

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

6887

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:** 12

3 CANDIDATE / OFFICEHOLDER NAME
 NAME: MR / MRS / MR FIRST: Robert MI: —
 NICKNAME: Bob LAST: VANN SUFFIX: —

OFFICE USE ONLY

Date Received: _____

Date Hand-delivered or Date Postmarked: _____

Receipt # _____ Amount _____

Date Processed: _____

Date Imaged: _____

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

5 CANDIDATE / OFFICEHOLDER PHONE
 AREA CODE: (512) PHONE NUMBER: 670-1888 EXTENSION: —

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

7 CAMPAIGN TREASURER ADDRESS
 STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
 800 Sykes Ct., Pflugerville TX 78660
 (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 THROUGH Month Day Year
 02 / 24 / 08 06 / 30 / 08

11 ELECTION
 ELECTION DATE: Month Day Year ELECTION TYPE:
 11 / 04 / 08 Primary Runoff General Special

12 OFFICE OFFICE HELD (if any): Constable Precinct 2 **13 OFFICE SOUGHT (if known)**: Constable Precinct 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

Bob 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. **

COMMITTEE TYPE

GENERAL

SPECIFIC

additional pages

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

\$ 225

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 1495

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 358.61

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 9 day of July, 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: 2	
2 FILER NAME Bob VANN		3 ACCOUNT # (Ethics Commission filers)	
4 Date 2/28/08	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brian Russell	7 Amount of contribution (\$) 200	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code 7308 Greenhaven Dr., Austin TX 78757		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 2/29/08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Geoffrey C. Price	Amount of contribution (\$) 150	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 6010 Balcones Dr., Austin TX 78731		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/6/08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Betty DENMAN	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 212 Deepwood Dr., Georgetown TX 78628		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/7/08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barron & Newburger, P.C.	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 1212 Guadalupe #104, Austin TX 78701		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/9/08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles E. Sanchez	Amount of contribution (\$) 150	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 1303 High meadows Cove, Round Rock TX 78681		(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.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 2	
2 FILER NAME Bob VANN		3 ACCOUNT # (Ethics Commission filers)	
4 Date 5/15/08	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benny Cox 6 Contributor address; City; State; Zip Code 10938 Research Blvd, Austin TX 78759	7 Amount of contribution (\$) 120 <small>(If travel outside of Texas, complete Schedule T)</small>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 6/11/08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Travis Republican Women Contributor address; City; State; Zip Code 7704 Black Mountain, Austin TX 78736	Amount of contribution (\$) 150 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/11/08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Austin Republican Women's Club PAC Fund Contributor address; City; State; Zip Code 2201-B Exposition, Austin TX 78703	Amount of contribution (\$) 500 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
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)
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)
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: 1
---	---

2 FILER NAME Bob VANN	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#: _____)	8 Amount of pledge (\$)	9 In-kind description (if applicable)
7 Pledgor address; City; State; Zip Code		(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#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor 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 pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor 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 pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor 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 pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor 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: 1
2 FILER NAME Bob 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 <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

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

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

(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 Bob VANN	3 ACCOUNT # (Ethics Commission filers)

4 Date 3/3/08	5 Payee name NWARW PAC	8 Amount (\$) 14
	6 Payee address; City; State; Zip Code 10300 Jollyville Rd, #510, Austin TX 78759	
	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 3/4/08	Payee name Republican SD14 Convention	Amount (\$) 20
	Payee address; City; State; Zip Code 3500 Bratton Ridge Crossing, Austin TX 78728	
	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 3/19/08	Payee name Greater Pflugerville Chamber of Comm.	Amount (\$) 107
	Payee address; City; State; Zip Code 101 S. Third St., Pflugerville TX 78660	
	Purpose of expenditure (See instructions regarding type of information required.) Table at annual meeting (If travel outside of Texas, complete Schedule T)	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date 3/29/08	Payee name Republican SD14 Convention	Amount (\$) 50
	Payee address; City; State; Zip Code 3500 Bratton Ridge Crossing, Austin TX 78728	
	Purpose of expenditure (See instructions regarding type of information required.) Display table (If travel outside of Texas, complete Schedule T)	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date 4/5/08	Payee name Volente Neighborhood Assoc.	Amount (\$) 15
	Payee address; City; State; Zip Code 15406 FM 2769, Volente TX 78641	
	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 **Bob VANN**

3 ACCOUNT # (Ethics Commission filers)

<p>4 Date 4/14/08</p>	<p>5 Payee name TRAVIS County Cinco de Mayo</p> <p>6 Payee address; City; State; Zip Code PO Box 1748, Austin TX 78768</p> <p>7 Purpose of expenditure (See instructions regarding type of information required.) Sponsorship (If travel outside of Texas, complete Schedule T)</p>	<p>8 Amount (\$) 25</p> <p><input checked="" type="checkbox"/> Reimbursement from political contributions intended</p>
<p>Date 5/21/08</p>	<p>Payee name LAKE TRAVIS Republican Club</p> <p>Payee address; City; State; Zip Code P.O. Box 340327, Austin TX 78734</p> <p>Purpose of expenditure (See instructions regarding type of information required.) Meeting (If travel outside of Texas, complete Schedule T)</p>	<p>Amount (\$) 16</p> <p><input checked="" type="checkbox"/> Reimbursement from political contributions intended</p>
<p>Date 6/17/08</p>	<p>Payee name LAKE TRAVIS Republican Club</p> <p>Payee address; City; State; Zip Code PO Box 340327, Austin TX 78734</p> <p>Purpose of expenditure (See instructions regarding type of information required.) meeting (If travel outside of Texas, complete Schedule T)</p>	<p>Amount (\$) 16</p> <p><input checked="" type="checkbox"/> Reimbursement from political contributions intended</p>
<p>Date 3/8/08</p>	<p>Payee name HEB #2</p> <p>Payee address; City; State; Zip Code 201 N. FM 685, Pflugerville TX 78660</p> <p>Purpose of expenditure (See instructions regarding type of information required.) gasoline (If travel outside of Texas, complete Schedule T)</p>	<p>Amount (\$) 60.25</p> <p><input checked="" type="checkbox"/> Reimbursement from political contributions intended</p>
<p>Date 4/9/08</p>	<p>Payee name The Pflugerville Pflag</p> <p>Payee address; City; State; Zip Code PO Box 1490, SAN ANTONIO TX 78295</p> <p>Purpose of expenditure (See instructions regarding type of information required.) Subscription (If travel outside of Texas, complete Schedule T)</p>	<p>Amount (\$) 35.36</p> <p><input checked="" type="checkbox"/> Reimbursement from political contributions intended</p>

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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	BOBVANN	
3 ACCOUNT # (Ethics Commission filers)		
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
5 Contribution / Expenditure reported on:		
<input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
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:		
<input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
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)	

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on:		
<input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
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)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED