

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

6651

**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
 MS / MRS / MR: _____ FIRST: Robert MI: _____
 NICKNAME: Bob LAST: VANN SUFFIX: _____

OFFICE USE ONLY

Date Received: 2008 JAN 14 PM 1:52
 FILED FOR RECORD
 LAURENCE BAUVOIR
 COUNTY CLERK
 TRAVIS COUNTY TEXAS

Date Hand-delivered or Date Postmarked: _____
 Receipt # _____ Amount: _____
 Date Processed: _____
 Date Imaged: _____

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
 ADDRESS / PO BOX: 800 Sykes Ct., Pflugerville TX 78660
 APT / SUITE #: _____ CITY: _____ STATE: _____ ZIP CODE: _____
 Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE
 AREA CODE: (512) PHONE NUMBER: 854-9697 EXTENSION: _____

6 CAMPAIGN TREASURER NAME
 MS / MRS / MR: _____ FIRST: Becky MI: J.
 NICKNAME: _____ LAST: VANN SUFFIX: _____

7 CAMPAIGN TREASURER ADDRESS
 STREET ADDRESS (NO PO BOX PLEASE): 800 Sykes Ct., Pflugerville TX 78660
 APT / SUITE #: _____ CITY: _____ STATE: _____ ZIP CODE: _____
 (Residence or business)

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: 7 / 1 / 07 THROUGH Month Day Year: 12 / 31 / 07

11 ELECTION
 ELECTION DATE: Month Day Year: 3 / 4 / 08
 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
 ** 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: _____
 additional pages

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

**FORM C/OH
COVER SHEET PG 2**

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

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

18 CONTRIBUTION TOTALS

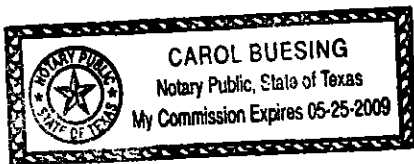
1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	0
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	751
3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$	0
4. TOTAL POLITICAL EXPENDITURES	\$	1373
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	0
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0

EXPENDITURE TOTALS

CONTRIBUTION BALANCE

OUTSTANDING LOAN TOTALS

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 14th day of JANUARY 2008, to certify which, witness my hand and seal of office.

Carol Buesing
Signature of officer administering oath

Carol Buesing
Printed name of officer administering oath

Notary Public
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 filers)

4 Date **8/27/07**
 5 Full name of contributor out-of-state PAC (ID#: _____)
Benny Cox
 6 Contributor address; City; State; Zip Code
10938 Research Blvd, Austin TX 78759

7 Amount of contribution (\$) **101**
 8 In-kind contribution description (if applicable)
 (If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)
Businessman

10 Employer (See Instructions)
Self-employed

Date **8/27/07**
 Full name of contributor out-of-state PAC (ID#: _____)
Hollis Lloyd
 Contributor address; City; State; Zip Code
11612 River Oaks Trail, Austin, TX 78753

Amount of contribution (\$) **50**
 In-kind contribution description (if applicable)
 (If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)

Date **10/5/07**
 Full name of contributor out-of-state PAC (ID#: _____)
C.M. Schauerte
 Contributor address; City; State; Zip Code
8501-ACIMA Oak Ln, Austin TX 78759

Amount of contribution (\$) **100**
 In-kind contribution description (if applicable)
 (If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)

Date **12/28/07**
 Full name of contributor out-of-state PAC (ID#: _____)
Martin & Cristina Colombo
 Contributor address; City; State; Zip Code
7908 Eudora Ln, Austin TX 78747

Amount of contribution (\$) **500**
 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 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.

PLEDGED CONTRIBUTIONS

N/A

SCHEDULE B

The Instruction Guide explains how to complete this form.		1 Total pages this Schedule B: <u>1</u>	
2 FILER NAME <u>Robert VANN</u>		3 ACCOUNT # (Ethics Commission filers)	
4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨			\$
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) 7 Pledgor address; City; State; Zip Code	8 Amount of pledge (\$)	9 In-kind description (if applicable)
(If travel outside of Texas, complete Schedule T)			
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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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: 1

2 FILER NAME Robert VANN

3 ACCOUNT # (Ethics Commission filers)

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
 none

15 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	16 Name of guarantor	18 Amount Guaranteed (\$)
	17 Guarantor address; City; State; Zip Code	

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	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	

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

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

(If travel outside of Texas, complete Schedule T)

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

(If travel outside of Texas, complete Schedule T)

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

(If travel outside of Texas, complete Schedule T)

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

(If travel outside of Texas, complete Schedule T)

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: **2**

2 FILER NAME **Robert VANN**

3 ACCOUNT # (Ethics Commission filers)

4 Date 7/16/07	5 Payee name Texas Republican Assembly	8 Amount (\$) 40
	6 Payee address; City; State; Zip Code 3501 CANL Dr., Austin, TX 78754	
7 Purpose of expenditure (See instructions regarding type of information required.) meeting (If travel outside of Texas, complete Schedule T)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date 8/13/07	Payee name North Shore Republican Club	Amount (\$) 20
	Payee address; City; State; Zip Code 3505 Mt. Laurel Rd., Lago Vista, TX 78645	
Purpose of expenditure (See instructions regarding type of information required.) membership (If travel outside of Texas, complete Schedule T)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date 9/7/07	Payee name Legacy PAC	Amount (\$) 50
	Payee address; City; State; Zip Code 3103 Hillview Rd., Austin, TX 78703	
Purpose of expenditure (See instructions regarding type of information required.) DONATION (If travel outside of Texas, complete Schedule T)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date 9/18/07	Payee name Founders Vision Republican Women	Amount (\$) 100
	Payee address; City; State; Zip Code 18022 Newgrange Dr., Pflugerville TX 78660	
Purpose of expenditure (See instructions regarding type of information required.) BANQUET (If travel outside of Texas, complete Schedule T)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date 9/25/07	Payee name Central Texas Republican Assembly	Amount (\$) 25
	Payee address; City; State; Zip Code 17903 Worley Dr., Pflugerville, TX 78660	
Purpose of expenditure (See instructions regarding type of information required.) Membership (If travel outside of Texas, complete Schedule T)		<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: **2**

2 FILER NAME **Robert VANN**

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name 6 Payee address; City; State; Zip Code	8 Amount (\$)
10/1/07	Northwest Austin Republican Women 10300 Jollyville Rd., #510, Austin TX 78759 Purpose of expenditure (See instructions regarding type of information required.) Membership (If travel outside of Texas, complete Schedule T)	24 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
10/15/07	Travis County Republican National Hispanic Assembly 1646 Jerusalem Dr., Round Rock, TX 78664 Purpose of expenditure (See instructions regarding type of information required.) Banquet (If travel outside of Texas, complete Schedule T)	100 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
11/5/07	Northwest Austin Republican Women 10300 Jollyville Rd., #510, Austin, TX 78759 Purpose of expenditure (See instructions regarding type of information required.) Meeting (If travel outside of Texas, complete Schedule T)	14 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
12/3/07	Travis County Republican Party 7801 N. Lamar, Ste. #A-139, Austin TX 78752 Purpose of expenditure (See instructions regarding type of information required.) Filing Fee (If travel outside of Texas, complete Schedule T)	1000 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	Amount (\$) <input type="checkbox"/> 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: 1
2 FILER NAME Robert 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
(If travel outside of Texas, complete Schedule T)		
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
(If travel outside of Texas, complete Schedule T)		
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
(If travel outside of Texas, complete Schedule T)		
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
(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 filers)

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 files)

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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