

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## 4714

### 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:

11

3 CANDIDATE / OFFICEHOLDER NAME

TITLE  
Constable Bob  
FIRST MI  
LAST SUFFIX  
VANN

OFFICE USE ONLY

Date Received

FILED  
OCT 30 3 34 PM '00  
TRAVIS COUNTY CLERK  
STATE OF TEXAS

4 CANDIDATE / OFFICEHOLDER ADDRESS

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

Change of Address

5 CAMPAIGN TREASURER NAME

TITLE  
Becky J.  
FIRST MI  
LAST SUFFIX  
VANN

Receipt #

HD / PM

Amount

Date Processed

Date Imaged

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 PHONE NUMBER EXTENSION  
(512) 266-2500

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  
9 / 29 / 2000 THROUGH Month Day Year  
10 / 28 / 00

10 ELECTION

ELECTION DATE  
Month Day Year  
11 / 7 / 2000  
ELECTION TYPE  
 Primary  Runoff  General  Special

11 OFFICE

OFFICE HELD (if any)  
Constable Pct. 2  
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

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

additional pages

# 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

GENERAL

SPECIFIC

COMMITTEE NAME

Travis County Sherriff Officers Association

COMMITTEE ADDRESS

400 W. 14<sup>th</sup> St, #220 Austin 78701

COMMITTEE CAMPAIGN TREASURER NAME

MANNY MANCIAS

COMMITTEE CAMPAIGN TREASURER ADDRESS

400 W. 14<sup>th</sup> St, #220 Austin 78701

additional pages

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

\$ 585.00

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

\$ 2135.00

EXPENDITURE  
TOTALS

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

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 16,775.47

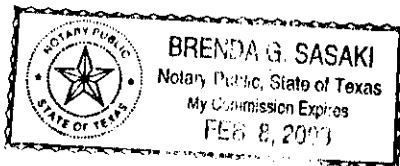
OUTSTANDING  
LOAN TOTALS

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.



AFFIX NOTARY STAMP / SEAL ABOVE

Bob Vann

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Bob VANN, this the 30 day of October, 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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: **2**

2 FILER NAME

**Bob VANN**

3 ACCOUNT # (Ethics Commission filers)

4 Date

**10/1/00**

5 Full name of contributor

**Bobby R. INMAN**

out of state PAC

7 Amount of contribution (\$)

**100**

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

**3200 Riva Ridge Rd Austin, TX  
78746**

9 Principal occupation

10 Employer (optional)

Date

**10/4/00**

Full name of contributor

**Scott Sousares**

out of state PAC

Amount of contribution (\$)

**100**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

**9013-B Quail Valley Dr Austin, TX  
78758**

Principal occupation

Employer (optional)

Date

**10/3/00**

Full name of contributor

**Robert A. Abernathy**

out of state PAC

Amount of contribution (\$)

**100**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

**14017 FM 2769 Leander, TX  
78641-6142**

Principal occupation

Employer (optional)

Date

**10/8/00**

Full name of contributor

**Jo Baylor**

out of state PAC

Amount of contribution (\$)

**100**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

**6000 Hood Hollow Austin, TX  
78731**

Principal occupation

Employer (optional)

Date

**10/13/00**

Full name of contributor

**DONNA BROWN**

out of state PAC

Amount of contribution (\$)

**100**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

**PO Box 2063 Austin TX 78768**

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.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: **2**

2 FILER NAME

**Bob VANN**

3 ACCOUNT # (Ethics Commission filers)

4 Date

**10/17/00**

5 Full name of contributor

**Austin Republican Womens Club**

out of state PAC

7 Amount of contribution (\$)

**500<sup>00</sup>**

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

**2708 Stratford Dr Austin, TX 78746**

9 Principal occupation

10 Employer (optional)

Date

**10/19/00**

Full name of contributor

**Robert M. Leonard**

out of state PAC

Amount of contribution (\$)

**200**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

**105 Calypso Austin TX 78734**

Principal occupation

Employer (optional)

Date

**10/20/00**

Full name of contributor

**Minter, Joseph & Thornhill**

out of state PAC

Amount of contribution (\$)

**250**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

**811 Barton Springs, #800 Austin, TX 78704**

Principal occupation

Employer (optional)

Date

**10/24/00**

Full name of contributor

**Lillian Little**

out of state PAC

Amount of contribution (\$)

**100**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

**PO Box 27375 Austin, TX 78755-2375**

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)

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# PLEGGED CONTRIBUTIONS

N/A

# 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)

4 TOTAL OF UNITEMIZED PLEDGES:      ⇨   ⇨   ⇨   ⇨   ⇨   ⇨

\$

|  |   |                         |                                       |
|--|---|-------------------------|---------------------------------------|
| 5 Date                                   | 6 Full name of pledgor<br><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<br><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<br><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<br><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<br><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)

