Austin, TX 78727	100	

9 Principal occupation (Optional) | 10 Employer (Optional)

Date	Full name of contributor / Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/15/99	Louis H. Breaux 11927 Bittern Hollow, Austin, TX 78758	100	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor / Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/15/99	Randy Trybus 4200 Flagstaff Dr, Austin, TX 78759	100	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor / Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/15/99	Al Allison 10637-C Morado Cir, Austin, TX 78759	250	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor / Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/15/99	Bob Richardson 6903 Agave Cove, Austin TX 78750	250	

Principal occupation (Optional) | 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.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 8

2 FILER NAME: Bob VANN

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor (☐ out of state PAC) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/15/99	Hilgers & Watkins P.O. Box 2063, Austin TX 78768-2063	250	

9 Principal occupation (Optional)	10 Employer (Optional)

Date	Full name of contributor (☐ out of state PAC) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/15/99	Thomas Wilson IV 1202 E. Applegate Dr, Austin TX 78753	100	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor (☐ out of state PAC) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/23/99	Ronald W. Servis P.O. Box 16655, Austin TX 78761	75	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor (☐ out of state PAC) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
12/2/99	R. Lee Hill P.O. Box 144451, Austin TX 78714	100	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor (☐ out of state PAC) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
12/2/99	Dave Evans 13809 Panorama Dr, Austin TX 78732	100	

Principal occupation (Optional)	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.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 8

2 FILER NAME: Bob VANN

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor (☐ out of state PAC) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
12/2/99	Connie Hines 1205 Summit Edge Dr., Austin TX 78732	100	

9 Principal occupation (Optional)	10 Employer (Optional)

Date	Full name of contributor (☐ out of state PAC) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
12/2/99	Susan Stephens 509 Explorer, Austin TX 78734	100	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor (☐ out of state PAC) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
12/9/99	Joanna Clardy 6723 Beauford, Austin TX 78750	100	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor (☐ out of state PAC) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
12/9/99	Dennis Wallace 1211 Lakeway Dr, Austin, TX 78734	100	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor (☐ out of state PAC) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
12/9/99	Dawn Robertson 2305 Carleton Ave, Ft Worth, TX 76107	105	

Principal occupation (Optional)	Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 8

2 FILER NAME: Bob VANN

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out of state PAC / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
12/25/99	Becky VANN 10801 Rush Rd, Austin TX 78732	500.00	

9 Principal occupation (Optional)	10 Employer (Optional)

Date	Full name of contributor ☐ out of state PAC / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out of state PAC / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out of state PAC / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out of state PAC / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

Principal occupation (Optional)	Employer (Optional)

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LOANS

N/A

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

6 Is lender a financial institution? Y N

7 Name of lender ☐ out of state PAC

8 Lender address: City: State: Zip Code

9 Loan Amount ($)

10 Interest rate

11 Maturity date

12 Description of Collateral ☐ none

13 GUARANTOR INFORMATION ☐ not applicable

14 Name of guarantor

15 Guarantor address: City: State: Zip Code

16 Amount Guaranteed ($)

17 Principal Occupation

18 Employer

Date of loan

Is lender a financial institution? Y N

Name of lender ☐ out of state PAC

Lender address City: State: Zip Code

Loan Amount ($)

Interest rate

Maturity date

Description of Collateral ☐ none

GUARANTOR INFORMATION ☐ not applicable

Name of guarantor

Guarantor address: City: State: Zip Code

Amount Guaranteed ($)

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.

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G: 3

2 FILER NAME: Bob VANN

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address: City; State; Zip Code / 7 Purpose of expenditure	8 Amount ($)	
7/26/99	Texas Tech University Press 2903 Fourth St, Lubbock TX 79409-1037 Research	34.16	☒ Reimbursement from political contributions intended
7/28/99	Aspen Designs PO Box 150738, Lakewood CO 80215 Fundraising promotional items	83.63	☒ Reimbursement from political contributions intended
9/14/99	Rhomar Industries 2109 E. Rockhurst St., Springfield MO 65802 Graffitti Remover	368.70	☒ Reimbursement from political contributions intended
9/23/99	Paper Plus #51 5555 N. Lamar #B 110, Austin TX 78751 card stock for mailout	119.48	☒ Reimbursement from political contributions intended
9/28/99	US Postal Service Northcross Station, Austin TX 78757 Postage	165.00	☒ Reimbursement from political contributions intended

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G: 3

2 FILER NAME: Bob VANN

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code / 7 Purpose of expenditure	8 Amount ($)
9/29/99	Quik Print 8311 Shoal Creek Blvd., Austin TX 78757 printing	203.67 ☒ Reimbursement from political contributions intended
10/4/99	National Crime Prevention Council 1 Prospect St., Amsterdam, NY 12010 Halloween Safety bags	507.61 ☒ Reimbursement from political contributions intended
10/22/99	Quik Print 8311 Shoal Creek Blvd, Austin TX 78757 Printing	135.85 ☒ Reimbursement from political contributions intended
10/27/99	Arvey Paper 6100 Airport Blvd., Austin TX 78752 Name tags	2.80 ☒ Reimbursement from political contributions intended
10/27/99	Quik Print 8311 Shoal Creek Blvd., Austin TX 78757 Printing	25.58 ☒ Reimbursement from political contributions intended

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G: 3

2 FILER NAME: Bob VANN

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Payee name / 6 Payee address: City; State; Zip Code / 7 Purpose of expenditure	8 Amount ($)
10/27/99	Embassy Suites 5901 N. IH35 Austin TX 78723 Reception	2292.84 ☒ Reimbursement from political contributions intended
Date	Payee name Payee address: City; State; Zip Code Purpose of expenditure	Amount ($) ☐ Reimbursement from political contributions intended
Date	Payee name Payee address: City; State; Zip Code Purpose of expenditure	Amount ($) ☐ Reimbursement from political contributions intended
Date	Payee name Payee address: City; State; Zip Code Purpose of expenditure	Amount ($) ☐ Reimbursement from political contributions intended
Date	Payee name Payee address: City; State; Zip Code Purpose of expenditure	Amount ($) ☐ Reimbursement from political contributions intended

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

N/A

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 6 Payee address: City: State: Zip Code 7 Purpose of expenditure	8 Amount ($)
Date	Payee name Payee address: City: State: Zip Code Purpose of expenditure	Amount ($)
Date	Payee name Payee address: City: State: Zip Code Purpose of expenditure	Amount ($)
Date	Payee name Payee address: City: State: Zip Code Purpose of expenditure	Amount ($)
Date	Payee name Payee address: City: State: Zip Code Purpose of expenditure	Amount ($)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED