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

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5672

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT # (Ethics Commission Clerks)

2 Total pages filed: 11

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt # Amount

Date Processed

Date Imaged

FILED FOR RECORD 2004 MAR 1 PM 12:38 TRAVIS COUNTY TEXAS COUNTY CLERK

3 CANDIDATE / OFFICEHOLDER NAME

~~MS~~ / ~~MRS~~ / MR FIRST: Robert MI: —

NICKNAME: Bob LAST: VANN SUFFIX: —

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

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

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE: (512) PHONE NUMBER: 670 1888 EXTENSION: —

6 CAMPAIGN TREASURER NAME

~~MS~~ / MRS / ~~MR~~ FIRST: Becky MI: J.

NICKNAME: — LAST: VANN SUFFIX: —

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

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

8 CAMPAIGN TREASURER PHONE

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

9 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)

10 PERIOD COVERED

Month Day Year: 2/1/04 THROUGH Month Day Year: 2/29/04

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

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME: Robert VANN

16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

N/A

☐ additional pages

•• 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. ••

COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS

1.	TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$ 785
2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 2085

EXPENDITURE TOTALS

3.	TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ 50
4.	**TOTAL POLITICAL EXPENDITURES**	$ 5839.79

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

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.

CHARLES ERIC SANCHEZ
Notary Public, State of Texas
My Commission Expires
MARCH 13, 2005

AFFIX NOTARY STAMP / SEAL ABOVE

Robert Vann
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Robert VANN, this the 1st day of March, 20 04, to certify which, witness my hand and seal of office.

Charles E. Sanchez	Charles Eric Sanchez	Notary Public
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: 2

2 FILER NAME: Robert VANN

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
2/2/04	Terral R. Smith 100 Congress Ave., Ste #300, Austin TX 78701	100	

9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
2/3/04	DONNA Brown 1705 S. Cap. of TX Hwy #160, Austin TX 78746	250	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
2/9/04	Robert A. Abernathy 11,100 Parkfield Dr. Austin TX 78758	100	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
2/10/04	Earl R. Van Roosenbeek 2620 Lake Springs Dr., Jacksonville TX 75766	100	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
2/11/04	Linebarger Goggan Blair & Sampson, LLP PO Box 17428 Austin TX 78760	100	

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: 2

2 FILER NAME: Robert VANN

3 ACCOUNT # (Ethics Commission file/s)

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)
2/13/04	Al Herrera 10409 Burnet Rd., #150 Austin TX 78758	300	

9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
2/20/04	Dan Roark 11220 Bonham Ranch, Dripping Springs TX 78620	100	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
2/23/04	Robert L. Frachtman 5400 Hurlock Dr, Austin TX 78731	250	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

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

Principal occupation / Job title (See Instructions) Employer (See Instructions)

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

Principal occupation / Job title (See Instructions) Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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PLEDGED CONTRIBUTIONS

N/A

SCHEDULE B

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule B: 1

2 FILER NAME: Robert VANN

3 ACCOUNT # (Ethics Commission filers)

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

5 Date	6 Full name of pledgor ☐ out-of-state PAC (ID#:_____)	8 Amount of pledge ($)	9 In-kind description (if applicable)
	7 Pledgor address: City: State: Zip Code		
10 Principal occupation / Job title (See Instructions)	11 Employer (See Instructions)		
Date	Full name of pledgor ☐ out-of-state PAC (ID#:_____)	Amount of pledge ($)	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 ☐ out-of-state PAC (ID#:_____)	Amount of pledge ($)	In-kind description (if applicable)
	Pledgor address: City: State: Zip Code		
Principal occupation / Job title (See Instructions)	Employer (See Instructions)		
Date	Full name of pledgor ☐ out-of-state PAC (ID#:_____)	Amount of pledge ($)	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 ☐ 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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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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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 Robert 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 (ID#: _____)

8 Lender address: City: State: Zip Code

9 Loan Amount ($)

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral ☐ none

15 GUARANTOR INFORMATION ☐ not applicable

16 Name of guarantor

17 Guarantor address: City: State: Zip Code

18 Amount Guaranteed ($)

19 Principal Occupation

20 Employer

Date of loan

Is lender a financial Institution? Y N

Name of lender ☐ out-of-state PAC (ID#: _____)

Lender address: City: State: Zip Code

Loan Amount ($)

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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.

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 / 6 Payee address; City; State; Zip Code	7 Amount ($)
2/13/04	U.S.P.S. / Austin TX 7875-1715	74

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
Stamps	Bob VANN Constable, Constable

Date	Payee name / Payee address: City: State: Zip Code	Amount ($)
2/16/04	Super Cheap Signs / 9010 N. IH 35, Ste. 12, Austin TX 78753	1120.39

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
Signs	Bob VANN Constable, Constable

Date	Payee name / Payee address: City; State; Zip Code	Amount ($)
2/20/04	U.S.P.S. / Austin TX 78710-9651	1906.44

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
Postage	Bob VANN Constable, Constable

Date	Payee name / Payee address: City; State; Zip Code	Amount ($)
2/19/04	Patrick O'Grady / 701 Rogart Dr., Spicewood TX 78669	200

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
Mailing list	Bob VANN Constable, Constable

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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: 1

2 FILER NAME: Robert Yann

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Payee name / 6 Payee address: City: State: Zip Code	7 Purpose of expenditure (See instructions regarding type of information required.)	8 Amount ($)	Reimbursement from political contributions intended
2/17/04	Paragon Printing 10423 McKalla Pl., Austin TX 78758	Printing Mailouts	2318.96	☒
2/7/04	Founders Vision PAC 18022 Newgrange Dr, Pflugerville TX 78660	Sponser Banquet Table	100	☒
2/20/04	ARW PAC 5904 Fox Chapel Dr, Austin TX 78746	Pins	70	☒
				☐
				☐

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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 / 6 Business address; City: State: Zip Code	7 Amount ($)

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 / Business address: City: State: Zip Code	Amount ($)

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 / Business address: City: State: Zip Code	Amount ($)

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 / Business address: City: State: Zip Code	Amount ($)

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

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

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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 / 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 ($)

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