

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5879

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	MR / MRS / MR FIRST Robert	M —	OFFICE USE ONLY Date Received Date Hand-deli-ivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
	NICKNAME Bob	LAST VANN		SUFFIX —
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX 800 Sykes Ct.	APT / SUITE # Pflugerville Tx		ZIP CODE 78660
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (512)	PHONE NUMBER 670-1888		EXTENSION
6 CAMPAIGN TREASURER NAME	MR / MRS / MR FIRST Becky	M J.	OFFICE USE ONLY	
	NICKNAME —	LAST VANN		SUFFIX —
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE) 800 Sykes Ct.	APT / SUITE # Pflugerville TX		CITY: STATE ZIP CODE 78660
8 CAMPAIGN TREASURER PHONE	AREA CODE (512)	PHONE NUMBER 670-1888		EXTENSION
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 6th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)			
10 PERIOD COVERED	Month Day Year 7 / 1 / 04	THROUGH	Month Day Year 12 / 31 / 04	
11 ELECTION	ELECTION DATE Month Day Year 11 / 2 / 04		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> 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 <input type="checkbox"/> additional pages	** 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			

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME

Robert VANN

16 ACCOUNT # (Business Commission Use)

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	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	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

\$ **0**

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

\$ **250.00**

EXPENDITURE TOTALS

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

\$ **0**

4. TOTAL POLITICAL EXPENDITURES

\$ **80.14**

CONTRIBUTION BALANCE

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

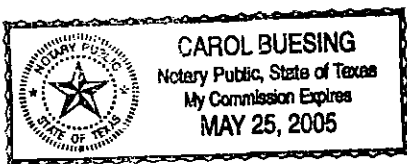
\$ **0**

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.

Robert Vann
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said **Robert Vann** this the **10th** day of **JANUARY**, 20**05**, 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: **1**

2 FILER NAME **Robert VANN** 3 ACCOUNT # Ethics Commission files:

4 Date 9/22/04	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Austin Apartment Assn PAC	7 Amount of contribution (\$) 250	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 4107 Medical Pky Ste 100 Austin TX 78756			

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

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
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Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
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Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
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Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
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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.

PLEGGED CONTRIBUTIONS

SCHEDULE B

N/A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule B: **1**

2 FILER NAME

Robert VANN

3 ACCOUNT # (Ethics Commission files)

4 TOTAL OF UNITEMIZED PLEDGES: ⇐ ⇐ ⇐ ⇐ ⇐ ⇐ ⇒

\$

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)
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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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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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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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LOANS	N/A	SCHEDULE E
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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 files)
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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 (\$)
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
 none

15 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	16 Name of guarantor 17 Guarantor address: City: State: Zip Code	18 Amount Guaranteed (\$)
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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
 none

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

POLITICAL EXPENDITURES

N/A

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

3 ACCOUNT # (Ethics Commission files):

4 Date

7/17/04

5 Payee name

Michaels

6 Payee address: City: State: Zip Code

10225 Research #2000 Austin TX 78759

8 Amount (\$)

15,14

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

Presentation Shadowbox

Reimbursement from political contributions intended

Date

8/24/04

Payee name

Carol Buesing

Payee address: City: State: Zip Code

10409 Burnet Rd #150 Austin TX 78758

Amount (\$)

65

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

PINS

Reimbursement from political contributions intended

Date

Payee name

Payee address: City: State: Zip Code

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

Amount (\$)

Reimbursement from political contributions intended

Date

Payee name

Payee address: City: State: Zip Code

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

Amount (\$)

Reimbursement from political contributions intended

Date

Payee name

Payee address: City: State: Zip Code

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

Amount (\$)

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 YANN** 3 ACCOUNT # (Ethics Commission #):

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
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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
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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
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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
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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 form)

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.)	

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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 Use)

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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