

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. ****

<input type="checkbox"/> additional pages	<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	\$ 380
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2280
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 19,209.74
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 27 day of October 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 VAN N		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/2/08	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Greytak	7 Amount of contribution (\$) 100	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 8706 Pt. West, Austin TX 78759		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/10/08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles Ruesink	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 10200 Sausalito Dr., Austin, TX 78759		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/10/08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Republican Club of Austin PAC	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 401 W. 15th St., #850 Austin TX 78701		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/14/08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benny Cox	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 10938 Research Blvd., Austin, TX 78759		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/16/08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAKE TRAVIS REPUBLICAN PAC	Amount of contribution (\$) 1500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 107 Lakeway Hills Cove, Lakeway TX 78734		(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.

PLEGGED 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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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 <input type="checkbox"/> 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	
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	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

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 9/27/08	5 Payee name AM Pro Productions 6 Payee address; City; State; Zip Code 7202 Smokey Hill Rd., Austin TX 78736	7 Amount (\$) 2,774.45
8 Purpose of payment (See instructions regarding type of information required.) Sign material (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 10/9/08	Payee name North Lake Travis Log Payee address; City; State; Zip Code 19621 FM 1431, Lago Vista TX 78645	Amount (\$) 2,059.20
Purpose of payment (See instructions regarding type of information required.) Advertising (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 10/22/08	Payee name Austin Trends Payee address; City; State; Zip Code 7101 Hwy 71W #213, Austin TX 78735	Amount (\$) 975
Purpose of payment (See instructions regarding type of information required.) Data Processing (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 9/26/08	Payee name Valero Payee address; City; State; Zip Code 11139 N. 35th 130 Austin TX 78753	Amount (\$) 54.63
Purpose of payment (See instructions regarding type of information required.) Fuel (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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**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		3 ACCOUNT # (Ethics Commission filers)
4 Date 9/30/08	5 Payee name HEB 6 Payee address; City; State; Zip Code 201 N. FM 685, Pflugerville TX 78660 7 Purpose of expenditure (See instructions regarding type of information required.) Fuel (If travel outside of Texas, complete Schedule T)	8 Amount (\$) 47.23 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 10/3/08	Payee name HEB Payee address; City; State; Zip Code 1110 N. Bell Ave., Cedar Park, TX 78613 Purpose of expenditure (See instructions regarding type of information required.) Fuel (If travel outside of Texas, complete Schedule T)	Amount (\$) 80.09 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 10/9/08	Payee name TEXAN MART Payee address; City; State; Zip Code 11300 Pollyanna, Austin TX 78758 Purpose of expenditure (See instructions regarding type of information required.) Fuel (If travel outside of Texas, complete Schedule T)	Amount (\$) 62.34 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 10/11/08	Payee name HEB Payee address; City; State; Zip Code 201 N. FM 685 Pflugerville TX 78660 Purpose of expenditure (See instructions regarding type of information required.) Fuel (If travel outside of Texas, complete Schedule T)	Amount (\$) 25.06 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 10/20/08	Payee name RANDALLS Payee address; City; State; Zip Code 2025 W. Ben White Blvd., Austin TX 78704 Purpose of expenditure (See instructions regarding type of information required.) Fuel (If travel outside of Texas, complete Schedule T)	Amount (\$) 47.52 <input checked="" type="checkbox"/> Reimbursement from political contributions intended

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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 10/22/08	5 Payee name PARAGON Printing & Mailing	8 Amount (\$) 12,403.41
	6 Payee address; City; State; Zip Code 10423 McKALLA Place Austin TX 78758	
7 Purpose of expenditure (See instructions regarding type of information required.) Printing and mailing (If travel outside of Texas, complete Schedule T)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date 10/6/08	Payee name NWARW	Amount (\$) 14
	Payee address; City; State; Zip Code 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)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date 10/10/08	Payee name Michael Varela	Amount (\$) 500
	Payee address; City; State; Zip Code 10409 Burnet Rd #150, Austin TX 78758	
Purpose of expenditure (See instructions regarding type of information required.) Sign Placement (If travel outside of Texas, complete Schedule T)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date 10/17/08	Payee name TRAVIS County Republican Hispanic National Assembly	Amount (\$) 30
	Payee address; City; State; Zip Code 1709 Jerusalem Dr., Round Rock TX 78664	
Purpose of expenditure (See instructions regarding type of information required.) Membership & meeting (If travel outside of Texas, complete Schedule T)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date 10/20/08	Payee name AMPro Productions	Amount (\$) 36.81
	Payee address; City; State; Zip Code 7202 Smokey Hill Rd. Austin TX 78736	
Purpose of expenditure (See instructions regarding type of information required.) wire stakes (If travel outside of Texas, complete Schedule T)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

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

SCHEDULE H

N/A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule H: <u>1</u>
2 FILER NAME <u>Robert VANN</u>		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
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**

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 10/3/08	5 Payee name Gus PENA 6 Payee address; City; State; Zip Code unknown 7 Purpose of expenditure (See instructions regarding type of information required.) Medical EXPENSES	8 Amount (\$) 100
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)

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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 filers)

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

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