

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 ACCOUNT #
(Ethics Commission Filers)
N/A

2 Total pages filed:
6

OFFICE USE ONLY

Date Received
Wed. April 9, 2014
Kathy Adams
1:30 P.M.

Date Hand-delivered or Postmarked

Receipt #	Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI
Ashley D.
NICKNAME LAST SUFFIX
Vann

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
5506 Bridgehaven Katy, TX 77494
 change of address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(281) 392-2012

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
Douglas S.
NICKNAME LAST SUFFIX
Diehl

7 CAMPAIGN TREASURER ADDRESS (residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
19811 Summerset Way Houston, TX 77094

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(281) 492-0727

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
2 / 07 / 2014 4 / 04 / 2014

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff General Special
05 / 10 / 14

12 OFFICE

OFFICE HELD (if any)

13 OFFICES SOUGHT (if known)

Trustee, Katy ISD

GOTO PAGE 2

Wed. April 9, 2014 1:30 pm.
Kathy Adams

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

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

14 C/OH NAME Ashley D. Vann 15 ACCOUNT # (Ethics Commission Filers) N/A

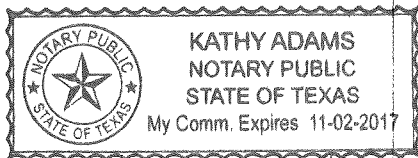
16 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE 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"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 190.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 650.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ Itemized
	4. TOTAL POLITICAL EXPENDITURES	\$ 3831.42
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	\$ 10,000.00

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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.

Ashley D. Vann
 Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Ashley D. Vann, this the 9th day of April, 20 14, to certify which, witness my hand and seal of office.

Kathy Adams KATHY Adams Notary Public
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

216

Wed. April 9, 2014 1:30pm
Kathy Adams

**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 <i>Ashley Vann</i>		3 ACCOUNT # (Ethics Commission Filers) N/A	
4 Date <i>3/22/14</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Judith Vann</i>	7 Amount of contribution (\$) <i>300.00</i>	8 In-kind contribution description (if applicable) <i>N/A</i>
6 Contributor address; City; State; Zip Code <i>5602 Heather Run Houston, TX 77041</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>Mother-in-Law</i>		10 Employer (See Instructions)	
Date <i>3/23/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Stephanie Unger</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable) <i>N/A</i>
Contributor address; City; State; Zip Code <i>2634 Saddlehorn Trail Katy, TX 77494</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>2/28/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Debbie Kallina</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable) <i>N/A</i>
Contributor address; City; State; Zip Code <i>5310 Maybrook Park Ln Katy, TX 77450</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>2/28/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Debbie Kallina</i>	Amount of contribution (\$) <i>\$100.00</i> <i>\$50.00</i>	In-kind contribution description (if applicable) <i>N/A</i>
Contributor address; City; State; Zip Code <i>5310 Maybrook Park Ln. Katy, TX 77450</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>3/28/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Carrie Patton</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable) <i>N/A</i>
Contributor address; City; State; Zip Code <i>7310 Penny Ln. Katy, TX 77494</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Mom</i>		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Wed. April 9, 2014 1:30pm.
Rachy Adams

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989)

LOANS **SCHEDULE E**

The Instruction Guide explains how to complete this form. 1 Total pages Schedule E:
1

2 FILER NAME *Ashley D. Vann* 3 ACCOUNT # (Ethics Commission Filers)
N/A

4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒ \$

5 Date of loan *2/7/14* 7 Name of lender *Douglas S. Diehl* out-of-state PAC (ID#: _____) 9 Loan Amount (\$) *\$10,000.00*

6 Is lender a financial institution? *Y* *N* 8 Lender address; City; State; Zip Code *19811 Summerset Way Houston, TX 77094* 10 Interest rate *0*

11 Maturity date *2/7/15*

12 Principal occupation / Job title (See Instructions) *President* 13 Employer (See Instructions) *Diehl Enterprises, LLC*

14 Description of Collateral none 15 Check if personal funds were deposited into political account

16 GUARANTOR INFORMATION not applicable 17 Name of guarantor _____ 19 Amount Guaranteed (\$) _____
 18 Guarantor address; City; State; Zip Code _____

20 Principal Occupation (See Instructions) _____ 21 Employer (See Instructions) _____

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 Check if personal funds were deposited into political account

GUARANTOR INFORMATION not applicable Name of guarantor _____ Amount Guaranteed (\$) _____
 Guarantor address; City; State; Zip Code _____

Principal Occupation (See Instructions) _____ Employer (See Instructions) _____

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
 If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

Wed. April 9, 2014 1:30pm

Kathy Adams

Texas Ethics Commission

P.O. Box 12070

Austin, Texas 78711-2070

(512) 463-5800

(TDD 1-800-735-2989)

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 2	2 FILER NAME Ashley D. Vann	3 ACCOUNT # (Ethics Commission Filers) N/A
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4 Date 3/31/14	5 Payee name Right On The Money
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6 Amount (\$) \$817.50	7 Payee address; City; State; Zip Code 22136 Westheimer Pkwy #512 Katy, TX 77450
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Printing Expense	(b) Description (If travel outside of Texas, complete Schedule T) Postcard Program
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/26/14	Payee name Office Max #1343
------------------------	---------------------------------------

Amount (\$) \$30.71	Payee address; City; State; Zip Code The market at Village Center Katy, TX 77494
-------------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other	Description (If travel outside of Texas, complete Schedule T) Office Supplies
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/8/14	Payee name Vistaprint
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Amount (\$) 99.21	Payee address; City; State; Zip Code www.vistaprint.com
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Business Cards
------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/15/14	Payee name N. Cole Photography
------------------------	--

Amount (\$) \$125	Payee address; City; State; Zip Code 6019 Meadowstream Ct Katy, TX 77450
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Campaign portraits
------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Wed. April 9, 2014 1:30pm

Kathy Adams

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989)

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 2	2 FILER NAME Ashley D. Vann	3 ACCOUNT # (Ethics Commission Filers) n/a
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4 Date 2/11/14	5 Payee name NBD Graphics
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6 Amount (\$) \$2162.29	7 Payee address; City; State; Zip Code 5502 1st St. Suite 3-4 Katy, TX 77493
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) Signs
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/7/14	Payee name Katy Christian Magazine
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Amount (\$) \$400.00	Payee address; City; State; Zip Code 650 West Bough, Ste. 150-170 Houston, TX 77024
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Ad
------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/22/14	Payee name Lisa Lamb Catering
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Amount (\$) \$140.00	Payee address; City; State; Zip Code 23507 Fairway Valley Lane Katy, TX 77494
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) Catering
------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/12/14	Payee name Vistaprint
------------------------	---------------------------------

Amount (\$) 56.71	Payee address; City; State; Zip Code www.vistaprint.com
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Cards
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED