

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5283

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 **Constable** FIRST **Robert** MI **—**  
NICKNAME **—** LAST **VANN** SUFFIX **—**

OFFICE USE ONLY

Date Received

Date Hand delivered or Date Postmarked

Receipt #

Amount

Date Processed

Date Imaged

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE  
**800 Sykes Ct. Pflugerville TX 78660**

Change of Address

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  
**800 Sykes Ct. Pflugerville TX 78660**

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION  
**(512) 670-1888 —**

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 MONTH DAY YEAR  
**7 / 1 / 02 THROUGH 12 / 31 / 02**

10 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year  Primary  Runoff  General  Special

11 OFFICE

OFFICE HELD (if any)  
**Constable Pct. 2**

12 OFFICE SOUGHT (if known)

13 NOTICE OF 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

Robert VANN

15 ACCOUNT # (Ethics Commission files)

16 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. ..

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

\$ 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

\$ 1538.28

OUTSTANDING LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

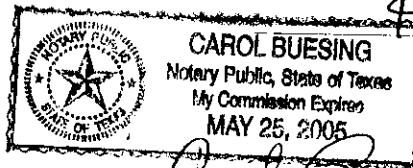
\$ 0

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.

Robert Vann

Signature of Candidate or Officeholder



AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Carol Buesing, this the 6 day of January, 2003, to certify which, witness my hand and seal of office.

Carol Buesing  
Signature of officer administering oath

Carol Buesing  
Printed name of officer administering oath

Chief Deputy  
Title of officer administering oath

# PLEGGED CONTRIBUTIONS

## SCHEDULE B1

(FOR FORMS C/OH, SC-C/OH, SC-SPAC, & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule B1:

1

2 FILER NAME

Robert VANN

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES:

\$

N/A

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

10 Principal occupation (optional)

11 Employer (optional)

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

Principal occupation (optional)

Employer (optional)

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

Principal occupation (optional)

Employer (optional)

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

Principal occupation (optional)

Employer (optional)

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

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.

**LOANS**

**SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:

1

2 FILER NAME

Robert VANN

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS:

\$ N/A

5 Date of loan

7 Name of lender

out-of state PAC (ID# \_\_\_\_\_)

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 (ID# \_\_\_\_\_)

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 **Robert VANN**

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	7 Amount (\$)
<b>N/A</b>	6 Payee address; City; State; Zip Code	

8 Purpose of payment (See instructions regarding type of information required.)	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
---	--

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	

Purpose of payment (See instructions regarding type of information required.)	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
---	--

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	

Purpose of payment (See instructions regarding type of information required.)	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
---	--

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	

Purpose of payment (See instructions regarding type of information required.)	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office 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:  
**2**

2 FILER NAME  
**Robert YANN**

3 ACCOUNT # (Ethics Commission filers)

4 Date <b>7/15/02</b>	5 Payee name <b>CONNER Grant McBride</b>	8 Amount (\$) <b>15<sup>00</sup></b>
	6 Payee address; City, State, Zip Code <b>9000 N. IH 35 Austin TX 78753</b>	
7 Purpose of expenditure (See instructions regarding type of information required.) <b>DONATION - Junior Olympics</b>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date <b>7/25/02</b>	Payee name <b>Justice of the Peace &amp; Constable Assoc. of Texas</b>	Amount (\$) <b>205<sup>00</sup></b>
	Payee address; City, State, Zip Code <b>1922 Sealy Galveston TX 77550</b>	
Purpose of expenditure (See instructions regarding type of information required.) <b>DONATION - Belt Buckle</b>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date <b>8/20/02</b>	Payee name <b>AMIGOS EN AZULE</b>	Amount (\$) <b>20<sup>00</sup></b>
	Payee address; City, State, Zip Code <b>715 E. 8<sup>TH</sup> Austin TX 78701</b>	
Purpose of expenditure (See instructions regarding type of information required.) <b>DONATION - Medical expense</b>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date <b>9/1/02</b>	Payee name <b>Lago Vista Chamber of Commerce</b>	Amount (\$) <b>10<sup>00</sup></b>
	Payee address; City, State, Zip Code <b>PO Box 4946 Lago Vista TX 78645</b>	
Purpose of expenditure (See instructions regarding type of information required.) <b>TABLE SPACE chamber function</b>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date <b>9/18/02</b>	Payee name <b>Texas Alliance for Life</b>	Amount (\$) <b>100<sup>00</sup></b>
	Payee address; City, State, Zip Code <b>2026 Guadalupe Austin TX 78705</b>	
Purpose of expenditure (See instructions regarding type of information required.) <b>DONATION banquet</b>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

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

2

2 FILER NAME

Robert VANN

3 ACCOUNT # (Ethics Commission filers)

4 Date

8/19/02

5 Payee name

Recognition Services, INC

6 Payee address: City, State, Zip Code

8577 Zionsville Rd., Indianapolis IN 46268

8 Amount (\$)

645<sup>00</sup>

7 Purpose of expenditure (See instructions regarding type of information required.)

CAMPAIGN buttons - PINS

Reimbursement from political contributions intended

Date

10/18/02

Payee name

Target

Payee address: City, State, Zip Code

13785 Research Blvd, Austin TX 78750

Amount (\$)

108.14

Purpose of expenditure (See instructions regarding type of information required.)

PARADE & HALLOWEEN CANDY

Reimbursement from political contributions intended

Date

11/2/02

Payee name

Batteries Plus #142

Payee address: City, State, Zip Code

7915 Burnet Rd., Austin TX 78757

Amount (\$)

43.29

Purpose of expenditure (See instructions regarding type of information required.)

battery - cell phone

Reimbursement from political contributions intended

Date

12/6/02

Payee name

office Depot

Payee address: City, State, Zip Code

8752 Research Blvd, Austin, TX 78758

Amount (\$)

103.90

Purpose of expenditure (See instructions regarding type of information required.)

Office supplies - printer cartridges

Reimbursement from political contributions intended

Date

12/18/02

Payee name

Olive Garden

Payee address: City, State, Zip Code

2800 S. IH 35 Round Rock TX 78704

Amount (\$)

287.95

Purpose of expenditure (See instructions regarding type of information required.)

APPRECIATION dinner CAMPAIGN workers

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

Robert VANW

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Business name

7 Amount (\$)

6 Business address; City; State; Zip Code

8 Purpose of payment (See instructions regarding type of information required.)

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

Date

Business name

Amount (\$)

Business address; City; State; Zip Code

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

Business name

Amount (\$)

Business address; City; State; Zip Code

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

Business name

Amount (\$)

Business address; City; State; Zip Code

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



# 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 **Robert VANN**

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	8 Amount (\$)
	6 Payee address; City; State; Zip Code	
	7 Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED