

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

3 CANDIDATE / OFFICEHOLDER NAME

MS/MRS/MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Ashley
Vann

D.

OFFICE USE ONLY

Date Received

5-2-14
4:05 pm

Date Hand-delivered or Postmarked

Kathy Adams

Receipt #

Amount

Date Processed

Date Imaged

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX;

APT/SUITE#;

CITY;

STATE;

ZIP CODE

change of address

5506 Bridgehaven
Katy, TX 77494

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(281) 392-2012

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Douglas
Diehl

S.

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

4 / 05 / 2014

THROUGH

Month Day Year

5 / 01 / 2014

11 ELECTION

ELECTION DATE

Month Day Year

5 / 10 / 14

ELECTION TYPE

Primary

Runoff

General

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Trustee, Katy ISD

GO TO PAGE 2

5-2-14 4:05 pm K. 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.

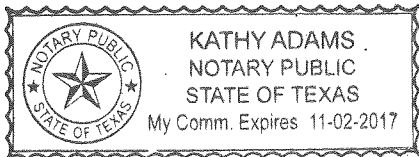
Form with fields: COMMITTEE TYPE (GENERAL, SPECIFIC), COMMITTEE NAME, COMMITTEE ADDRESS, COMMITTEE CAMPAIGN TREASURER NAME, COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

Table with 6 rows: CONTRIBUTION TOTALS, EXPENDITURE TOTALS, CONTRIBUTION BALANCE, OUTSTANDING LOAN TOTALS. Columns include description and amount.

18 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.



Signature of Ashley D. Vann

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Ashley D. VANN, this the 2nd day of MAY, 2014, to certify which, witness my hand and seal of office.

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

5-2-14 4:05 pm K. 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 FILER NAME

Ashley D. Vann

3 ACCOUNT # (Ethics Commission Filers)

4 Date

4/9/14

5 Full name of contributor out-of-state PAC (ID#: _____)

Steve & Mollie Reichardt

7 Amount of contribution (\$)

\$100.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

21903 Pale Meadows Ct.
Katy, TX 77450

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

KISD Taxpayer

10 Employer (See Instructions)

Date

4/1/14

Full name of contributor out-of-state PAC (ID#: _____)

Robert Cortez

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

20418 Verde Canyon
Katy, TX 77450

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

KISD Taxpayer

Employer (See Instructions)

Date

Full name of contributor 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 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 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 SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

5-2-14 4:05 pm K. 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: 3	2 FILER NAME Ashley D. Vann	3 ACCOUNT # (Ethics Commission Filers) N/A
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4 Date 4/23/14	5 Payee name Right on the Money
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6 Amount (\$) \$1220	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) Advertising	(b) Description (If travel outside of Texas, complete Schedule T) Postcards
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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 4/23/14	Payee name NBD Graphics
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Amount (\$) \$502.28	Payee address; City; State; Zip Code 5502 First St, Suite 3-4 Katy, TX 77493
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T) Signs
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/25/14	Payee name HCV Advertising
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Amount (\$) \$434.85	Payee address; City; State; Zip Code 7613 Katy Frwy, Suite C Houston, TX 77024
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T) Newspaper
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/23/14	Payee name HCV Advertising
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Amount (\$) \$425.00	Payee address; City; State; Zip Code 7613 Katy Frwy, Suite C Houston TX 77024
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T) Newspaper
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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

5-2-14 4:05 pm K. Adams

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 3	2 FILER NAME Ashley D. Vann	3 ACCOUNT # (Ethics Commission Filers) N/A
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4 Date 4/26/14	5 Payee name Home Depot
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6 Amount (\$) \$55.09	7 Payee address; City; State; Zip Code 6850 S. Fry Rd Katy, TX 77494
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising	(b) Description (If travel outside of Texas, complete Schedule T) Posts & ties
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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 4/13/14	Payee name Walgreens
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Amount (\$) \$38.78	Payee address; City; State; Zip Code 6802 S. Fry Rd Katy, TX 77494
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T) Photos
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/14/14	Payee name Office Max
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Amount (\$) \$34.70	Payee address; City; State; Zip Code Village Center Katy, TX 77494
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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
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/10/14	Payee name NBD Graphics
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Amount (\$) \$405.94	Payee address; City; State; Zip Code 5502 First St, Suite 34 Katy, TX 77493
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T) Signs
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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5-2-14 4:05 pm K. Adams

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

4 Date: **4/15/14** 5 Payee name: **Community Impact Advertising Newspaper**

6 Amount (\$): **\$1002.50** 7 Payee address; City; State; Zip Code: **16225 Impact Way, Suite 1 Pflugerville, TX 78660**

8 PURPOSE OF EXPENDITURE: (a) Category (See categories listed at the top of this schedule): **Advertising** (b) Description (If travel outside of Texas, complete Schedule T): **Newspaper**

9 Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name: _____ Office sought: _____ Office held: _____

Date: **5/1/14** Payee name: **HCV -**

Amount (\$): **\$419.90** Payee address; City; State; Zip Code: **7613 Katy Fray, Suite C Houston, TX 77024**

PURPOSE OF EXPENDITURE: Category (See categories listed at the top of this schedule): **Advertising** Description (If travel outside of Texas, complete Schedule T): **Newspaper**

Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name: _____ Office sought: _____ Office held: _____

Date: _____ Payee name: _____

Amount (\$): _____ Payee address; City; State; Zip Code: _____

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

Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name: _____ Office sought: _____ Office held: _____

Date: _____ Payee name: _____

Amount (\$): _____ Payee address; City; State; Zip Code: _____

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

Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name: _____ Office sought: _____ Office held: _____

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