

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**6526**

**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:** 11

**3 CANDIDATE / OFFICEHOLDER NAME**

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

**OFFICE USE ONLY**

DATE RECEIVED  
JUL - 9 PM : 08  
TARRANT COUNTY CLERK  
TARRANT COUNTY TEXAS

RECEIVED FOR RECORD

Date Received: \_\_\_\_\_  
Date Handled: \_\_\_\_\_  
Receipt #: \_\_\_\_\_ Amount: \_\_\_\_\_  
Date Processed: \_\_\_\_\_  
Date Imaged: \_\_\_\_\_

**4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS**  
 Change of Address

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

**5 CANDIDATE / OFFICEHOLDER PHONE**

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

**6 CAMPAIGN TREASURER NAME**

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

**7 CAMPAIGN TREASURER ADDRESS (Residence or business)**

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

**8 CAMPAIGN TREASURER PHONE**

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

**9 REPORT TYPE**

January 15  30th day before election  Final report (Attach C/OH - FR)  Exceeded \$500 limit  
 July 15  6th day before election  Runoff  15th day after campaign appointment (officeholder only)

**10 PERIOD COVERED**

Month Day Year THROUGH Month Day Year  
01 / 01 / 07 06 / 30 / 07

**11 ELECTION**  
N/A

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)**  
Constable Pct. 2

**14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS**  
N/A  
 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. **1**

2 FILER NAME **Robert VANN** 3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code		(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# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(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# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(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# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(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# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(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: <div style="text-align: center; font-size: 24px;">1</div>
2 FILER NAME <div style="font-size: 24px; text-align: center;">Robert VANN</div>		3 ACCOUNT # (Ethics Commission files)
4 TOTAL OF UNITEMIZED LOANS:    ⇐   ⇐   ⇐   ⇐   ⇐   ⇐   \$		
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)
14 Description of Collateral <input type="checkbox"/> none		
15 GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	16 Name of guarantor  17 Guarantor address;    City;    State;    Zip Code	18 Amount Guaranteed (\$)
19 Principal Occupation		20 Employer
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)
Description of Collateral: <input type="checkbox"/> none		
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor  Guarantor address;    City;    State;    Zip Code	Amount Guaranteed (\$)
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. <b>2</b>
2 FILER NAME <b>Robert VANN</b>		3 ACCOUNT # (Ethics Commission files)
4 Date <b>1/23/07</b>	5 Payee name <b>Central Texas Republican Assembly</b>	8 Amount (\$) <b>30<sup>00</sup></b>
	6 Payee address: City: State: Zip Code <b>3501 Carlin Dr, Austin TX 78754</b>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
	7 Purpose of expenditure (See instructions regarding type of information required.) <b>Meeting - fundraiser</b> (If travel outside of Texas, complete Schedule T)	
Date <b>1/23/07</b>	Payee name <b>TEXAS Republican Assemble</b>	Amount (\$) <b>200<sup>00</sup></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>Presentation and Banquet - fundraiser</b> (If travel outside of Texas, complete Schedule T)	
Date <b>2/5/07</b>	Payee name <b>Founders Vision PAC</b>	Amount (\$) <b>50<sup>00</sup></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>Fundraiser</b> (If travel outside of Texas, complete Schedule T)	
Date <b>3/2/07</b>	Payee name <b>Greater Pflugerville Chamber of Commerce</b>	Amount (\$) <b>90<sup>00</sup></b>
	Payee address: City: State: Zip Code <b>101 S.3<sup>rd</sup>, 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>4/13/07</b>	Payee name <b>Cinco de Mayo Celebration</b>	Amount (\$) <b>25<sup>00</sup></b>
	Payee address: City: State: Zip Code <b>Po Box 1748, Austin TX 78767</b>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) <b>ANNUAL celebration</b> (If travel outside of Texas, complete Schedule T)	

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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. **2**

2 FILER NAME

**Robert VANN**

3 ACCOUNT # (Ethics Commission filers)

4 Date

**5/23/07**

5 Payee name

**SAM Biscoe Special Project**

6 Payee address: City: State: Zip Code

**PO Box 1748 Austin TX 78767**

8 Amount (\$)

**25<sup>00</sup>**

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

**ANNUAL Juneteenth celebration**  
(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

Payee address: City: State: Zip Code

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

(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

Payee address: City: State: Zip Code

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

(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

Payee address: City: State: Zip Code

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

(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

Payee address: City: State: Zip Code

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

(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

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**PAYMENT FROM POLITICAL CONTRIBUTIONS  
TO A BUSINESS OF C/OH**

N/A

**SCHEDULE H**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule H <div style="border: 1px solid black; width: 100px; height: 20px; margin-left: 50px;"></div>
2 FILER NAME <div style="font-size: 24px; font-family: cursive; margin-left: 50px;">Robert VANN</div>		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.)  If travel outside of Texas, complete Schedule T)		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.)  If travel outside of Texas, complete Schedule T)		-- 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.)  If travel outside of Texas, complete Schedule T)		-- 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.)  If travel outside of Texas, complete Schedule T)		-- 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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**IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE  
FOR TRAVEL OUTSIDE OF TEXAS**

N/A

**SCHEDULE T**

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

2 FILER NAME Robert VANN 3 ACCOUNT # (Ethics Commission filers)

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)
----------------------------	--

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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