

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## 4766

## 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:

10

3 CANDIDATE / OFFICEHOLDER NAME

TITLE FIRST MI  
**Constable Bob** —  
NICKNAME LAST SUFFIX  
— **VANN** —

OFFICE USE ONLY

Date Received

Copy to hand and posted on a Bulletin Board in the County Jail, 11:35 AM  
Austin, Travis County, Texas on the 16th day of  
Dana DeBeauvoir  
County Clerk, Travis County, Texas  
JAN 11 2001

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 FIRST MI  
— **Becky J.** —  
NICKNAME LAST SUFFIX  
— **VANN** —

Receipt #

HD / PM

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    THROUGH    Month Day Year  
**10 / 29 / 00    12 / 31 / 00**

10 ELECTION

ELECTION DATE    ELECTION TYPE  
Month Day Year     Primary     Runoff     General     Special  
**11 / 7 / 00**

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

# 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. ..

**N/A**

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

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

\$ **135**

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

\$ **235**

EXPENDITURE TOTALS

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

\$ **0**

4. TOTAL POLITICAL EXPENDITURES

\$ **530.36**

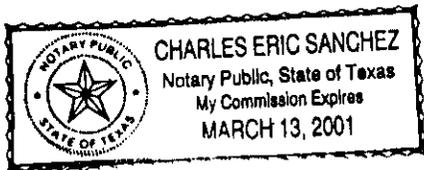
OUTSTANDING LOAN TOTALS

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

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said **Bob VANN**, this the **16** day of **JANUARY** **2001**, to certify which, witness my hand and seal of office.

**Charles Eric Sanchez**  
Signature of officer administering oath

**Charles Eric Sanchez**  
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: <u>1</u>
---	------------------------------------

2 FILER NAME <u>Bob VANN</u>	3 ACCOUNT # (Ethics Commission filers)
------------------------------	--

4 Date <u>12/21/00</u>	5 Full name of contributor <input type="checkbox"/> out of state PAC <u>David Frederick</u>	7 Amount of contribution (\$) <u>100</u>	8 In-kind contribution description(if applicable)
6 Contributor address; City; State; Zip Code <u>414 Ridgewood Rd Austin TX 78746</u>			

9 Principal occupation <u>Attorney</u>	10 Employer (optional)
---	------------------------

Date	Full name of contributor <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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**

N/A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule B:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)	
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.



**POLITICAL EXPENDITURES**

**SCHEDULE F**

N/A

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> Total pages Schedule F:
<b>2</b> FILER NAME		<b>3</b> ACCOUNT # (Ethics Commission filers)
<b>4</b> Date	<b>5</b> Payee name	<b>7</b> Amount (\$)
<b>6</b> Payee address; City; State; Zip Code		
<b>8</b> Purpose of expenditure		<b>9</b> .. 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
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

**12/8/00**

5 Payee name

**County Line BBQ on the Lake**

6 Payee address;

City; State; Zip Code

**5204 FM 2222 AUSTIN TX 78731**

7 Purpose of expenditure

**CATERING**

8 Amount (\$)

**530.36**

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

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.	<b>1</b> Total pages Schedule I:
<b>2</b> FILER NAME	<b>3</b> ACCOUNT # (Ethics Commission filers)

<b>4</b> Date	<b>5</b> Payee name <hr style="border-top: 1px dotted black;"/> <b>6</b> Payee address;      City; State; Zip Code  <b>7</b> Purpose of expenditure	<b>8</b> Amount (\$)
---------------	--	----------------------

N/A

Date	Payee name <hr style="border-top: 1px dotted black;"/> Payee address;      City; State; Zip Code  Purpose of expenditure	Amount (\$)
------	---	-------------

Date	Payee name <hr style="border-top: 1px dotted black;"/> Payee address;      City; State; Zip Code  Purpose of expenditure	Amount (\$)
------	---	-------------

Date	Payee name <hr style="border-top: 1px dotted black;"/> Payee address;      City; State; Zip Code  Purpose of expenditure	Amount (\$)
------	---	-------------

Date	Payee name <hr style="border-top: 1px dotted black;"/> Payee address;      City; State; Zip Code  Purpose of expenditure	Amount (\$)
------	---	-------------

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

**CREDITS (optional)**

N/A

**SCHEDULE K**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule K:
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payor name ..... 6 Payor address;      City; State; Zip Code ..... 7 Reason for credit	8 Amount (\$)
Date	Payor name ..... Payor address;      City; State; Zip Code ..... Reason for credit	Amount (\$)
Date	Payor name ..... Payor address;      City; State; Zip Code ..... Reason for credit	Amount (\$)
Date	Payor name ..... Payor address;      City; State; Zip Code ..... Reason for credit	Amount (\$)
Date	Payor name ..... Payor address;      City; State; Zip Code ..... Reason for credit	Amount (\$)

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