

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**6427**

**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:  <div style="font-size: 2em; text-align: center;">11</div>
3 CANDIDATE / OFFICEHOLDER NAME	MR <input checked="" type="checkbox"/> MRS <input type="checkbox"/> MISS <input type="checkbox"/> DR <input type="checkbox"/> OTHER <input type="checkbox"/> FIRST: <b>Robert</b> MI: <b>—</b> SUFFIX: <b>—</b> LAST: <b>VANN</b> PREFIX: <b>—</b> NICKNAME: <b>Bob</b>	<b>OFFICE USE ONLY</b> Date Received: <b>JAN 12 PM 1:32</b> Date Hand-delivered: <b>—</b> Date Postmarked: <b>—</b> Receipt # <b>—</b> Amount <b>—</b> Date Processed <b>—</b> Date Imaged <b>—</b>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS (PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE) <b>800 Sykes Ct Pflugerville TX 78660</b> <input type="checkbox"/> Change of Address		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: <b>(512)</b> PHONE NUMBER: <b>670-1888</b> EXTENSION: <b>—</b>		
6 CAMPAIGN TREASURER NAME	MRS <input checked="" type="checkbox"/> MRS <input type="checkbox"/> MISS <input type="checkbox"/> DR <input type="checkbox"/> OTHER <input type="checkbox"/> FIRST: <b>Becky</b> MI: <b>J.</b> SUFFIX: <b>—</b> LAST: <b>VANN</b>		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE <b>800 Sykes Ct. Pflugerville TX 78660</b>		
8 CAMPAIGN TREASURER PHONE	AREA CODE: <b>(512)</b> PHONE NUMBER: <b>670-1888</b> EXTENSION: <b>—</b>		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Final report (Attach C/OH - FR) <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		
10 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year <b>7 / 1 / 06</b> <b>12 / 31 / 06</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  <div style="font-size: 2em; text-align: center;">N/A</div> <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		

**GO TO PAGE 2**

**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. <b>1</b>	
2 FILER NAME <b>Robert VANN</b>		3 ACCOUNT # (Ethics Commission File #)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)  6 Contributor address, City, State, Zip Code	7 Amount of contribution (\$) _____	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
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)
		(If travel outside of Texas, complete Schedule T)	
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)
		(If travel outside of Texas, complete Schedule T)	
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)
		(If travel outside of Texas, complete Schedule T)	
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)
		(If travel outside of Texas, complete Schedule T)	
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**

**SCHEDULE E**

N/A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E

1

2 FILER NAME

Robert T VANN

3 ACCOUNT # (Ethics Commission files)

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?  
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)

14 Description of Collateral

none

15 GUARANTOR INFORMATION  
 not applicable

16 Name of guarantor

18 Amount Guaranteed (\$) \_\_\_\_\_

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?  
Y N

Lender address, City, State, Zip Code

Interest rate \_\_\_\_\_

Maturity date \_\_\_\_\_

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

none

GUARANTOR INFORMATION  
 not applicable

Name of guarantor

Amount Guaranteed (\$) \_\_\_\_\_

Guarantor address, City, State, Zip Code

Principal Occupation

Employer

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

**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS**

**SCHEDULE G**

The instruction Guide explains how to complete this form.		1 Total pages Schedule G.
2 FILER NAME <b>Robert VANN</b>		3 ACCOUNT # (Ethics Commission files)
4 Date <b>8/1/06</b>	5 Payee name <b>ACT PAC</b>	8 Amount (\$) <b>100</b>
6 Payee address: City: State: Zip Code <b>19205 GANTON Ct., Pflugerville TX 78660</b>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
7 Purpose of expenditure (See instructions regarding type of information required.) <b>DONATION</b> (If travel outside of Texas, complete Schedule T)		
Date <b>8/17/06</b>	Payee name <b>Foundersvision Republican Women PAC</b>	Amount (\$) <b>50</b>
Payee address: City: State: Zip Code <b>18022 Newgrange Dr., Pflugerville TX 78660</b>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) <b>DONATION</b> (If travel outside of Texas, complete Schedule T)		
Date <b>8/22/06</b>	Payee name <b>Central Texas Republican Assembly</b>	Amount (\$) <b>30</b>
Payee address: City: State: Zip Code <b>3501 Carla Dr., Austin TX 78754</b>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) <b>DINNER</b> (If travel outside of Texas, complete Schedule T)		
Date <b>10/18/06</b>	Payee name <b>Foundersvision Republican Women PAC</b>	Amount (\$) <b>130.00</b>
Payee address: City: State: Zip Code <b>18022 Newgrange Dr., Pflugerville TX 78660</b>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) <b>BANQUET</b> (If travel outside of Texas, complete Schedule T)		
Date <b>11/16/06</b>	Payee name <b>Central Texas Republican Assembly</b>	Amount (\$) <b>25</b>
Payee address: City: State: Zip Code <b>3501 Carla Dr., Austin TX 78754</b>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) <b>Membership</b> (If travel outside of Texas, complete Schedule T)		

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

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**IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS** **SCHEDULE T** N/A

The instruction Guide explains how to complete this form. 1 Total pages Schedule T 1

2 FILER NAME Robert VANN 3 ACCOUNT # (Ethics Commission filer's)

4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

5 Contribution / Expenditure reported on:

Schedule A     Schedule B     Schedule C     Schedule D     Schedule F     Schedule G  
 Schedule H     Schedule N     COH-UC     COH-T     PAC-T     SPAC-T

6 Dates of travel	7 Name of person(s) traveling
	8 Departure city or name of departure location
	9 Destination city or name of destination location

10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)
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Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

Schedule A     Schedule B     Schedule C     Schedule D     Schedule F     Schedule G  
 Schedule H     Schedule N     COH-UC     COH-T     PAC-T     SPAC-T

Dates of travel	Name of person(s) traveling
	Departure city or name of departure location
	Destination city or name of destination location

Means of transportation	Purpose of travel (including name of conference, seminar, or other event)
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Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

Schedule A     Schedule B     Schedule C     Schedule D     Schedule F     Schedule G  
 Schedule H     Schedule N     COH-UC     COH-T     PAC-T     SPAC-T

Dates of travel	Name of person(s) traveling
	Departure city or name of departure location
	Destination city or name of destination location

Means of transportation	Purpose of travel (including name of conference, seminar, or other event)
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