

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 1**

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

**1** Filer ID (Ethics Commission Filers)

**2** Total pages filed: 7

**3** CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR FIRST MI  
Ms. Amy M  
NICKNAME LAST SUFFIX  
Wren

**4** CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
PO Box 150236, Lufkin, TX, 75915

Change of Address

**5** CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE PHONE NUMBER EXTENSION  
(936 ) 238-9776

**6** CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR FIRST MI  
Mrs. Cheryl L  
NICKNAME LAST SUFFIX  
Wren

**OFFICE USE ONLY**



Date Received  
Date Hand Delivered or Date Postmarked  
Receipt # Amount \$  
Date Processed **JAN 28 2026** PA  
Date Imaged

**7** CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
160 Basham Road, Pollok, TX 75969

(Residence or Business)

**8** CAMPAIGN  
TREASURER  
PHONE

AREA CODE PHONE NUMBER EXTENSION  
(719 ) 469-1567

**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 Modified Reporting Limit ☐ Final Report (Attach C/OH - FR)

**10** PERIOD  
COVERED

Month Day Year Month Day Year  
9 / 22 / 25 THROUGH 12 / 31 / 25

**11** ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year ☒ Primary ☐ Runoff ☐ Other Description  
3 / 3 / 26 ☐ General ☐ Special

**12** OFFICE

OFFICE HELD (if any)  
District Attorney

**13** OFFICE SOUGHT (if known)  
District Attorney

**14** 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.

COMMITTEE TYPE COMMITTEE NAME  
☐ GENERAL COMMITTEE ADDRESS  
☐ SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME  
COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

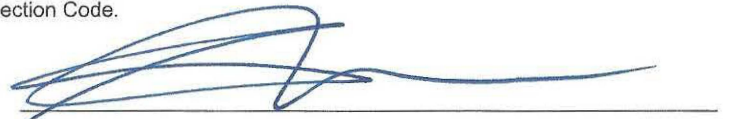
**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

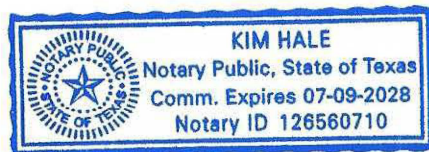
|                                    |                                                                                                                                       |                                               |
|------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>15 C/OH NAME</b><br>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.

  
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, 2020, 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

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

Amy M. Wren

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.

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1: **4****2** FILER NAME

Amy M. Wren

**3** Filer ID (Ethics Commission Filers)**4** Date

10/17/2025

**5** Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Rufus &amp; Marianna Duncan

**7** Amount of contribution (\$)**500.00****6** Contributor address;

City;

State;

Zip Code

1425 Turtlecreek Dr. Lufkin, TX 75904

**8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

10/21/2025

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Denise Boyd Birdwell

Amount of contribution (\$)

**26.82**

Contributor address;

City;

State;

Zip Code

2602 Fuller Springs Dr. Lufkin, TX 75901

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/22/2025

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Jay &amp; Susie Shands

Amount of contribution (\$)

**500.00**

Contributor address;

City;

State;

Zip Code

409 Muirfield Dr. Lufkin, TX 75901

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/22/2025

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Aaron &amp; Carrie Gilcrease

Amount of contribution (\$)

**263.51**

Contributor address;

City;

State;

Zip Code

310 Shoreline Dr. Nacogdoches, TX 75964

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.

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**1** Total pages Schedule A1:**2** FILER NAME

Amy M. Wren

**3** Filer ID (Ethics Commission Filers)**4** Date

10/17/2025

**5** Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Rufus &amp; Marianna Duncan

**6** Contributor address;

City;

State;

Zip Code

1425 Turtlecreek Dr. Lufkin, TX 75904

**7** Amount of contribution (\$)

500.00

**8** Principal occupation / Job title (See Instructions)**9** 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 (\$)

26.82

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/22/2025

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Jay &amp; Susie Shands

Contributor address;

City;

State;

Zip Code

409 Muirfield Dr. Lufkin, TX 75901

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/22/2025

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Aaron &amp; Carrie Gilcrease

Contributor address;

City;

State;

Zip Code

310 Shoreline Dr. Nacogdoches, TX 75964

Amount of contribution (\$)

263.51

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

10/26/2025

**5** Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Maria Villareal

**6** Contributor address;

City;

State;

Zip Code

1906 Virginia Ave Nacogdoches, TX 75964

**7** Amount of contribution (\$)

21.56

**8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

10/29/2025

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Richard &amp; Elizabeth Warner

Contributor address;

City;

State;

Zip Code

PO Box 151337 Lufkin, TX 75915

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/30/2025

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Whitney Duke Danner

Contributor address;

City;

State;

Zip Code

802 Pine Valley Dr. Lufkin, TX 75901

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/10/2025

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Mark Hicks

Contributor address;

City;

State;

Zip Code

PO Box 10 Lufkin, TX 75902

Amount of contribution (\$)

500.00

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<br>Amy M. Wren                                                                                                                                    |                                                                                                                                                       | 3 Filer ID (Ethics Commission Filers)      |
| 4 Date<br>12/12/2025                                                                                                                                           | 5 Full name of contributor out-of-state PAC (ID#: _____)<br>Pam Inman<br>6 Contributor address; City; State; Zip Code<br>2160 FM 842 Lufkin, TX 75901 | 7 Amount of contribution (\$)<br><br>53.12 |
| 8 Principal occupation / Job title (See Instructions)                                                                                                          |                                                                                                                                                       | 9 Employer (See Instructions)              |
| Date                                                                                                                                                           | Full name of contributor out-of-state PAC (ID#: _____)<br>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#: _____)<br>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#: _____)<br>Contributor address; City; State; Zip Code                                                  | Amount of contribution (\$)                |
| Principal occupation / Job title (See Instructions)                                                                                                            |                                                                                                                                                       | Employer (See Instructions)                |
|                                                                                                                                                                |                                                                                                                                                       |                                            |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED<br>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements. |                                                                                                                                                       |                                            |

# 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<br>Amy M. Wren                                                                                                                  |  | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> Date<br>10/30/2025                                                                                               | <b>5</b> Payee name<br>Real Graphics                                                                                                                |  |                                              |
| <b>6</b> Amount (\$)<br><br>262.87                                                                                        | <b>7</b> Payee address; City; State; Zip Code<br>417 E Lufkin Ave. Lufkin, TX 75901                                                                 |  |                                              |
| <b>8</b><br><br>PURPOSE<br>OF<br>EXPENDITURE                                                                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising                                                              |  | <b>(b)</b> Description<br>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 <span style="float:right">Office sought <span style="float:right">Office held</span></span> |                                                                                                                                                     |  |                                              |
| Date<br>11/10/2025                                                                                                        | Payee name<br>Angelina County GOP                                                                                                                   |  |                                              |
| Amount (\$)<br>1,250.00                                                                                                   | Payee address; City; State; Zip Code<br>2951 S John Redditt Drive, Lufkin, TX 75904                                                                 |  |                                              |
| PURPOSE<br>OF<br>EXPENDITURE                                                                                              | Category (See Categories listed at the top of this schedule)<br>Fee                                                                                 |  | Description<br>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 <span style="float:right">Office sought <span style="float:right">Office held</span></span> |                                                                                                                                                     |  |                                              |
| Date                                                                                                                      | Payee name                                                                                                                                          |  |                                              |
| Amount (\$)                                                                                                               | Payee address; City; State; Zip Code                                                                                                                |  |                                              |
| PURPOSE<br>OF<br>EXPENDITURE                                                                                              | 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 <span style="float:right">Office sought <span style="float:right">Office held</span></span> |                                                                                                                                                     |  |                                              |

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