







# SUBTOTALS - C/OH

**FORM C/OH  
COVER SHEET PG 3**

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	■ 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.	■ 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.

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1:
<b>2</b> FILER NAME Amy M. Wren		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 09/24/2025	<b>5</b> Full name of contributor out-of-state PAC (ID#: _____) Elmer & Janice Beckworth <b>6</b> Contributor address; City; State; Zip Code PO Box 154, Rusk, TX 75785	<b>7</b> Amount of contribution (\$) <b>100.00</b>
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 10/02/2025	Full name of contributor out-of-state PAC (ID#: _____) Todd & Kimberlie Kassaw Contributor address; City; State; Zip Code 302 Oak Crest Dr. Lufkin, TX 75901	Amount of contribution (\$) <b>250.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/08/2025	Full name of contributor out-of-state PAC (ID#: _____) Tanner & Amber Franklin Contributor address; City; State; Zip Code 3502 Windsor Dr. Nacogdoches, TX 75965	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/15/2025	Full name of contributor out-of-state PAC (ID#: _____) Rodney Moore Contributor address; City; State; Zip Code 1609 S Chestnut Lufkin, TX 75901	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

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

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<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Amy M. Wren	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 10/30/2025	<b>5</b> Payee name Real Graphics	
<b>6</b> Amount (\$) <b>262.87</b>	<b>7</b> Payee address; City; State; Zip Code 417 E Lufkin Ave. Lufkin, TX 75901	
<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. <span style="float:right;">Check if Austin, TX, officeholder living expense</span>	

<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		
Amount (\$) <b>1,250.00</b>	Payee address; City; State; Zip Code 2951 S John Redditt Drive, Lufkin, TX 75904		
<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. <span style="float:right;">Check if Austin, TX, officeholder living expense</span>		

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		
Amount (\$)	Payee address; City; State; Zip Code		
<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. <span style="float:right;">Check if Austin, TX, officeholder living expense</span>		

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