

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

6326

FORM C/OH
COVER SHEET PG 1

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

1 ACCOUNT #
(Ethics Commission files)

2 Total pages filed:

12

3 CANDIDATE / OFFICEHOLDER NAME

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

OFFICE USE ONLY

Date Received **2006 JUL 17**
TRANS COUR
RECORD

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX **800 Sykes Ct.** CITY: **Pflugerville TX** STATE: **TX** ZIP CODE **78660**
 Change of Address

Date Hand-delivered or Date Postmarked

RECORDED
JUL 17 11:10:20 AM
CLERK
TEXAS

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE **(512)** PHONE NUMBER **854-9697** EXTENSION **—**

Receipt # Amount

6 CAMPAIGN TREASURER NAME

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

Date Processed

Date Images

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE) **800 Sykes Ct.** CITY: **Pflugerville TX** STATE: **TX** 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 **1 / 1 / 06** THROUGH Month Day Year **6 / 30 / 06**

11 ELECTION

ELECTION DATE Month Day Year **/ /** ELECTION TYPE Primary Runoff General Special

12 OFFICE

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

13 OFFICE Sought (if known)

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 Bob VANN	16 ACCOUNT # (Ethics Commission file #)
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17 NOTICE FROM POLITICAL COMMITTEE(S)

N/A

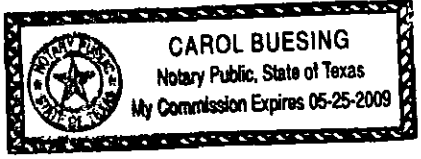
additional pages

** 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	\$	<i>0</i>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	<i>0</i>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$	<i>0</i>
	4. TOTAL POLITICAL EXPENDITURES	\$	<i>827.12</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	<i>0</i>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	<i>0</i>

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 Bob Vann this the 17 day of July, 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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

N/A

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A

2 FILER NAME

BOB VANN

3 ACCOUNT # (Ethics Commission files)

4 Date

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

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

6 Contributor address: City: State: Zip Code

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.

PLEGGED CONTRIBUTIONS

SCHEDULE B

N/A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule B

2 FILER NAME

Bob 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)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

LOANS

N/A

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME

Bob VANN

3 ACCOUNT # (Ethics Commission #):

4 TOTAL OF UNITEMIZED LOANS: \$

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 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral

none

15 GUARANTOR INFORMATION

16 Name of guarantor

18 Amount Guaranteed (\$)

not applicable

17 Guarantor address: City: State: Zip Code

19 Principal Occupation

20 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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

N/A

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

Bob VANN

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

6 Payee 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

Payee name

Amount (\$)

Payee 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

Payee name

Amount (\$)

Payee 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

Payee name

Amount (\$)

Payee 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

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule G: 3
2 FILER NAME Bob VANN		3 ACCOUNT # (Ethics Commission filers)
4 Date 1/10/06	5 Payee name ACT PAC 6 Payee address: City: State: Zip Code 19205 GANTON Ct, Pflugerville TX 78660 7 Purpose of expenditure (See instructions regarding type of information required.) Books - fundraiser	8 Amount (\$) 50⁰⁰ <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 1/17/06	Payee name ACT PAC Payee address: City: State: Zip Code 19205 GANTON Ct, Pflugerville TX 78660 Purpose of expenditure (See instructions regarding type of information required.) Books - fundraiser	Amount (\$) 100⁰⁰ <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 1/20/06	Payee name Joe POJMAN Payee address: City: State: Zip Code 3500 Bratton Ridge Crossing, Austin, TX 78728 Purpose of expenditure (See instructions regarding type of information required.) Banquet - Travis Co. Republican Party fundraiser	Amount (\$) 100⁰⁰ <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 1/31/06	Payee name MELISSA BEAUDOIN Campaign Payee address: City: State: Zip Code 606 Monaco Dr., Cedar Park TX 78613 Purpose of expenditure (See instructions regarding type of information required.) Campaign Fundraiser	Amount (\$) 50⁰⁰ <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 2/7/06	Payee name Founders Vision Republican Women PAC Payee address: City: State: Zip Code 18022 Newgrange Dr., Pflugerville TX 78660 Purpose of expenditure (See instructions regarding type of information required.) Banquet - Fundraiser	Amount (\$) 100⁰⁰ <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: **3**

2 FILER NAME **Bob VANN**

3 ACCOUNT # (Ethics Commission files):

4 Date
2/9/06

5 Payee name
Founders Vision Republican Women PAC
6 Payee address. City: State: Zip Code
18022 Newgrange Dr., Pflugerville TX 78660

8 Amount (\$)
30⁰⁰

7 Purpose of expenditure (See instructions regarding type of information required.)
Book-fundraiser Reimbursement from political contributions intended

Date
2/23/06

5 Payee name
Founders Vision Republican Women PAC
6 Payee address. City: State: Zip Code
18022 Newgrange Dr., Pflugerville TX 78660

8 Amount (\$)
85⁰⁰

7 Purpose of expenditure (See instructions regarding type of information required.)
Picture - fundraiser Reimbursement from political contributions intended

Date
2/28/06

5 Payee name
LEGACY PAC
6 Payee address. City: State: Zip Code
3103 Hillview Rd, Austin TX 78703

8 Amount (\$)
50⁰⁰

7 Purpose of expenditure (See instructions regarding type of information required.)
MAILout Fundraiser Reimbursement from political contributions intended

Date
3/7/06

5 Payee name
SD 14 Convention
6 Payee address. City: State: Zip Code
3500 Bratton Ridge Crossing Austin TX 78728

8 Amount (\$)
20⁰⁰

7 Purpose of expenditure (See instructions regarding type of information required.)
Convention fundraiser Reimbursement from political contributions intended

Date
4/4/06

5 Payee name
Ed Petreere
6 Payee address. City: State: Zip Code
1801 E. Palm Valley Blvd # 1314 Round Rock TX 78664

8 Amount (\$)
92.12

7 Purpose of expenditure (See instructions regarding type of information required.)
Website maintenance 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: **3**

2 FILER NAME

Bob VANN

3 ACCOUNT # (Ethics Commission files)

4 Date

4/11/06

5 Payee name

LAKE PAC

6 Payee address: City: State: Zip Code

711 MARINER, LAKEWAY TX 78734

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

BANQUET FUNDRAISER

8 Amount (\$)

80⁰⁰

Reimbursement from political contributions intended

Date

5/11/06

Payee name

Republican Party of Texas

Payee address: City: State: Zip Code

900 Congress Ste. 300, Austin TX 78701

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

CONVENTION FUNDRAISER

Amount (\$)

70⁰⁰

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

N/A

SCHEDULE H

The Instructional Guide explains how to complete this form.		1 Total pages Schedule H:
2 FILER NAME Bob 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 ** 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**

N/A

SCHEDULE I

The INSTRUCTOR GUIDE explains how to complete this form.

1 Total pages Schedule I:

2 FILER NAME

Bob VANN

3 ACCOUNT # (Ethics Commission #ers):

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

2 FILER NAME

Bob VANN

3 ACCOUNT # (Ethics Commission file #)

4 Date	5 Payor name	8 Amount (\$)
6 Payor address: City: State: Zip Code		
7 Reason for credit:		
Payor name		Amount (\$)
Payor address: City: State: Zip Code		
Reason for credit		
Payor name		Amount (\$)
Payor address: City: State: Zip Code		
Reason for credit		
Payor name		Amount (\$)
Payor address: City: State: Zip Code		
Reason for credit		
Payor name		Amount (\$)
Payor address: City: State: Zip Code		
Reason for credit		

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