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

# 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

7 Name of lender

out of state PAC

9 Loan Amount (\$)

6 Is lender a financial Institution?

8 Lender address; City; State; Zip Code

Y N

10 Interest rate

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

Y N

Interest rate

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: **2**

2 FILER NAME **Bob VANN**

3 ACCOUNT # (Ethics Commission filers)

4 Date  
**10/6/00**

5 Payee name  
**North Lake Travis Log**  
6 Payee address; City: State: Zip Code  
**20811 DAWN Dr, #800, LAgo VISTA, TX 78645**

7 Amount (\$)  
**541.24**

8 Purpose of expenditure  
**Ads**

9 .. Complete if direct expenditure to benefit C/OH ..  
Candidate / Officeholder name Office sought / held  
**Bob VANN Constable**

Date  
**10/6/00**

Payee name  
**Travis County Republican Party**  
Payee address; City: State: Zip Code  
**1300 W-Koenig Ln, Austin, TX 78756**

Amount (\$)  
**250.00**

Purpose of expenditure  
**Mailout**

.. Complete if direct expenditure to benefit C/OH ..  
Candidate / Officeholder name Office sought / held  
**Bob VANN Constable**

Date  
**10/9/00**

Payee name  
**Austin Trends**  
Payee address; City: State: Zip Code  
**7101 Hwy 71 W, #213, Austin, TX 78735**

Amount (\$)  
**925.00**

Purpose of expenditure  
**Mailing list**

.. Complete if direct expenditure to benefit C/OH ..  
Candidate / Officeholder name Office sought / held  
**Bob VANN Constable**

Date  
**10/12/00**

Payee name  
**U.S. Postmaster**  
Payee address; City: State: Zip Code  
**GMF-BMEU, Austin TX 78710-9651**

Amount (\$)  
**6552.77**

Purpose of expenditure  
**Postage**

.. Complete if direct expenditure to benefit C/OH ..  
Candidate / Officeholder name Office sought / held  
**Bob VANN Constable**

# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: **2**

2 FILER NAME **Bob VANN**

3 ACCOUNT # (Ethics Commission filers)

4 Date  
**10/12/00**

5 Payee name  
**PARAGON**  
6 Payee address; City; State; Zip Code

7 Amount (\$)  
**5,453.96**

**P.O. Box 15988, Austin, TX 78761**

8 Purpose of expenditure  
**Printing**

9 .. Complete if direct expenditure to benefit C/OH ..  
Candidate / Officeholder name  
**Bob VANN Constable**  
Office sought / held

Date  
**10/20/00**

Payee name  
**West Austin News**  
Payee address; City; State; Zip Code  
**6101 Balcones Dr., #300, Austin, TX 78731**

Amount (\$)  
**550.00**

Purpose of expenditure  
**Ads**

.. Complete if direct expenditure to benefit C/OH ..  
Candidate / Officeholder name  
**Bob VANN Constable**  
Office sought / held

Date  
**10/27/00**

Payee name  
**Travis County Sheriff Officer's Association**  
Payee address; City; State; Zip Code  
**400 W. 14<sup>th</sup> St., #220 Austin TX 78701**

Amount (\$)  
**2502.50**

Purpose of expenditure  
**Mailout & Postage**

.. Complete if direct expenditure to benefit C/OH ..  
Candidate / Officeholder name  
**Bob VANN Constable**  
Office sought / held

Date

Payee name  
Payee address; City; State; Zip Code

Amount (\$)

Purpose of expenditure

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



# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

N/A

## 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 |              | <input type="checkbox"/> Reimbursement from political contributions intended |
| 7 Purpose of expenditure               |              |  |
| Payee name                             |              | <input type="checkbox"/> Reimbursement from political contributions intended |
| Payee address; City; State; Zip Code   |              |  |
| Purpose of expenditure                 |              | <input type="checkbox"/> Reimbursement from political contributions intended |
| Payee name                             |              |  |
| Payee address; City; State; Zip Code   |              | <input type="checkbox"/> Reimbursement from political contributions intended |
| Purpose of expenditure                 |              |  |
| Payee name                             |              | <input type="checkbox"/> Reimbursement from political contributions intended |
| Payee address; City; State; Zip Code   |              |  |
| Purpose of expenditure                 |              | <input type="checkbox"/> Reimbursement from political contributions intended |
| Payee name                             |              |  |

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# 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

N/A

5 Business name

6 Business address; City; State; Zip Code

7 Amount (\$)

8 Purpose of payment

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

Date

Business name

Business address; City; State; Zip Code

Amount (\$)

Purpose of payment

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

Date

Business name

Business address; City; State; Zip Code

Amount (\$)

Purpose of payment

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

Date

Business name

Business address; City; State; Zip Code

Amount (\$)

Purpose of payment

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

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# 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<br><br><u>N/A</u> | 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               |             |

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