

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## 5606

### 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.

13

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI  
NICKNAME LAST SUFFIX  
Bob Robert VANN

#### OFFICE USE ONLY

Date Received: 2006 FEB - 9 AM 11:37  
 Date Hand-delivered or Date Postmarked  
 Receipt # Amount  
 Date Processed  
 Date Imaged

FILED FOR RECORD

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

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

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION  
(512) 854-9697

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI  
NICKNAME LAST SUFFIX  
Becky J. VANN

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE  
800 Sykes Ct.,flugerville TX 78660

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION  
(512) 670-1888

9 REPORT TYPE

January '05  30th day before election  Runoff  15th day after campaign treasurer appointment (officer only)  
 July 15  8th day before election  Exceeded \$500 limit  Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year  
01 / 01 / 04 THROUGH 01 / 31 / 04

11 ELECTION

ELECTION DATE: Month Day Year  
03 / 09 / 04  
ELECTION TYPE:  Primary  Runoff  General  Special

12 OFFICE

OFFICE HELD (if any)  
Constable Pct. 2

13 OFFICE SOUGHT (if known)  
Constable Pct. 2

14 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

15 C/OH NAME

Robert VANN

16 ACCOUNT # (Ethics Commission files)

17 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

18 CONTRIBUTION TOTALS

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

\$ 275.00

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

\$ 1927.00

EXPENDITURE TOTALS

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

\$ 82.00

4. TOTAL POLITICAL EXPENDITURES

\$ 973.36

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

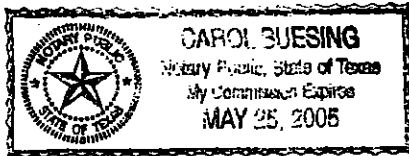
\$ 0

OUTSTANDING LOAN TOTALS

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

\$ 0

19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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

Sworn to and subscribed before me, by the said Robert VANN, this the 9<sup>th</sup> day of February, 2004, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

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: <b>3</b>	
2 FILER NAME <b>Robert VANN</b>		3 ACCOUNT # (Ethics Commission files)	
4 Date <b>1/14/04</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>J. Adam Ballesteros</b>	7 Amount of contribution (\$) <b>200<sup>00</sup></b>	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code <b>10409 Burnet Rd, Austin TX 78758</b>			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>1/14/04</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>George Reynolds</b>	Amount of contribution (\$) <b>100<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <b>10409 Burnet Rd, Austin TX 78758</b>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>1/15/04</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Kevin Aigner</b>	Amount of contribution (\$) <b>100<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <b>10409 Burnet Rd Austin TX 78758</b>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>1/15/04</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Steven Adams</b>	Amount of contribution (\$) <b>100<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <b>10409 Burnet Rd, Austin TX 78758</b>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>1/21/04</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Paul Secrest</b>	Amount of contribution (\$) <b>100<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <b>10409 Burnet Rd, Austin TX 78758</b>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

**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:

3

2 FILER NAME

Robert VANN

3 ACCOUNT # (Ethics Commission filers)

4 Date

1/16/04

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Henry Flores

6 Contributor address: City: State: Zip Code

10409 Burnet Rd Austin TX 78758

7 Amount of contribution (\$)

150<sup>00</sup>

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

1/21/04

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Marie P. McShane

Contributor address: City: State: Zip Code

20 Club Estates Pkwy, Austin TX 78738

Amount of contribution (\$)

100<sup>00</sup>

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/26/04

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Dwight Bertram

Contributor address: City: State: Zip Code

10409 Burnet Rd, Austin TX 78758

Amount of contribution (\$)

100<sup>00</sup>

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/26/04

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Carol Buesing

Contributor address: City: State: Zip Code

10409 Burnet Rd, Austin TX 78758

Amount of contribution (\$)

402<sup>00</sup>

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/30/04

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Robert M. Leonard

Contributor address: City: State: Zip Code

105 Calypso, Lakeway TX 78734

Amount of contribution (\$)

200<sup>00</sup>

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**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: **3**

2 FILER NAME **Robert VANN**

3 ACCOUNT # (Ethics Commission filers)

4 Date  
**1/30/04**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Henry Gonzalez**

6 Contributor address: City: State: Zip Code  
**2616 Market Garden Ln  
Austin TX 78745**

7 Amount of contribution (\$)  
**100<sup>00</sup>**

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

Principal occupation / Job title (See Instructions)

Employer (See instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

Principal occupation / Job title (See Instructions)

Employer (See instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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

<b>PLEGGED CONTRIBUTIONS</b>	<b>SCHEDULE B</b>
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N/A

The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule B: <span style="font-size: 1.5em;">1</span>
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2 FILER NAME <span style="font-size: 1.5em; font-family: cursive;">Robert VANN</span>	3 ACCOUNT # (Ethics Commission filers)
--	--

4 TOTAL OF UNITEMIZED PLEDGES:    ⇐   ⇐   ⇐   ⇐   ⇐   ⇐	\$
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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 / Job title (See Instructions)	11 Employer (See Instructions)
--	--------------------------------

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 / Job title (See Instructions)	Employer (See Instructions)
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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 / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

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 / Job title (See Instructions)	Employer (See Instructions)
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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 / Job title (See Instructions)	Employer (See Instructions)
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**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

<b>LOANS</b>	<b>SCHEDULE E</b>
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N/A

The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule E:  1
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2 FILER NAME  Robert VANN	3 ACCOUNT # (Ethics Commission filers)
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4 TOTAL OF UNITEMIZED LOANS:   ⇒   ⇒   ⇒   ⇒   ⇒   ⇒	\$
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5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____)	9 Loan Amount (\$)
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6 Is lender a financial institution?  Y      N	8 Lender address;    City:    State:    Zip Code	10 Interest rate
--	--	------------------

11 Maturity date
------------------

12 Principal occupation / Job title (See Instructions)	13 Employer (See Instructions)
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14 Description of Collateral <input type="checkbox"/> none
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15 GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	16 Name of guarantor	18 Amount Guaranteed (\$)
	17 Guarantor address;    City:    State:    Zip Code	

19 Principal Occupation	20 Employer
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Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____)	Loan Amount (\$)
--------------	--	------------------

Is lender a financial institution?  Y      N	Lender address;    City:    State:    Zip Code	Interest rate
--	--	---------------

Maturity date
---------------

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Description of Collateral <input type="checkbox"/> none
--

GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address;    City:    State:    Zip Code	

Principal Occupation	Employer
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

<b>POLITICAL EXPENDITURES</b>		<b>SCHEDULE F</b>
The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: <b>2</b>
2 FILER NAME <b>Robert VANN</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>1/20/04</b>	5 Payee name <b>Office Depot</b> 6 Payee address: City: State: Zip Code <b>8752 Research, Austin TX 78758</b>	7 Amount (\$) <b>135.11</b>
8 Purpose of payment (See instructions regarding type of information required.) <b>Stationery</b>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name: <b>Bob VANN, Constable Pct.2, Constable Pct.2</b> Office sought: _____ Office held: _____	
Date <b>1/22/04</b>	Payee name <b>Office Depot</b> Payee address: City: State: Zip Code <b>4501 W. Braker Ln., Austin TX 78759</b>	Amount (\$) <b>60.56</b>
Purpose of payment (See instructions regarding type of information required.) <b>Ink cartridges</b>	<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name: <b>Bob VANN, Constable Pct.2, Constable Pct.2</b> Office sought: _____ Office held: _____	
Date <b>1/23/04</b>	Payee name <b>u. S. Postmaster</b> Payee address: City: State: Zip Code <b>Pflugerville TX 78660</b>	Amount (\$) <b>333<sup>00</sup></b>
Purpose of payment (See instructions regarding type of information required.) <b>STAMPS</b>	<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name: <b>Bob VANN, Constable Pct.2, Constable Pct.2</b> Office sought: _____ Office held: _____	
Date <b>1/23/04</b>	Payee name <b>Office Depot</b> Payee address: City: State: Zip Code <b>5300 Mopac S., #101, Austin TX 78749</b>	Amount (\$) <b>57.90</b>
Purpose of payment (See instructions regarding type of information required.) <b>Stationery</b>	<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name: <b>Bob VANN, Constable Pct.2, Constable Pct.2</b> Office sought: _____ Office held: _____	
<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b>		



<b>POLITICAL EXPENDITURES</b>		<b>SCHEDULE F</b>
The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: <b>2</b>
2 FILER NAME <b>Robert VANN</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>1/26/04</b>	5 Payee name <b>Quik Print</b> 6 Payee address: City: State: Zip Code <b>8311 Shoal Creek, Austin TX 78757</b>	7 Amount (\$) <b>184.79</b>
8 Purpose of payment (See instructions regarding type of information required.) <b>Envelopes</b>	9 <b>.. Complete if direct expenditure to benefit C/OH ..</b> Candidate / Officeholder name Office sought Office held <b>Bob VANN, Constable Pct. 2, Constable Pct. 2</b>	
Date <b>1/1/04</b>	Payee name <b>Austin Republican Women</b> Payee address: City: State: Zip Code <b>5904 Fox Chapel Dr., Austin TX 78746</b>	Amount (\$) <b>60<sup>00</sup></b>
Purpose of payment (See instructions regarding type of information required.) <b>PINS</b>	<b>.. Complete if direct expenditure to benefit C/OH ..</b> Candidate / Officeholder name Office sought Office held <b>Bob VANN, Constable Pct. 2, Constable Pct. 2</b>	
Date <b>1/16/04</b>	Payee name <b>Greater Pflugerville Chamber of Commerce</b> Payee address: City: State: Zip Code <b>P.O. Box 483, Pflugerville TX 78691-0483</b>	Amount (\$) <b>60<sup>00</sup></b>
Purpose of payment (See instructions regarding type of information required.) <b>BANQUET</b>	<b>.. Complete if direct expenditure to benefit C/OH ..</b> Candidate / Officeholder name Office sought Office held <b>Bob VANN, Constable Pct. 2, Constable Pct. 2</b>	
Date	Payee name Payee address: City: State: Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)	<b>.. Complete if direct expenditure to benefit C/OH ..</b> Candidate / Officeholder name Office sought Office held	

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**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS**

N/A

**SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule G <u>1</u>
2 FILER NAME <u>Robert VANN</u>	3 ACCOUNT # (Ethics Commission files)

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.)	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address: City: State: Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address: City: State: Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address: City: State: Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address: City: State: Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	<input type="checkbox"/> Reimbursement from political contributions intended

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

**SCHEDULE H**

N/A

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule H 1

2 FILER NAME Robert VANN 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 <b>** Complete if direct expenditure to benefit C/OH **</b> 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.)	<b>** Complete if direct expenditure to benefit C/OH **</b> 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.)	<b>** Complete if direct expenditure to benefit C/OH **</b> 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.)	<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
---	--

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

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CREDITS (optional)

N/A

SCHEDULE K

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule K: 1

2 FILER NAME

Robert 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	

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