



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

<b>15 C/OH NAME</b> Amy M. Wren		<b>16 Filer ID (Ethics Commission Filers)</b>
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 5,978.52
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 581.34
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,112.75
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3,865.77
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

**18 SIGNATURE** 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.

*[Handwritten Signature]*  
\_\_\_\_\_  
Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Amy M. Wren this the 27th day of January, 2026, to certify which, witness my hand and seal of office.  
Kim Hale Kim Hale Notary  
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.  
 My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
 (street) (city) (state) (zip code) (country)  
 Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
 (month) (year)

\_\_\_\_\_  
Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

<b>19 FILER NAME</b> Amy M. Wren		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		<b>SUBTOTAL AMOUNT</b>
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 5,978.52
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE E: LOANS		\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 1,512.87
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>4</b>
2 FILER NAME <b>Amy M. Wren</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>10/17/2025</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Rufus &amp; Marianna Duncan</b> 6 Contributor address; City; State; Zip Code <b>1425 Turtlecreek Dr. Lufkin, TX 75904</b>	7 Amount of contribution (\$)  <b>500.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>10/21/2025</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Denise Boyd Birdwell</b> Contributor address; City; State; Zip Code <b>2602 Fuller Springs Dr. Lufkin, TX 75901</b>	Amount of contribution (\$)  <b>26.82</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>10/22/2025</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Jay &amp; Susie Shands</b> Contributor address; City; State; Zip Code <b>409 Muirfield Dr. Lufkin, TX 75901</b>	Amount of contribution (\$)  <b>500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>10/22/2025</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Aaron &amp; Carrie Gilcrease</b> Contributor address; City; State; Zip Code <b>310 Shoreline Dr. Nacogdoches, TX 75964</b>	Amount of contribution (\$)  <b>263.51</b>
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.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <b>Amy M. Wren</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>10/17/2025</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Rufus &amp; Marianna Duncan</b> 6 Contributor address; City; State; Zip Code <b>1425 Turtlecreek Dr. Lufkin, TX 75904</b>	7 Amount of contribution (\$)  <b>500.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>10/21/2025</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Denise Boyd Birdwell</b> Contributor address; City; State; Zip Code <b>2602 Fuller Springs Dr. Lufkin, TX 75901</b>	Amount of contribution (\$)  <b>26.82</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>10/22/2025</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Jay &amp; Susie Shands</b> Contributor address; City; State; Zip Code <b>409 Muirfield Dr. Lufkin, TX 75901</b>	Amount of contribution (\$)  <b>500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>10/22/2025</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Aaron &amp; Carrie Gilcrease</b> Contributor address; City; State; Zip Code <b>310 Shoreline Dr. Nacogdoches, TX 75964</b>	Amount of contribution (\$)  <b>263.51</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <b>Amy M. Wren</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>10/26/2025</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Maria Villareal</b> 6 Contributor address; City; State; Zip Code <b>1906 Virginia Ave Nacogdoches, TX 75964</b>	7 Amount of contribution (\$)  <b>21.56</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>10/29/2025</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Richard &amp; Elizabeth Warner</b> Contributor address; City; State; Zip Code <b>PO Box 151337 Lufkin, TX 75915</b>	Amount of contribution (\$)  <b>500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>10/30/2025</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Whitney Duke Danner</b> Contributor address; City; State; Zip Code <b>802 Pine Valley Dr. Lufkin, TX 75901</b>	Amount of contribution (\$)  <b>250.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>11/10/2025</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Mark Hicks</b> Contributor address; City; State; Zip Code <b>PO Box 10 Lufkin, TX 75902</b>	Amount of contribution (\$)  <b>500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Amy M. Wren		3 Filer ID (Ethics Commission Filers)
4 Date 12/12/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Pam Inman 6 Contributor address; City; State; Zip Code 2160 FM 842 Lufkin, TX 75901	7 Amount of contribution (\$)  <b>53.12</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
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 (\$)
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 (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Amy M. Wren	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 10/30/2025	<b>5</b> Payee name Real Graphics
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<b>6</b> Amount (\$) 262.87	<b>7</b> Payee address; 417 E Lufkin Ave. Lufkin, TX 75901	City;	State;	Zip Code
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising	<b>(b)</b> Description Campaign Shirts
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/10/2025	Payee name Angelina County GOP
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Amount (\$) 1,250.00	Payee address; 2951 S John Redditt Drive, Lufkin, TX 75904	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fee	Description Candidate Filing Fee
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address;	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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