

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

6103

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: <b>2</b>
3 CANDIDATE / OFFICEHOLDER NAME	<del>MS / MRS</del> MR FIRST <b>Robert</b> MI <b>—</b>	<b>OFFICE USE ONLY</b>	
	NICKNAME <b>Bob</b> LAST <b>VANN</b> SUFFIX <b>—</b>		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: <b>800 Sykes Ct.</b> APT / SUITE #: <b>Pflugerville</b> CITY: <b>TX</b> STATE: <b>TX</b> ZIP CODE: <b>78660</b>	<b>RECORD</b> Date Received: <b>2006 JAN 11 AM 9:52</b> Date Hand-delivered or Date Postmarked: <b>2006 JAN 11 AM 9:52</b> Receipt: <b>2006 JAN 11 AM 9:52</b> Date Processed: Date Imaged:	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: <b>(512)</b> PHONE NUMBER: <b>670 1888</b> EXTENSION:		
6 CAMPAIGN TREASURER NAME	<del>MS / MRS</del> MR FIRST <b>Becky</b> MI <b>J.</b>	<b>RECORD</b> Date Received: <b>2006 JAN 11 AM 9:52</b> Date Hand-delivered or Date Postmarked: <b>2006 JAN 11 AM 9:52</b> Receipt: <b>2006 JAN 11 AM 9:52</b> Date Processed: Date Imaged:	
	NICKNAME <b>—</b> LAST <b>VANN</b> SUFFIX <b>—</b>		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): <b>800 Sykes Ct., Pflugerville TX 78660</b> APT / SUITE #: CITY: STATE: ZIP CODE:		
8 CAMPAIGN TREASURER PHONE	AREA CODE: <b>(512)</b> PHONE NUMBER: <b>670-1888</b> EXTENSION:		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30 in 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"/> 8 in day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year: <b>07 / 01 / 05</b> THROUGH Month Day Year: <b>12 / 31 / 05</b>		
11 ELECTION	ELECTION DATE Month Day Year: <b> / /</b>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <b>Constable Pct. 2</b>	13 OFFICE SOUGHT (if known)	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS  <b>N/A</b> <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		
	Address / PO Box, Apt. / Suite #: City, State, Zip Code		
<b>GO TO PAGE 2</b>			

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME Robert VANN 16 ACCOUNT #: Ethics Commission (file #)

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

additional pages

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	\$ 29.49
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 29.49
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 0
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 17 day of January, 2006, to certify which, witness my hand and seal of office.

Carol Buesing Carol Buesing Notary Public  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath