

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <u>Ms.</u>	FIRST <u>Amy</u>	MI <u>M</u>
	NICKNAME	LAST <u>Wren</u>	SUFFIX
4 ORIGINAL REPORT TYPE	☒ January 15 ☐ July 15 ☐ 30th day before election ☐ 8th day before election		☐ Runoff ☐ Exceeded modified reporting limit ☐ 15th day after treasurer appointment (officeholder only) Other (specify) _____
	5 ORIGINAL PERIOD COVERED		
Month Day Year		Month Day Year	
<u>09 / 22 / 2025</u> THROUGH		<u>12 / 31 / 2025</u>	



Date Received _____

Date Held-Delivered or Date Postmarked _____

Receipt # _____ Amount \$ _____

Date Processed JAN 30 2026 TJ

Date Imposed JAN 30 2026

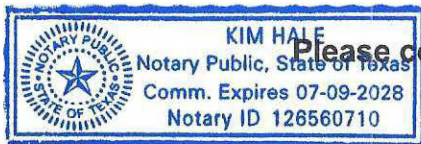
6 EXPLANATION OF CORRECTION : A printing error led to two copies of the same Contribution pages being attached, and to one contribution being left out. This corrected Campaign Finance Report contains the accurate number of Contribution pages.

7 SIGNATURE I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

- ☒ Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.
- ☐ Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Signature of Candidate/Officeholder



Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Amy M. Wren this the 30th day of January.

20 26 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)

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

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:																		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Ms. Amy M NICKNAME LAST SUFFIX Wren		OFFICE USE ONLY  Date Received Date Hand Delivered or Date Postmarked Receipt # Amount \$ Date Processed JAN 30 2026 TS Date Imaged																		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 150236, Lufkin, TX, 75915																				
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																				
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 160 Basham Road, Pollok, TX 75969																				
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (719) 469-1567																				
9 REPORT TYPE	<table style="width:100%;"> <tr> <td>☒ January 15</td> <td>☐ 30th day before election</td> <td>☐ Runoff</td> <td>☐ 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td>☐ July 15</td> <td>☐ 8th day before election</td> <td>☐ Exceeded Modified Reporting Limit</td> <td>☐ Final Report (Attach C/OH - FR)</td> </tr> </table>			☒ 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)										
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10 PERIOD COVERED	<table style="width:100%;"> <tr> <td>Month</td><td>Day</td><td>Year</td><td></td><td>Month</td><td>Day</td><td>Year</td> </tr> <tr> <td>9</td><td>22</td><td>25</td><td>THROUGH</td><td>12</td><td>31</td><td>25</td> </tr> </table>			Month	Day	Year		Month	Day	Year	9	22	25	THROUGH	12	31	25				
Month	Day	Year		Month	Day	Year															
9	22	25	THROUGH	12	31	25															
11 ELECTION	<table style="width:100%;"> <tr> <td colspan="3">ELECTION DATE</td> <td colspan="3">ELECTION TYPE</td> </tr> <tr> <td>Month</td><td>Day</td><td>Year</td> <td>☒ Primary</td> <td>☐ Runoff</td> <td>☐ Other Description</td> </tr> <tr> <td>3</td><td>3</td><td>26</td> <td>☐ General</td> <td>☐ Special</td> <td></td> </tr> </table>			ELECTION DATE			ELECTION TYPE			Month	Day	Year	☒ Primary	☐ Runoff	☐ Other Description	3	3	26	☐ General	☐ Special	
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) Additional Pages	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.																				
<table style="width:100%;"> <tr> <td style="width:20%;">COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td>☐ GENERAL</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td>☐ SPECIFIC</td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>				COMMITTEE TYPE	COMMITTEE NAME	☐ GENERAL	COMMITTEE ADDRESS	☐ SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS										
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GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

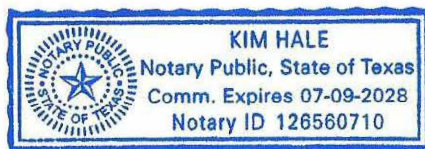
15 C/OH NAME Amy M. Wren		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 5,978.52
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 581.34
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,112.75
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3,865.77
OUTSTANDING LOAN TOTALS	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 30th 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)

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:**2** FILER NAME

Amy M. Wren

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

09/24/2025

5 Full name of contributor

out-of-state PAC (ID#: _____)

Elmer & Janice Beckworth

7 Amount of contribution (\$)

100.00

6 Contributor address;

City;

State;

Zip Code

PO Box 154, Rusk, TX 75785

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

Date

10/02/2025

Full name of contributor

out-of-state PAC (ID#: _____)

Todd & Kimberlie Kassaw

Amount of contribution (\$)

250.00

Contributor address;

City;

State;

Zip Code

302 Oak Crest Dr. Lufkin, TX 75901

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

Amount of contribution (\$)

500.00

Contributor address;

City;

State;

Zip Code

3502 Windsor Dr. Nacogdoches, TX 75965

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/15/2025

Full name of contributor

out-of-state PAC (ID#: _____)

Rodney Moore

Amount of contribution (\$)

500.00

Contributor address;

City;

State;

Zip Code

1609 S Chestnut Lufkin, TX 75901

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

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 & 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 & 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 & 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.

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

3 Filer ID (Ethics Commission Filers)

7 Amount of contribution (\$)

21.56

9 Employer (See Instructions)

Amount of contribution (\$)

500.00

Employer (See Instructions)

Amount of contribution (\$)

250.00

Employer (See Instructions)

Amount of contribution (\$)

500.00

Employer (See Instructions)

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 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 (\$) 53.12
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)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Amy M. Wren	3 Filer ID (Ethics Commission Filers)
4 Date 10/30/2025	5 Payee name Real Graphics	
6 Amount (\$) 262.87	7 Payee address; City; State; Zip Code 417 E Lufkin Ave. Lufkin, TX 75901	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Campaign Shirts
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 11/10/2025	Payee name Angelina County GOP	
Amount (\$) 1,250.00	Payee address; City; State; Zip Code 2951 S John Redditt Drive, Lufkin, TX 75904	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fee	Description Candidate Filing Fee
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
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
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED