

AW2-20, 7/2011
 Prescribed by Secretary of State
 Sections 141.031, Chapter 144, Texas Election Code
 All information is required to be provided unless indicated as optional.

RECEIVED
 8 2015
 9:30 a.m.

APPLICATION FOR A PLACE ON THE MAY 2015 GENERAL ELECTION BALLOT

TO: Secretary of Board

I request that my name be placed on the above-named official ballot as a candidate for the office indicated below.

OFFICE SOUGHT Include any place number or other distinguishing number, if any. MAYOR			INDICATE TERM <input checked="" type="checkbox"/> FULL <input type="checkbox"/> UNEXPIRED		
FULL NAME (First, Middle, Last) BECKY LYNN AMES			PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT BECKY AMES		
PERMANENT RESIDENCE ADDRESS (Street address and apartment number. If none, describe location of residence. Do not include P.O. Box or Rural Rt.) 4320 THOMAS GLEN BEAUMONT, TX 77706			MAILING ADDRESS (If different from residence address) 146 S. DOWNEN RD PMB #712 BEAUMONT, TX 77706		
CITY BEAUMONT	STATE TX	ZIP 77706	CITY BEAUMONT	STATE TX	ZIP 77706
EMAIL ADDRESS (Optional)		OCCUPATION (Do not leave blank) CHIEF EXECUTIVE OFFICER (CEO)	DATE OF BIRTH 09/07/1980	COUNTY OF RESIDENCE JEFFERSON	
TELEPHONE NUMBER (Include area code) (Optional) OFFICE: 409-617-1100 HOME: 409-666-6763		Length of Continuous Residence as of Date Application Sworn IN STATE: 56 yr(s) 0 mos IN CITY: 35 yr(s) 0 mos IN DISTRICT OR PRECINCT: 35 yr(s) 0 mos			

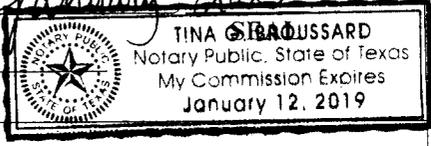
If using a nickname as part of your name to appear on the ballot, you are also signing and swearing to the following statements: I further swear that my nickname does not constitute a slogan nor does it indicate a political, economic, social, or religious view or affiliation. I have been commonly known by this nickname for at least three years prior to this election

Before me, the undersigned authority, on this day personally appeared (name) Becky Ames, who being by me here and now duly sworn, upon oath says: "I, (name) Becky Ames, of Jefferson County, Texas, being a candidate for the office of Mayor, swear that I will support and defend the Constitution and laws of the United States and of the State of Texas. I am a citizen of the United States eligible to hold such office under the Constitution and laws of this state. I have not been finally convicted of a felony for which I have not been pardoned or had my full rights of citizenship restored by other official action. I have not been determined by a final judgment of a court exercising probate jurisdiction to be totally mentally incapacitated or partially mentally incapacitated without the right to vote. I am aware of the nepotism law, Chapter 573, Government Code.

I further swear that the foregoing statements included in my application are in all things true and correct."

X Becky Ames
 SIGNATURE OF CANDIDATE

Sworn to and subscribed before me at 9:30 a.m., this the 30th day of January, 2015
Tina G. Broussard
 Signature of Officer administering oath
Notary
 Title of Officer administering oath



TO BE COMPLETED BY SECRETARY OF BOARD:
 (See Section 1.007)

1.28.15 Tina Broussard
 Date Received Signature of Secretary

Delivered in Person

Texas Ethics Commission

P.O. Box 12070

Austin, Texas 78711-2070

(512) 463-5800

1-800-325-8506

FORM ACTA
PG 1

AMENDMENT: APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

1 CANDIDATE NAME Becky Ames		2 ACCOUNT #	3 Total pages filed: 2
See ACTA INSTRUCTION Guide for detailed instructions. Use this form for changes to existing information only. Do not provide information previously disclosed.			
4 CANDIDATE NAME	NEW	MS / MRS / MR Mrs.	FIRST Becky
		NICKNAME ---	LAST Ames
		MI L	SUFFIX ---
OFFICE USE ONLY			
Date Received			
5 CANDIDATE MAILING ADDRESS	NEW	ADDRESS / PO BOX: 148 S. Dowlen Road, PMB #772, Beaumont, TX	CITY: STATE: ZIP CODE 77707
Date Hand-delivered or Date Postmarked			
6 CANDIDATE PHONE	NEW	AREA CODE (409)	PHONE NUMBER 866-8763
Date Processed			
7 OFFICE HELD (if any)	NEW	City Councilmember-at-Large	
Date Imaged			
8 OFFICE SOUGHT (if known)	NEW	Mayor	
9 CAMPAIGN TREASURER NAME	NEW	MS / MRS / MR Mr.	FIRST Gilbert
		NICKNAME Buddy	LAST Low
		MI I	SUFFIX ---
10 CAMPAIGN TREASURER STREET ADDRESS (Residence or business)	NEW	STREET ADDRESS (NO PO BOX PLEASE): 870 Orleans	CITY: STATE: ZIP CODE Beaumont, TX 77701
11 CAMPAIGN TREASURER PHONE	NEW	AREA CODE (409)	PHONE NUMBER 838-6412
12 CANDIDATE SIGNATURE	<p>I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.</p> <p>I am aware of my responsibility to file timely reports as required by title 15 of the Election Code.</p> <p>I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.</p> <p><i>Becky Ames</i> Signature of Candidate</p> <p>02/07/07 Date Signed</p>		
GO TO PAGE 2			

2007 FEB -7 PM 2:00

CITY CLERKS OFFICE

Re-submitted for the
May 9, 2015 election

CODE OF FAIR CAMPAIGN PRACTICES

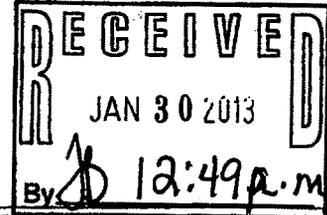
FORM CFCP
COVER SHEET

Pursuant to chapter 258 of the Election Code, every candidate and political committee is encouraged to subscribe to the Code of Fair Campaign Practices. The Code may be filed with the proper filing authority upon submission of a campaign treasurer appointment form. Candidates or political committees that already have a current campaign treasurer appointment on file as of September 1, 1997, may subscribe to the code at any time.

Subscription to the Code of Fair Campaign Practices is voluntary.

OFFICE USE ONLY

Date Received



Date Filed - (Signed or Postmarked)

Date Processed

Date Imaged

1 ACCOUNT NUMBER
(Ethics Commission Filers)

N/A

2 TYPE OF FILER

CANDIDATE

POLITICAL COMMITTEE

If filing as a candidate, complete boxes 3 - 6, then read and sign page 2.

If filing for a political committee, complete boxes 7 and 8, then read and sign page 2.

3 NAME OF CANDIDATE
(PLEASE TYPE OR PRINT)

BECKY AMES

TITLE (Dr., Mr., Ms., etc.)

FIRST

MI

MRS.

BECKY

L

NICKNAME

LAST

SUFFIX (SR., JR., III, etc.)

—

AMES

—

4 TELEPHONE NUMBER
OF CANDIDATE
(PLEASE TYPE OR PRINT)

AREA CODE

PHONE NUMBER

EXTENSION

(409)

866-8763

—

5 ADDRESS OF CANDIDATE
(PLEASE TYPE OR PRINT)

STREET / PO BOX

APT / SUITE #

CITY

STATE

ZIP CODE

1485 DOWLEN, PMB #112 BMT. TX 7706

6 OFFICE SOUGHT
BY CANDIDATE
(PLEASE TYPE OR PRINT)

MAYOR

7 NAME OF COMMITTEE
(PLEASE TYPE OR PRINT)

N/A

8 NAME OF CAMPAIGN
TREASURER
(PLEASE TYPE OR PRINT)

TITLE (Dr., Mr., Ms., etc.)

FIRST

MI

MR.

GILBERT

I

NICKNAME

LAST

SUFFIX (SR., JR., III, etc.)

BUDDY

LOW

—

GO TO PAGE 2

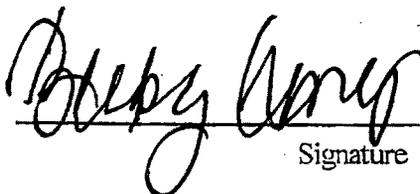
CODE OF FAIR CAMPAIGN PRACTICES

There are basic principles of decency, honesty, and fair play that every candidate and political committee in this state has a moral obligation to observe and uphold, in order that, after vigorously contested but fairly conducted campaigns, our citizens may exercise their constitutional rights to a free and untrammelled choice and the will of the people may be fully and clearly expressed on the issues.

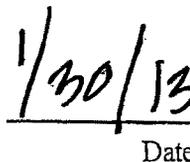
THEREFORE:

- (1) I will conduct the campaign openly and publicly and limit attacks on my opponent to legitimate challenges to my opponent's record and stated positions on issues.
- (2) I will not use or permit the use of character defamation, whispering campaigns, libel, slander, or scurrilous attacks on any candidate or the candidate's personal or family life.
- (3) I will not use or permit any appeal to negative prejudice based on race, sex, religion, or national origin.
- (4) I will not use campaign material of any sort that misrepresents, distorts, or otherwise falsifies the facts, nor will I use malicious or unfounded accusations that aim at creating or exploiting doubts, without justification, as to the personal integrity or patriotism of my opponent.
- (5) I will not undertake or condone any dishonest or unethical practice that tends to corrupt or undermine our system of free elections or that hampers or prevents the full and free expression of the will of the voters, including any activity aimed at intimidating voters or discouraging them from voting.
- (6) I will defend and uphold the right of every qualified voter to full and equal participation in the electoral process, and will not engage in any activity aimed at intimidating voters or discouraging them from voting.
- (7) I will immediately and publicly repudiate methods and tactics that may come from others that I have pledged not to use or condone. I shall take firm action against any subordinate who violates any provision of this code or the laws governing elections.

I, the undersigned, candidate for election to public office in the State of Texas or campaign treasurer of a political committee, hereby voluntarily endorse, subscribe to, and solemnly pledge myself to conduct the campaign in accordance with the above principles and practices.



Signature



Date

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: 7
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs. FIRST BECKY MI L	OFFICE USE ONLY Date Received APR - 9 PM 4:49 Date Hand-delivered or Postmarked Receipt # Amount Date Processed Date Imaged	
	NICKNAME — LAST AMES SUFFIX —		
	4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS		
	5 CANDIDATE / OFFICEHOLDER PHONE		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr. FIRST GILBERT MI I		
	NICKNAME BUDDY LAST LOW SUFFIX —		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3855 WHEAT DRIVE BEAUMONT, TX 77706		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (409) 838-6412 —		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 01 / 01 / 15 03 / 31 / 15		
11 ELECTION	ELECTION DATE Month Day Year 05 / 09 / 15	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) MAYOR	13 OFFICE SOUGHT (if known) MAYOR	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME **BECKY AMES**

15 ACCOUNT # (Ethics Commission Filers)
—

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.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		N/A
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS

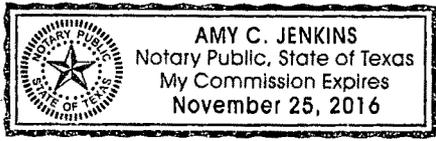
EXPENDITURE TOTALS

CONTRIBUTION BALANCE

OUTSTANDING LOAN TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ N/A
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1050.00
3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ N/A
4. TOTAL POLITICAL EXPENDITURES	\$ 9017.04
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 20,014.78
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ N/A

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.

Becky Ames
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Becky Ames, this the 19th day of April, 20 15, to certify which, witness my hand and seal of office.

Amy C Jenkins
Signature of officer administering oath

Amy C Jenkins
Printed name of officer administering oath

notary
Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A: 1

2 FILER NAME BECKY AMES 3 ACCOUNT # (Ethics Commission Filers)
N/A

4 Date <u>09/30/15</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>BOB + KAREN WORTHAM</u>	7 Amount of contribution (\$) <u>1000.00</u>	8 In-kind contribution description (if applicable) <u>—</u>
6 Contributor address; City; State; Zip Code <u>1360 AUDUBON PLACE BMT. TX 77706</u>		(If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions) JEFF CO. DISTRICT ATTY 10 Employer (See Instructions)
JEFFERSON COUNTY

Date <u>09/18/15</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>STEVIE EDWARDS</u>	Amount of contribution (\$) <u>50.00</u>	In-kind contribution description (if applicable) <u>—</u>
Contributor address; City; State; Zip Code <u>4309 CALDER BMT. TX 77706</u>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) _____ Employer (See Instructions) _____

Date	Full name of contributor <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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.

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: 1 OF 4	2 FILER NAME BECKY AMES	3 ACCOUNT # (Ethics Commission Filers) N/A
4 Date 01/09/15	5 Payee name YMBL	
6 Amount (\$) 100.00	7 Payee address; City; State; Zip Code 7250 WESDARK, BMT. TX. 11105	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) ADVERTISING/SPONSOR	(b) Description (If travel outside of Texas, complete Schedule T) SPONSOR <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name N/A	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>
Date 01/15/15	Payee name NECHES RIVER FESTIVAL	
Amount (\$) 200.00	Payee address; City; State; Zip Code 2643 NORTH ST., BMT. TX 11102	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING	Description (If travel outside of Texas, complete Schedule T) AD IN PROGRAM <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name N/A	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>
Date 01/15/15	Payee name BMT MAIN STREET	
Amount (\$) 500.00	Payee address; City; State; Zip Code 390 FANNIN, BMT. TX 11101	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING	Description (If travel outside of Texas, complete Schedule T) SPONSORSHIP <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>
Date 01/15/15	Payee name UNCLE BOB'S STORAGE #132	
Amount (\$) 828.00	Payee address; City; State; Zip Code 6970 COLLEGE, BMT. TX 11107	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) RENTAL EXPENSE	Description (If travel outside of Texas, complete Schedule T) STORAGE - CAMPAIGN <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name N/A	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES		EXPENDITURE CATEGORIES FOR BOX 8(a)	
<p>The instruction guide explains how to complete this form.</p> <p>Advertising Expense: Gif/Awards/Memorials Expense, Salaries/Wages/Contract Labor, Loan Repayment/Reimbursement</p> <p>Accounting/Banking Expense: Legal Services, Solicitation/Fundraising Expense, Transportation Equipment & Related Expense</p> <p>Consulting Expense: Food/Beverage Expense, Travel in District, Contributions/Donations Made By Candidate/Officeholder/Political Committee</p> <p>Event Expense: Printing Expense, Travel Out Of District, Office Overhead/Rental Expense</p> <p>Fees: OTHER (enter a category not listed above)</p>			
1	Total pages Schedule F:	2	FILER NAME BECKY AMES
3	ACCOUNT # (Ethics Commission Filers)	N/A	
4	Date	5	Payee name UNION LEAGUE OF BMT
6	Amount (\$)	7	Payee address; City, State; Zip Code 1508 McFARLIN, BMT. TX 77702
8	PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
8	ADVERTISING EXP	ADVERTISING	EVENTS
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
9	N/A	N/A	Office held
1	Date	2	Payee name 100 BLACK WOMEN COALITION
6	Amount (\$)	7	Payee address; City, State; Zip Code 4865 CORNELL, BMT. TX 77705
8	PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
8	ADVERTISING	ADVERTISING	AD
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
9	N/A	N/A	Office held
1	Date	2	Payee name NAACP
6	Amount (\$)	7	Payee address; City, State; Zip Code 3260 WASHINGTON BLVD, BMT. TX 77705
8	PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
8	FEES	FEES	MEMBERSHIP
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
9	N/A	N/A	Office held
1	Date	2	Payee name THE EXAMINER
6	Amount (\$)	7	Payee address; City, State; Zip Code 795 WILSON, BMT. TX 77701
8	PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
8	ADVERTISING	ADVERTISING	ADS & BAK HISTORY MO
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
9	N/A	N/A	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

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 OF 4	2 FILER NAME BECKY AMES	3 ACCOUNT # (Ethics Commission Filers) N/A
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4 Date 02/26/15	5 Payee name ART MUSEUM OF SE TX
---------------------------	--

6 Amount (\$) 100.00	7 Payee address; City; State; Zip Code 500 MAIN STREET, BMT. TX 77701
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) EVENT EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name N/A	Office sought	Office held
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Date 03/05/15	Payee name ST. MICHEL'S MEDITERRANEAN FESTIVAL
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Amount (\$) 500.00	Payee address; City; State; Zip Code 690 N. 15TH ST., BMT. TX 77702
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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) SPONSORSHIP <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name N/A	Office sought	Office held
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Date 03/09/15	Payee name US POSTAL SVC.
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Amount (\$) 147.00	Payee address; City; State; Zip Code ROBE HAHN STATION
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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) STAMPS FOR MAILED <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name N/A	Office sought	Office held
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Date 03/09/15	Payee name ARC OF GREATER BMT
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Amount (\$) 300.00	Payee address; City; State; Zip Code 700 NORTH ST. STE. Q, BMT. TX 77701
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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) AD <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name N/A	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 4 of 4	2 FILER NAME BECKY AMES	3 ACCOUNT # (Ethics Commission Filers) N/A
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4 Date 03/29/15	5 Payee name MICHAEL LEE ADVERTISING
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6 Amount (\$) 5605.04	7 Payee address; City; State; Zip Code P.O. BOX 1446, BMT. TX 77226
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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) BILLBOARDS <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 03/30/15	Payee name US POSTAL SERVICE
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Amount (\$) 147.00	Payee address; City; State; Zip Code ROBE HAHN STATION
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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) STAMPS FOR MAILED <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name N/A	Office sought	Office held
--	--------------------------------------	---------------	-------------

Date	Payee name
-------------	-------------------

Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	---	---

Complete ONLY 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
--------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> 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

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME **BECKY AMES** 15 ACCOUNT # (Ethics Commission Filers) **—**

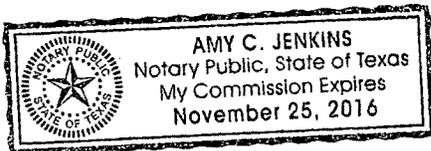
16 NOTICE FROM POLITICAL COMMITTEE(S) THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		N/A
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 636.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 40,145.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 47.61
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,806.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 58,942.17
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ N/A

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.



Becky Ames
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Becky Ames, this the 15 day of May, 2015, to certify which, witness my hand and seal of office.

Amy C. Jenkins
Signature of officer administering oath

Amy C. Jenkins
Printed name of officer administering oath

notary
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A: 12
---	-------------------------------------

2 FILER NAME SEE ATTACHED - 11 PAGES	3 ACCOUNT # (Ethics Commission Filers)
--	--

4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code		
(If travel outside of Texas, complete Schedule T)			

9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)
---	--------------------------------

Date	Full name of contributor <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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.

Becky Ames Schedule A

Christopher Akbari PO Box 1363 Nederland 77627	300	4-21-15
Allco PO Box 3684 Beaumont 77704	500	4-17-15
Joshua Allen Sr 1390 Broadway Beaumont 77701	1000	4-13-15
Janet Allred 1210 Sheridan Ln Beaumont 77706	250	4-27-15
Ames & Ames 148 Double Eagle Dr Austin 78738	100	4-15-15
Robert Applegate, PC 985 IH 10 Ste 111 Beaumont 77706	50	4-14-15
Robald Arceneaux 791 Cherokee Ave Port Neches 77651	250	4-23-15
Gene Arnold 2660 Sweetgum Lane Beaumont 77703	700	4-14-15
Sheri Arnold 1 Acadiana Ct Beaumont 77706	150	4-24-15
Estate of James D Austin PO Box 3108 Beaumont 77704	250	4-20-15
Dr. Mark & Susan Bruyn 6025 Metropolitan Drive Beaumont 77706	1000	4-14-15
Ladelle Benoit PO Box 26 China 77613	265	4-23-15
Hester Bell 6430 Wellington Dowlen Plaza Beaumont 77706	250	4-20-15
KC Bitar 3335 Calder Beaumont 77706	150	4-24-15

Cindy Bloodsworth 2887 Kent Rd Beaumont 77705	50	4-23-15
Brian Blount 5830 N Circuit Drive Beaumont 77706	65	4-23-15
Paul Brown 4370 Cartwright St Beaumont 77707	200	4-14-15
Rebecca Burton 895 Callaway Beaumont 77706	25	4-23-15
Carlo Busceme, III 70 Genevieve Beaumont 77707	250	4-13-15
Chris Busch 4610 Monticello Beaumont 77706	50	4-24-15
Larence Leger 7810 N Windemere Beaumont 77713	100	4-12-15
William Callahan 5660 Longwood St Beaumont 77707	50	4-18-15
Kim Carroll 3580 Windrose Dr Beaumont 77706	250	4-20-15
Gary Celli 148 SO Dowlen Rd Beaumont 77707	100	4-22-15
Andy Chica PO Box 1681 Goves 77619	1000	4-23-15
Rob Clark 85 Genevieve Beaumont 77707	250	4-14-15
Richard Clark 470 B This Way Lake Jackson 77566	500	4-16-15
Clark Colvin 1665 Brighton Ct Beaumont 77706	100	4-20-15

Marty Craig 195 Nth 7 th Beaumont 77702	75	4-23-15
George Crawford 701 Trinity St Unit 410 Beaumont 77701	50	4-13-15
Will Crenshaw PO Box 790 Beaumont 77704	2500	4-16-15
Scott Crutchfield 145 Central Caldwood Beaumont 77707	50	4-23-15
Creative Corrections 9975 Calder Beaumont 77706	100	4-24-15
Michael Doiron 5240 Merlot Dr Beaumont 77706	250	4-21-15
JF Domino 890 Brandywine Drive Beaumont 77706	250	4-19-15
Frank Eastman 4460 Thomas Lane Beaumont 77706	100	4-15-15
Rodgers Ellis 3000 W Cedar St Beaumont 77702	100	4-28-15
Kenneth Evans 710 Iowa St Beaumont 77705	100	4-16-15
Leann Ewing 1060 Shakespeare Dr Beaumont 77706	50	4-23-15
Joseph Fertitta 6760 Lexington Beaumont 77706	250	4-14-15
Karen Fontenot 1325 Audubon Place Beaumont 77706	250	4-14-15
Lance Fox PO Box 7503 Beaumont 77726	150	4-24-15

Thomas Frank PO Box 22679 Beaumont 77720	250	4-24-15
Karen Fuljenz 8255 White Rd Beaumont 77706	100	4-21-15
Richard Gagne PO Box 12099 Beaumont 77726	250	4-30-15
Starla Garlick 6355 RFD Rd Beaumont 77708	200	4-23-15
Tyrrell Garth 7350 Phelan Blvd Beaumont 77706	200	4-21-15
Linmarie Garsee 495 Craig Beaumont 77701	50	4-24-15
Evangeline George 2532 South St Beaumont 77702	25	4-23-15
William Geyser 198 Ridgeland Street Beaumont 77706	100	4-13-15
Charles Giglio PO Box 4046 Beaumont 77704	1000	4-22-15
Tipton Golias 1290 Thomas Rd Beaumont 77706	250	
Susan Grantham 6090 Natchez Trace Beaumont 77706	250	4-20-15
S Louis Greenberg PO Box 3708 Beaumont 77704	250	4-17-15
Carl Griffith 26985 IH 10 Winnie 77665	250	4-17-15
Edward Gripon 2670 Thomas Rd Beaumont 77706	100	4-23-15

RE Hamer 750 Shakespeare Dr Beaumont 77706	500	4-23-15
Donald Hearin 395 Berry Rd Beaumont 77706	500	4-23-15
Michael Hebert 55 Ave of the Oaks Beaumont 77707	500	4-22-15
Marilyn Hebert 945 Norwood Beaumont 77706	100	4-27-15
Gaile Henry JR PO Box 3427 Beaumont 77704	2500	4-17-15
George Hoffman 1595 Infinity Ln Beaumont 77706	50	4-23-15
Mary Milligan 3740 Laurel Ave Beaumont 77706	100	4-13-15
Ernest Huber 2440 Long Street Beaumont 77702	40	4-23-15
RG Huckaby 550 Weatherford Pl Beaumont 77707	25	4-25-15
Anne Huff 5555 Hooks Ave Beaumont 77706	100	4-11-15
AH Hughes 1340 Thomas Rd Beaumont 77706	50	4-28-15
Larry Hunter PO Box 1653 Vidor 77670	100	4-23-15
Justino Haimés 2525 Rusk St Beaumont 77702	100	4-28-15
Mark Banks 4730 Mercantile Street Beaumont 77705	250	4-16-15

John Johnson 202 Stratton Beaumont 77707	250	4-23-15
Paul Jones 10033 Brooks Rd Beaumont 777713	100	4-20-15
Ronald Jones 2311 Willow Court Nederland 77627	250	4-14-15
Ralph Jordan 2145 Hazel Ave Beaumont 77701	250	4-13-15
Samia Jordan 1420 Thomas Rd Beaumont 77706	500	4-22-15
Leonard Juncker 165 Ridgeland Ave Beaumont 77706	150	4-15-15
Kelley Kays 2396 Dowlen Rd Beaumont 77706	100	4-20-15
Joe BobKinsel PO Box 2470 Beaumont 77704	1000	4-14-15
Patricia Klein 4355 Thomas Glen Beaumont 77706	50	4-15-15
Mark Kubala 5235 Merlot Drive Beaumont 77706	250	4-14-15
Nicholas Lampson 8350 Collier Rd Beaumont 77706	200	3-23-15
Shirley Laine 1555 Thomas Rd Beaumont 77706	50	04-23-15
Stephen Lamendola 940 Thomas Rd Beaumont 77706	100	4-15-15
Kathleen Lamont Leaf 4350 Thomas Park Beaumont 77706	100	4-16-15

Kelly Landers Leger PO Box 20314 Beaumont 77720	50	4-24-15
Kelly Landers Leger PO Box 20314 Beaumont 77720	75	4-12-15
Lawrence Leger 7810 N Windemere Beaumont 77713	75	4-12-15
WS Leonard 3495 Evalon Ave Beaumont 77706	50	4-27-15
Michael Lindsay 4375 Thomas Glen Beaumont 77706	100	4-29-15
Clayton Mayfield PO Box 17428 Austin TX 78760	500	4-22-15
William Little PO Box 7749 Beaumont 77726	250	4-15-15
Charles Locke 820 20 th Street Beaumont 77706	100	4-13-15
Edward Lorin 1144 Waterwheel Pl Westlake Village CA 91361-1474	1000	4-17-15
Sam Malley 297 East Circuit Dr Beaumont 77706	100	4-17-15
Magna Properties PO Box 20555 Beaumont 77720	500	4-22-15
James D McNicholas 108 West Caldwood Dr Beaumont 77707	250	4-20-15
Floyd McSpadden 4465 Thomas Park Beaumont 77706	100	4-18-15
Pat Miller 135 N 7 th St Beaumont 77702	100	4-22-15

William Miranda 153 Ivy Lane Beaumont 77706	100	4-25-15
Monument Constructors, Inc. PO Box 22497 Beaumont 77720	50	4-15-15
Barbara Moor 1245 Nottingham Beaumont 77706	250	4-20-15
William Morris 725 Thomas Rd Beaumont 77706	200	4-24-15
Munro Properties 399 N MLK Jr Parkway Beaumont 77701	250	4-20-15
Sina Nejad 1990 W Lucas Beaumont 77706	250	4-23-15
Adriane Nelson 5030 Earheart Circle Beaumont 77706	50	4-16-15
P and M Havoline Express Lube 2810 Dowlen Rd Beaumont 77706	50	4-13-15
Bryanne S Palermo 2398 Gladys Ave Beaumont 77702	50	4-23-15
Christian Parker 3205 Stanford Dr Durham, NC 27707	90	4-23-15
John Pat Parsons, JR 5045 Littlewood Beaumont 77706	250	4-19-15
Parigi Property Management 445 N. 14 th Street Beaumont 77702	1000	4-13-15
Christy Persia 6045 Ventura Ln Beaumont 77706	100	4-16-15
Jake Plaia 890 Fenway Park Beaumont 77706	200	4-21-15

JB Quigley 28 Bellchase Gardens Beaumont 77706	100	4-17-15
TJ Ray 2180 Edson Dr Beaumont 77706	50	4-23-15
Rex Reavis 8085 Briar Rd Beaumont 77708	150	4-23-15
Jon Reaud 315 Auduborn Place Beaumont 77706	175	4-23-15
James Rich 7695 Myrtle Beach Dr Beaumont 77707	100	4-13-15
Allan Ritter PO Box 365 Nederalnd TX	500	4-14-2010
Rodney Robichau 5255 Merlot Dr Beaumont 77706	500	4-14-15
Regina Rogers 3195 Dowlen Rd #101-416 Beaumont 77706	2500	4-17-15
Alan Sampson 148 South Dowlen Rd PMB 267 Beaumont 77707	100	4-18-15
Don Shaver 4825 Littlewood Beaumont 77706	500	4-20-15
Billy Smith Jr 11010 McMoore Ln Beaumont 77713	250	4-14-15
J Mark Smith 8155 Evangeline Beaumont 77706	250	4-13-15
Michele Smith 180 W Caldwood Beaumont 77707	250	4-24-15
SETX Portable Moving & Storage PO Box 22719 Beaumont 77720	100	4-20-15

Ed Stedman 1075 Thomas Rd Beaumont 77706	100	4-21-15
Dean Terrebonne 4460 Thomas Glen Beaumont 77706	100	4-23-15
Sharon Thompson 6880 Marshall Place Dr Beaumont 77706	50	4-23-15
Greg Thompson 11322 Brooks Rd Beaumont 77713	100	4-23-15
Patricia Thorp 4315 Thomas Gln Beaumont 77706	250	4-18-15
Lori Tomlinson 24252 FM 787 Saratoga TX 77585	250	4-20-15
Robert Toups 4415 Thomas Park Beaumont 77706	50	4-12-15
Deanna Walker 6516 Pointe Park Dr Beaumont 77706	500	4-13-*15
Tom Walker 5345 Rollingbrook Ln Beaumont 77706	100	4-23-15
Les Warren 1415 Calder #31 Beaumont 77701	135	4-26-15
Les Warren 1415 Calder #31 Beaumont 77701	25	4-18-15
Bernard Wheeler-Medley 5175 Hastings Rd San Diego CA 92116	25	4-14-15
Naomi Winchell 7095 Westgate Beaumont 77706	50	4-13-15
Mel Wright 5555 Gladys Ave Beaumont 77706	150	4-15-15

Michael Wolf 4305 Sterling Lane Beaumont 77706	100	4-12-15
Jame Yarbrough 4330 Thomas Pk Beaumont 77706	25	4-15-15
Orbetuck Political Action Committee PO Box 1751 Beaumont 77704	450	4-30-15
Gilbert I Low 3855 Wheat Dr Beaumont 77706	450	3-30-15
James Makin 1900 Broadway St Beaumont 77701	500	4-10-15
	\$40,145	

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: 1	2 FILER NAME BECKY AMES	3 ACCOUNT # (Ethics Commission Filers) N/A
------------------------------------	-----------------------------------	--

4 Date 4/1/15	5 Payee name CITY OF BEAUMONT
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6 Amount (\$) 725.00	7 Payee address; City; State; Zip Code 801 MAIN, BMT TX
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) EVENT EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T) DOWN PAYMENT - EVENT CENTRE <input type="checkbox"/> Check if Austin, TX, officeholder living expense
--------------------------	--	--

FOR 4/23

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name N/A	Office sought	Office held
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Date 4/15/15	Payee name US POSTAL SERVICE
------------------------	--

Amount (\$) 98.00	Payee address; City; State; Zip Code TOBE HAHN, BMT. TX
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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) POSTAGE <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name N/A	Office sought	Office held
---	---	---------------	-------------

Date 4/20/15	Payee name FLAGSHIP MAIL ROOM
------------------------	---

Amount (\$) 138.00	Payee address; City; State; Zip Code 148 S. DOWLEN
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) PMB BOX RENTAL 1/YR.	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	---	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name N/A	Office sought	Office held
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Date 4/22/15	Payee name CITY OF BEAUMONT
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Amount (\$) 845.00	Payee address; City; State; Zip Code 801 MAIN, BMT. TX
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) EVENT EXPENSE	Description (If travel outside of Texas, complete Schedule T) FINAL PAYMENT - EVENT CENTRE <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--	---

FOR 4/23

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name N/A	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PERSONAL FINANCIAL STATEMENT

FORM PFS COVER SHEET

PAGE 1

Filed in accordance with chapter 572 of the Government Code.
For filings required in 2015 covering calendar year ending December 31, 2014.
Use FORM PFS-INSTRUCTION GUIDE when completing this form.

TOTAL NUMBER OF PAGES FILED:

15

ACCOUNT #

OFFICE USE ONLY

Date Received

2015 APR 30 PM 1:11

CITY CLERK'S OFFICE
CITY OF BEAUMONT

Receipt #

HD / PM

Amount

Date Processed

Date Imaged

NAME

TITLE; FIRST; MI

Mayor Becky L.

NICKNAME; LAST; SUFFIX

Ames

ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

4390 Thomas Glen
Beaumont, Texas 77706

(CHECK IF FILER'S HOME ADDRESS)

TELEPHONE
NUMBER

AREA CODE PHONE NUMBER; EXTENSION

(409) 866-8763

REASON
FOR FILING
STATEMENT

- CANDIDATE N/A (INDICATE OFFICE)
- ELECTED OFFICER Mayor-City of Beaumont, Texas (INDICATE OFFICE)
- APPOINTED OFFICER N/A (INDICATE AGENCY)
- EXECUTIVE HEAD N/A (INDICATE AGENCY)
- FORMER OR RETIRED JUDGE SITTING BY ASSIGNMENT
- STATE PARTY CHAIR N/A (INDICATE PARTY)
- OTHER N/A (INDICATE POSITION)

Family members whose financial activity you are reporting (see instructions).

SPOUSE Rodney L. Ames

DEPENDENT CHILD 1. N/A

2. N/A

3. N/A

In Parts 1 through 18, you will disclose your financial activity during the preceding calendar year. In Parts 1 through 14, you are required to disclose not only your own financial activity, but also that of your spouse or a dependent child (see instructions).

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

PERSONAL FINANCIAL STATEMENT**COVER SHEET
PAGE 2**

On this page, indicate any Parts of Form PFS that are not applicable to you. If you do not place a check in a box, then pages for that Part must be included in the report. ***If you place a check in a box, do NOT include pages for that Part in the report.***

6 PARTS NOT APPLICABLE TO FILER

- N/A Part 1A - Sources of Occupational Income
- N/A Part 1B - Retainers
- N/A Part 2 - Stock
- N/A Part 3 - Bonds, Notes & Other Commercial Paper
- N/A Part 4 - Mutual Funds
- N/A Part 5 - Income from Interest, Dividends, Royalties & Rents
- N/A Part 6 - Personal Notes and Lease Agreements
- N/A Part 7A - Interests in Real Property
- N/A Part 7B - Interests in Business Entities
- N/A Part 8 - Gifts
- N/A Part 9 - Trust Income
- N/A Part 10A - Blind Trusts
- N/A Part 10B - Trustee Statement
- N/A Part 11A - Assets of Business Associations
- N/A Part 11B - Liabilities of Business Associations
- N/A Part 12 - Boards and Executive Positions
- N/A Part 13 - Expenses Accepted Under Honorarium Exception
- N/A Part 14 - Interest in Business in Common with Lobbyist
- N/A Part 15 - Fees Received for Services Rendered to a Lobbyist or Lobbyist's Employer
- N/A Part 16 - Representation by Legislator Before State Agency
- N/A Part 17 - Benefits Derived from Functions Honoring Public Servant
- N/A Part 18 - Legislative Continuances

SOURCES OF OCCUPATIONAL INCOME

PART 1A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and do NOT include this page in the report.**

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

<p>1 INFORMATION RELATES TO</p>	<p><input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD <u>N/A</u></p>
<p>2 EMPLOYMENT</p> <p><input checked="" type="checkbox"/> EMPLOYED BY ANOTHER</p> <p><input type="checkbox"/> SELF-EMPLOYED</p>	<p>NAME AND ADDRESS OF EMPLOYER / POSITION HELD <input type="checkbox"/> (Check if Filer's Home Address)</p> <p>Victory Medical Center Beaumont/CEO 6025 Metropolitan Drive Beaumont, Texas 77706</p> <hr/> <p>NATURE OF OCCUPATION</p>
<p>INFORMATION RELATES TO</p>	<p><input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD <u>N/A</u></p>
<p>EMPLOYMENT</p> <p><input checked="" type="checkbox"/> EMPLOYED BY ANOTHER</p> <p><input type="checkbox"/> SELF-EMPLOYED</p>	<p>NAME AND ADDRESS OF EMPLOYER / POSITION HELD <input type="checkbox"/> (Check if Filer's Home Address)</p> <p>City of Beaumont, Texas/Mayor 801 Main Street, Suite 300 Beaumont, Texas 77701</p> <hr/> <p>NATURE OF OCCUPATION</p>
<p>INFORMATION RELATES TO</p>	<p><input type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD <u>N/A</u></p>
<p>EMPLOYMENT</p> <p><input checked="" type="checkbox"/> EMPLOYED BY ANOTHER</p> <p><input type="checkbox"/> SELF-EMPLOYED</p>	<p>NAME AND ADDRESS OF EMPLOYER / POSITION HELD <input type="checkbox"/> (Check if Filer's Home Address)</p> <p>River City Consultants, Inc./President dba Black Ink Solutions PMB 3, 148 South Dowlen Road Beaumont, Texas 77707-1755</p> <hr/> <p>NATURE OF OCCUPATION</p>

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

STOCK

PART 2

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and do NOT include this page in the report.**

List each business entity in which you, your spouse, or a dependent child held or acquired stock during the calendar year and indicate the category of the number of shares held or acquired. If some or all of the stock was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 BUSINESS ENTITY	NAME			
	River City Consultants, Inc. db Black Ink Solutions			
2 STOCK HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD <u>N/A</u>	
3 NUMBER OF SHARES	<input type="checkbox"/> LESS THAN 100	<input type="checkbox"/> 100 TO 499	<input type="checkbox"/> 500 TO 999	<input checked="" type="checkbox"/> 1,000 TO 4,999
	<input type="checkbox"/> 5,000 TO 9,999	<input type="checkbox"/> 10,000 OR MORE		
4 IF SOLD	<input type="checkbox"/> NET GAIN			
	<input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000-\$9,999	<input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000-OR MORE
BUSINESS ENTITY	NAME			
	N/A			
STOCK HELD OR ACQUIRED BY	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
NUMBER OF SHARES	<input type="checkbox"/> LESS THAN 100	<input type="checkbox"/> 100 TO 499	<input type="checkbox"/> 500 TO 999	<input type="checkbox"/> 1,000 TO 4,999
	<input type="checkbox"/> 5,000 TO 9,999	<input type="checkbox"/> 10,000 OR MORE		
IF SOLD	<input type="checkbox"/> NET GAIN			
	<input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000-\$9,999	<input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000-OR MORE
BUSINESS ENTITY	NAME			
	N/A			
STOCK HELD OR ACQUIRED BY	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
NUMBER OF SHARES	<input type="checkbox"/> LESS THAN 100	<input type="checkbox"/> 100 TO 499	<input type="checkbox"/> 500 TO 999	<input type="checkbox"/> 1,000 TO 4,999
	<input type="checkbox"/> 5,000 TO 9,999	<input type="checkbox"/> 10,000 OR MORE		
IF SOLD	<input type="checkbox"/> NET GAIN			
	<input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000-\$9,999	<input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000-OR MORE
BUSINESS ENTITY	NAME			
	N/A			
STOCK HELD OR ACQUIRED BY	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
NUMBER OF SHARES	<input type="checkbox"/> LESS THAN 100	<input type="checkbox"/> 100 TO 499	<input type="checkbox"/> 500 TO 999	<input type="checkbox"/> 1,000 TO 4,999
	<input type="checkbox"/> 5,000 TO 9,999	<input type="checkbox"/> 10,000 OR MORE		
IF SOLD	<input type="checkbox"/> NET GAIN			
	<input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000-\$9,999	<input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000-OR MORE
BUSINESS ENTITY	NAME			
	N/A			
STOCK HELD OR ACQUIRED BY	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
NUMBER OF SHARES	<input type="checkbox"/> LESS THAN 100	<input type="checkbox"/> 100 TO 499	<input type="checkbox"/> 500 TO 999	<input type="checkbox"/> 1,000 TO 4,999
	<input type="checkbox"/> 5,000 TO 9,999	<input type="checkbox"/> 10,000 OR MORE		
IF SOLD	<input type="checkbox"/> NET GAIN			
	<input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000-\$9,999	<input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000-OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

MUTUAL FUNDS

PART 4

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and do NOT include this page in the report.**

List each mutual fund and the number of shares in that mutual fund that you, your spouse, or a dependent child held or acquired during the calendar year and indicate the category of the number of shares of mutual funds held or acquired. If some or all of the shares of a mutual fund were sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFS-INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 MUTUAL FUND	NAME
	Prudential
2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD <u>N/A</u>
3 NUMBER OF SHARES OF MUTUAL FUND	<input type="checkbox"/> LESS THAN 100 <input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 500 TO 999 <input type="checkbox"/> 1,000 TO 4,999 <input type="checkbox"/> 5,000 TO 9,999 <input checked="" type="checkbox"/> 10,000 OR MORE
4 IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000-\$9,999 <input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000-OR MORE

MUTUAL FUND	NAME
	American Funds
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD <u>N/A</u>
NUMBER OF SHARES OF MUTUAL FUND	<input type="checkbox"/> LESS THAN 100 <input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 500 TO 999 <input checked="" type="checkbox"/> 1,000 TO 4,999 <input type="checkbox"/> 5,000 TO 9,999 <input type="checkbox"/> 10,000 OR MORE
IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000-\$9,999 <input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000-OR MORE

MUTUAL FUND	NAME
	N/A
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD <u>N/A</u>
NUMBER OF SHARES OF MUTUAL FUND	<input type="checkbox"/> LESS THAN 100 <input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 500 TO 999 <input type="checkbox"/> 1,000 TO 4,999 <input type="checkbox"/> 5,000 TO 9,999 <input type="checkbox"/> 10,000 OR MORE
IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000-\$9,999 <input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000-OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

INCOME FROM INTEREST, DIVIDENDS, ROYALTIES & RENTS PART 5

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and do NOT include this page in the report.**

List each source of income you, your spouse, or a dependent child received *in excess of \$500* that was derived from interest, dividends, royalties, and rents during the calendar year and indicate the category of the amount of the income. For more information, see FORM PFS-INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

¹ SOURCE OF INCOME	NAME AND ADDRESS Capital One Bank P.O. Box 30249 Salt Lake City, UT 84130
² RECEIVED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD <u>N/A</u>
³ AMOUNT	<input checked="" type="checkbox"/> \$500-\$4,999 <input type="checkbox"/> \$5,000-\$9,999 <input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000-OR MORE
SOURCE OF INCOME	NAME AND ADDRESS Enervest Operating LLC 1001 Fannin Street, Suite 800 Houston, TX 77002
RECEIVED BY	<input type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD <u>N/A</u>
AMOUNT	<input checked="" type="checkbox"/> \$500-\$4,999 <input type="checkbox"/> \$5,000-\$9,999 <input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000-OR MORE
SOURCE OF INCOME	NAME AND ADDRESS N/A
RECEIVED BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD <u>N/A</u>
AMOUNT	<input type="checkbox"/> \$500-\$4,999 <input type="checkbox"/> \$5,000-\$9,999 <input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000-OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

PERSONAL NOTES AND LEASE AGREEMENTS**PART 6**

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and do NOT include this page in the report.**

Identify each guarantor of a loan and each person or financial institution to whom you, your spouse, or a dependent child had a total financial liability of *more than \$1,000* in the form of a personal note or notes or lease agreement at any time during the calendar year and indicate the category of the amount of the liability. For more information, see FORM PFS-INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

¹ PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Acura Financial Services
² LIABILITY OF	<input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD <u>N/A</u>
³ GUARANTOR	N/A
⁴ AMOUNT	<input type="checkbox"/> \$1,000-\$4,999 <input type="checkbox"/> \$5,000-\$9,999 <input type="checkbox"/> \$10,000-\$24,999 <input checked="" type="checkbox"/> \$25,000-OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Green Tree
LIABILITY OF	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD <u>N/A</u>
GUARANTOR	N/A
AMOUNT	<input type="checkbox"/> \$1,000-\$4,999 <input type="checkbox"/> \$5,000-\$9,999 <input type="checkbox"/> \$10,000-\$24,999 <input checked="" type="checkbox"/> \$25,000-OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Cadence Bank
LIABILITY OF	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD <u>N/A</u>
GUARANTOR	N/A
AMOUNT	<input type="checkbox"/> \$1,000-\$4,999 <input type="checkbox"/> \$5,000-\$9,999 <input type="checkbox"/> \$10,000-\$24,999 <input checked="" type="checkbox"/> \$25,000-OR MORE

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PERSONAL NOTES AND LEASE AGREEMENTS**PART 6**

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and do NOT include this page in the report.**

Identify each guarantor of a loan and each person or financial institution to whom you, your spouse, or a dependent child had a total financial liability of *more than \$1,000* in the form of a personal note or notes or lease agreement at any time during the calendar year and indicate the category of the amount of the liability. For more information, see FORM PFS-INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

¹ PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Lexus Financial Services
² LIABILITY OF	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD <u>N/A</u>
³ GUARANTOR	N/A
⁴ AMOUNT	<input checked="" type="checkbox"/> \$1,000-\$4,999 <input type="checkbox"/> \$5,000-\$9,999 <input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000-OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Citigroup, Inc.
LIABILITY OF	<input type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD <u>N/A</u>
GUARANTOR	N/A
AMOUNT	<input checked="" type="checkbox"/> \$1,000-\$4,999 <input type="checkbox"/> \$5,000-\$9,999 <input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000-OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Synchrony Bank
LIABILITY OF	<input type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD <u>N/A</u>
GUARANTOR	N/A
AMOUNT	<input checked="" type="checkbox"/> \$1,000-\$4,999 <input type="checkbox"/> \$5,000-\$9,999 <input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000-OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

PERSONAL NOTES AND LEASE AGREEMENTS**PART 6**

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and do NOT include this page in the report.**

Identify each guarantor of a loan and each person or financial institution to whom you, your spouse, or a dependent child had a total financial liability of *more than \$1,000* in the form of a personal note or notes or lease agreement at any time during the calendar year and indicate the category of the amount of the liability. For more information, see FORM PFS-INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

¹ PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Capital One
² LIABILITY OF	<input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD <u>N/A</u>
³ GUARANTOR	N/A
⁴ AMOUNT	<input checked="" type="checkbox"/> \$1,000-\$4,999 <input type="checkbox"/> \$5,000-\$9,999 <input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000-OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Chase
LIABILITY OF	<input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD <u>N/A</u>
GUARANTOR	N/A
AMOUNT	<input checked="" type="checkbox"/> \$1,000-\$4,999 <input type="checkbox"/> \$5,000-\$9,999 <input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000-OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	N/A
LIABILITY OF	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD <u>N/A</u>
GUARANTOR	
AMOUNT	<input type="checkbox"/> \$1,000-\$4,999 <input type="checkbox"/> \$5,000-\$9,999 <input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000-OR MORE

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INTERESTS IN REAL PROPERTY**PART 7A**

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and do NOT include this page in the report.**

Describe all beneficial interests in real property held or acquired by you, your spouse, or a dependent child during the calendar year. If the interest was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For an explanation of "beneficial interest" and other specific directions for completing this section, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD <u>N/A</u>
2 STREET ADDRESS <input type="checkbox"/> NOT AVAILABLE <input checked="" type="checkbox"/> CHECK IF FILER'S HOME ADDRESS	4390 Thomas Glen Beaumont, Texas 77706
3 DESCRIPTION <input checked="" type="checkbox"/> LOTS <input type="checkbox"/> ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED One Lot, Jefferson County, Texas
4 NAMES OF PERSONS RETAINING AN INTEREST <input type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)	Green Tree Cadence Bank
5 IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE

HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD <u>N/A</u>
STREET ADDRESS <input type="checkbox"/> NOT AVAILABLE <input type="checkbox"/> CHECK IF FILER'S HOME ADDRESS	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE 9520 Seawall Blvd. Galveston, Galveston County, Texs
DESCRIPTION <input type="checkbox"/> LOTS <input type="checkbox"/> ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED One Lot, Galveston
NAMES OF PERSONS RETAINING AN INTEREST <input type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)	N/A
IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

INTERESTS IN BUSINESS ENTITIES

PART 7B

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and do NOT include this page in the report.**

Describe all beneficial interests in business entities held or acquired by you, your spouse, or a dependent child during the calendar year. If the interest was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For an explanation of "beneficial interest" and other specific directions for completing this section, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

<p>¹ HELD OR ACQUIRED BY</p>	<p><input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD <u>N/A</u></p>
<p>² DESCRIPTION</p>	<p><input type="checkbox"/> NAME AND ADDRESS (Check If Filer's Home Address)</p> <p>River City Consultants, Inc. dba Black Ink Solutions PMB 3, 148 S. Dowlen Road Beaumont, Texas 77707-1755</p>
<p>³ IF SOLD</p> <p><input type="checkbox"/> NET GAIN</p> <p><input type="checkbox"/> NET LOSS</p>	<p><input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000-\$9,999 <input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000-OR MORE</p>
<p>HELD OR ACQUIRED BY</p>	<p><input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD <u>N/A</u></p>
<p>DESCRIPTION</p>	<p><input type="checkbox"/> NAME AND ADDRESS (Check If Filer's Home Address)</p> <p>N/A</p>
<p>IF SOLD</p> <p><input type="checkbox"/> NET GAIN</p> <p><input type="checkbox"/> NET LOSS</p>	<p><input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000-\$9,999 <input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000-OR MORE</p>
<p>HELD OR ACQUIRED BY</p>	<p><input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD <u>N/A</u></p>
<p>DESCRIPTION</p>	<p><input type="checkbox"/> NAME AND ADDRESS (Check If Filer's Home Address)</p> <p>N/A</p>
<p>IF SOLD</p> <p><input type="checkbox"/> NET GAIN</p> <p><input type="checkbox"/> NET LOSS</p>	<p><input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000-\$9,999 <input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000-OR MORE</p>

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

ASSETS OF BUSINESS ASSOCIATIONS

PART 11A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and do NOT include this page in the report.**

Describe all assets of each corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association in which you, your spouse, or a dependent child held, acquired, or sold 50 percent or more of the outstanding ownership and indicate the category of the amount of the assets. For more information, see FORM PFS-INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 BUSINESS ASSOCIATION	NAME AND ADDRESS <input type="checkbox"/> (Check If Filer's Home Address)	
	River City Consultants, Inc. dba Black Ink Solutions PMB 3, 148 S. Dowlen Rd. Bmt., TX 77707	
2 BUSINESS TYPE	Consulting/Business Brokerage	
3 HELD, ACQUIRED, OR SOLD BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD <u>N/A</u>
4 ASSETS	DESCRIPTION	CATEGORY
	Current Fixed Assets	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000-\$9,999 <input type="checkbox"/> \$10,000-\$24,999 <input checked="" type="checkbox"/> \$25,000-OR MORE
	N/A	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000-\$9,999 <input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000-OR MORE
	N/A	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000-\$9,999 <input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000-OR MORE
	N/A	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000-\$9,999 <input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000-OR MORE
	N/A	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000-\$9,999 <input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000-OR MORE
	N/A	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000-\$9,999 <input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000-OR MORE
	N/A	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000-\$9,999 <input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000-OR MORE
	N/A	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000-\$9,999 <input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000-OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

LIABILITIES OF BUSINESS ASSOCIATIONS

PART 11B

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and do NOT include this page in the report.**

Describe all liabilities of each corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association in which you, your spouse, or a dependent child held, acquired, or sold 50 percent or more of the outstanding ownership and indicate the category of the amount of the assets. For more information, see FORM PFS-INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 BUSINESS ASSOCIATION	<input type="checkbox"/> NAME AND ADDRESS (Check If Filer's Home Address) River City Consultants, Inc. dba Black Ink Solutions PMB 3, 148 S. Dowlen Rd. Bmt, TX 77707	
2 BUSINESS TYPE	Consulting/Business Brokerage	
3 HELD, ACQUIRED, OR SOLD BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD <u>N/A</u>	
4 LIABILITIES	DESCRIPTION	CATEGORY
	Routine Payables	<input checked="" type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000-\$9,999 <input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000-OR MORE
	N/A	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000-\$9,999 <input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000-OR MORE
	N/A	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000-\$9,999 <input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000-OR MORE
	N/A	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000-\$9,999 <input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000-OR MORE
	N/A	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000-\$9,999 <input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000-OR MORE
	N/A	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000-\$9,999 <input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000-OR MORE
	N/A	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000-\$9,999 <input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000-OR MORE
	N/A	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000-\$9,999 <input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000-OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

BOARDS AND EXECUTIVE POSITIONS**PART 12**

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and do NOT include this page in the report.**

List all boards of directors of which you, your spouse, or a dependent child are a member and all executive positions you, your spouse, or a dependent child hold in corporations, firms, partnerships, limited partnerships, limited liability partnerships, professional corporations, professional associations, joint ventures, other business associations, or proprietorships, stating the name of the organization and the position held. For more information, see FORM PFS-INSTRUCTION GUIDE.

When reporting information about a dependent child's activity indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

¹ ORGANIZATION	River City Consultants, Inc. dba Black Ink Solutions
² POSITION HELD	Secretary
³ POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD <u>N/A</u>
ORGANIZATION	Victory Medical Center/Beaumont
POSITION HELD	CEO
POSITION HELD BY	<input type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD <u>N/A</u>
ORGANIZATION	River City Consultants, Inc. dba Black Ink Solutions
POSITION HELD	President
POSITION HELD BY	<input type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD <u>N/A</u>
ORGANIZATION	N/A
POSITION HELD	
POSITION HELD BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	N/A
POSITION HELD	
POSITION HELD BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

PERSONAL FINANCIAL STATEMENT AFFIDAVIT

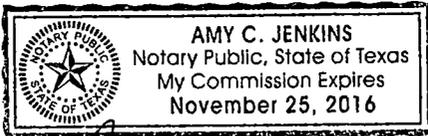
The law requires the personal financial statement to be verified. The verification page must have the signature of the individual required to file the personal financial statement, as well as the signature and stamp or seal of office of a notary public or other person authorized by law to administer oaths and affirmations. Without proper verification, the statement is not considered filed.

I swear, or affirm, under penalty of perjury, that this financial statement covers calendar year ending December 31, 2014 and is true and correct and includes all information required to be reported by me under chapter 572 of the Government Code.

Becky Jones

Signature of Filer

AFFIX NOTARY STAMP / SEAL ABOVE



Sworn to and subscribed before me, by the said Becky Jones, this the 30 day of April, 2015, to certify which, witness my hand and seal of office.

Amy C. Jenkins

Signature of officer administering oath

Amy C Jenkins

Printed name of officer administering oath

Notary

Title of officer administering oath