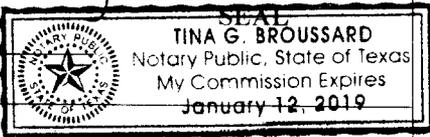


AW2-20, 7/2011  
 Prescribed by Secretary of State  
 Sections 1-1.031, Chapter 144, Texas Election Code  
 All information is required to be provided unless indicated as optional.

2:20 p.m.

APPLICATION FOR A PLACE ON THE <u>MAY 9th 2015</u> 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. <u>Council member WARD 1</u>					INDICATE TERM <input checked="" type="checkbox"/> FULL <input type="checkbox"/> UNEXPIRED	
FULL NAME (First, Middle, Last) <u>Claude F Guidroz</u>			PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT <u>Claude F. Guidroz</u>			
PERMANENT RESIDENCE ADDRESS (Street address and apartment number. If none, describe location of residence. Do not include P.O. Box or Rural Rt.) <u>3365 BRIAR CT Beaumont, TX 77706</u>			MAILING ADDRESS (If different from residence address)			
CITY <u>Beaumont</u>	STATE <u>TX</u>	ZIP <u>77706</u>	CITY	STATE	ZIP	
EMAIL ADDRESS (Optional) <u>cguidrozatgt.vr.com</u>		OCCUPATION (Do not leave blank) <u>Retired educator/ business</u>	DATE OF BIRTH <u>9/9/47</u>	COUNTY OF RESIDENCE <u>Jefferson</u>		
TELEPHONE NUMBER (Include area code) (Optional) OFFICE: <u>409-504-1999</u> HOME:		Length of Continuous Residence as of Date Application Sworn				
		IN STATE <u>26</u> yr(s) ___ mos	IN CITY <u>26</u> yr(s) ___ mos	IN DISTRICT OR PRECINCT <u>23</u> yr(s) ___ 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) <u>Claude F. Guidroz</u> , who being by me here and now duly sworn, upon oath says: "I, (name) <u>Claude F. Guidroz</u> , of <u>Jefferson</u> County, Texas, being a candidate for the office of <u>Councilmember Ward 1</u> , 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 <u>Claude F. Guidroz</u> SIGNATURE OF CANDIDATE			
Sworn to and subscribed before me at <u>1:20 p.m.</u> , this the <u>27th</u> day of <u>February</u> , <u>2015</u> .						
<u>Tina G. Broussard</u> Signature of Officer administering oath			<u>Notary</u> Title of Officer administering oath			
						
TO BE COMPLETED BY SECRETARY OF BOARD: (See Section 1.007)						
			<u>2-27-15</u> Date Received	<u>Tina Broussard</u> Signature of Secretary		

In Person

# APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA  
PG 1

See CTA Instruction Guide for detailed instructions.		1 Total pages filed:
2 CANDIDATE NAME	MS / MRE <u>MR</u> FIRST <u>CLAUDE</u> MI <u>F</u>	OFFICE USE ONLY Acct # Date Received Date Hand-delivered or Postmarked Date Processed Date Imaged
	NICKNAME LAST SUFFIX <u>Guidroz</u>	
3 CANDIDATE MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <u>3365 BRIAR CT Beaumont, TX 77706</u>	2015 MAR 10 PM 3:27 CITY CLERKS OFFICE CITY OF BEAUMONT
4 CANDIDATE PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(409) 504-1999</u>	
5 OFFICE HELD (if any)		
6 OFFICE SOUGHT (if known)	<u>City Council WARD 1</u>	
7 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MI NICKNAME LAST SUFFIX <u>CLAYTON R. Abel</u>	
8 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <u>645 West Evangeline ST Beaumont TX</u>	
9 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(409) 860-5939</u>	
10 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><u>Claude F. Guidroz</u> Signature of Candidate <u>March 9-2015</u> Date Signed</p>	

GO TO PAGE 2

# 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)	2 Total pages filed:
3. CANDIDATE / OFFICEHOLDER NAME	MS / MRS <input checked="" type="checkbox"/> MR	FIRST <i>Claude</i> MI <i>F</i>	OFFICE USE ONLY 2015 APR - 7 PM 1:21 CITY OF BEAUMONT DATE RECEIVED Date Hand-delivered or Postmarked Receipt #      Amount Date Processed Date Imaged
	NICKNAME	LAST <i>Guidroz</i> SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>3365 BRIAR Ct. Beaumont, TX 77706</i>		
<input type="checkbox"/> change of address			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <i>(409)</i>	PHONE NUMBER <i>504 - 1999</i>	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS <input checked="" type="checkbox"/> MR	FIRST <i>Clayton</i> MI <i>R</i>	
	NICKNAME	LAST <i>Abel</i> SUFFIX	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>645 W. Evangeline ST Beaumont TX 77706</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE <i>(409)</i>	PHONE NUMBER <i>860 - 5939</i>	EXTENSION
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 <i>3 / 09 / 15</i> <i>04 / 07 / 15</i>		
11 ELECTION	ELECTION DATE Month      Day      Year <i>05 / 09 / 15</i>	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)	13 OFFICE SOUGHT (if known) <i>WARD 1 City Council member</i>	

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

*N/A*

14 C/OH NAME CLAUDE F. Guidroz

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.

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

17 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

800.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$

398.05

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$

4401.95

OUTSTANDING LOAN TOTALS

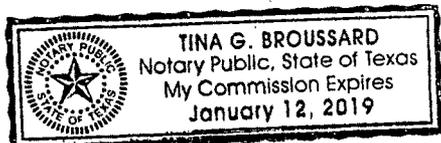
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

4000.00

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.



AFFIX NOTARY STAMP / SEAL ABOVE

*C. Guidroz*

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Claude Guidroz, this the 7<sup>th</sup> day of April, 2015, to certify which, witness my hand and seal of office.

*Tina G. Broussard*

Signature of officer administering oath

Tina G. Broussard

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:	
2 FILER NAME <b>Claude Guidroz</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>4/13/15</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>RN Steinhagen</b>	7 Amount of contribution (\$) <b>250.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>P.O. Box 20037 Beaumont TX 77720</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <b>President Ower Steinhagen oil</b>		10 Employer (See Instructions) <b>owner</b>	
Date <b>4/16/15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Michael D. Getz</b>	Amount of contribution (\$) <b>250.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>7950 Phelan Blvd Beaumont, TX 77706</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Attorney</b>		Employer (See Instructions) <b>self employed</b>	
Date <b>3/19/15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Roy West</b>	Amount of contribution (\$) <b>200.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>575 N. 18th St #2 Beaumont TX 77706</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Home Loans - Residential</b>		Employer (See Instructions) <b>Business Owner</b>	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>[Signature]</b>	Amount of contribution (\$) <b>200.00</b>	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 <b>4/1/2015</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Benny MAROLA</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>6285 Parkurst Dr. Beaumont TX 77706</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Sales</b>		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: <b>1</b>	2 FILER NAME <b>Claude F. Guidroz</b>	3 ACCOUNT # (Ethics Commission Filers)
---------------------------------------	--	--

4 Date <b>3/13 + 3/19</b>	5 Payee name <b>Wells Fargo Checks</b>
------------------------------	---

6 Amount (\$) <b>6.00</b>	7 Payee address; City; State; Zip Code
------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>checks / fees</b>	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> 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 <b>3/16/2015</b>	Payee name <b>Kirksey Printing</b>
--------------------------	---------------------------------------

Amount (\$) <b>82.05</b>	Payee address; City; State; Zip Code <b>3865 W. LUCAS Dr: BEAUMONT TX 77706</b>
-----------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>PRINTING</b>	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
---	-------------------------------	---------------	-------------

Date <b>3/24</b>	Payee name <b>ROBYN BOUDREAU</b>
---------------------	-------------------------------------

Amount (\$) <b>310<sup>00</sup></b>	Payee address; City; State; Zip Code <b>4838 Greenbriar Orange, Tx 77630</b>
--	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>ADVERTISING EXP.</b>	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

LOANS

SCHEDULE E

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

2 FILER NAME Claude F. Guidroz 3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS: \$ 4,000.00

5 Date of loan 3-9, 3-13, 3-31-15 7 Name of lender Claude F. Guidroz 9 Loan Amount (\$) 4,000.00

6 Is lender a financial institution? Y N 8 Lender address; City; State; Zip Code 3365 BRIAR CT Beaumont, TX 77706 10 Interest rate 11 Maturity date

12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions)

14 Description of Collateral none 15 Check if personal funds were deposited into political account

16 GUARANTOR INFORMATION 17 Name of guarantor 18 Guarantor address; City; State; Zip Code 19 Amount Guaranteed (\$)

20 Principal Occupation (See Instructions) 21 Employer (See Instructions)

Date of loan Name of lender out-of-state PAC (ID#: Loan Amount (\$) Is lender a financial institution? Lender address; City; State; Zip Code Interest rate Maturity date Y N

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

Description of Collateral none Check if personal funds were deposited into political account

GUARANTOR INFORMATION Name of guarantor Amount Guaranteed (\$) Guarantor address; City; State; Zip Code not applicable

Principal Occupation (See Instructions) Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

# PLEGGED CONTRIBUTIONS

# SCHEDULE B

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

2 FILER NAME: **Claude F. Guidroz** 3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES:      ⇨   ⇨   ⇨   ⇨   ⇨   ⇨   \$ .

5 Date <b>4/13/2015</b>	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>R.M. STEIN HAGEN</b>	8 Amount of pledge (\$) <b>250<sup>00</sup></b>	9 In-kind description (if applicable)
<b>C.F.</b>	7 Pledgor address; City; State; Zip Code <b>P.O. Box 20037 Beaumont TX 77720-</b>	<small>(If travel outside of Texas, complete Schedule T)</small>	

10 Principal occupation / Job title (See Instructions): **President/owner Steinhagen** 11 Employer (See Instructions): **owner**

Date <b>4/6/2015</b>	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Michael D. Getz</b>	Amount of pledge (\$) <b>250<sup>00</sup></b>	In-kind description (if applicable)
<b>C.F.</b>	Pledgor address; City; State; Zip Code <b>7950 Phelan Blvd. Beaumont TX 77706</b>	<small>(If travel outside of Texas, complete Schedule T)</small>	

Principal occupation / Job title (See Instructions): **ATTORNEY** Employer (See Instructions): **SELF EMPLOYED**

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code	<small>(If travel outside of Texas, complete Schedule T)</small>	

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

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code	<small>(If travel outside of Texas, complete Schedule T)</small>	

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

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code	<small>(If travel outside of Texas, complete Schedule T)</small>	

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 PERSONAL FUNDS

## SCHEDULE G

### 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.

<b>1</b> Total pages Schedule G:	<b>2</b> FILER NAME	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Payee name	
<b>6</b> Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule)	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T)  <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Date	Payee name	
Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended	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
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Date	Payee name	
Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended	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
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Date	Payee name	
Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended	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
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

## SCHEDULE H

### 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.

<b>1</b> Total pages Schedule H:	<b>2</b> FILER NAME	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Business name	
<b>6</b> Amount (\$)	<b>7</b> Business address; City; State; Zip Code	
<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held
Date	Business name	
Amount (\$)	Business 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held
Date	Business name	
Amount (\$)	Business 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held
Date	Business name	
Amount (\$)	Business 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

## SCHEDULE K

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

2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers)

4 Date	5 Name of person from whom amount is received  ..... 6 Address of person from whom amount is received; City; State; Zip Code  7 Purpose for which amount is received	8 Amount (\$)
--------	---	---------------

Date	Name of person from whom amount is received  ..... Address of person from whom amount is received; City; State; Zip Code  Purpose for which amount is received	Amount (\$)
------	---	-------------

Date	Name of person from whom amount is received  ..... Address of person from whom amount is received; City; State; Zip Code  Purpose for which amount is received	Amount (\$)
------	---	-------------

Date	Name of person from whom amount is received  ..... Address of person from whom amount is received; City; State; Zip Code  Purpose for which amount is received	Amount (\$)
------	---	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

## SCHEDULE T

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T:
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
5 Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
6 Dates of travel	7 Name of person(s) traveling	
	8 Departure city or name of departure location	
	9 Destination city or name of destination location	
10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

## FORM C/OH - FR

The Instruction Guide explains how to complete this form.  
 \*\* Complete only if "Report Type" on page 1 is marked "Final Report" \*\*

1 C/OH NAME

2 ACCOUNT # (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

\_\_\_\_\_  
Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

\*\* Complete A & B below *only* if you are not an officeholder. \*\*

**A. CAMPAIGN FUNDS**

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

**B. ASSETS**

Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions.

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

\_\_\_\_\_  
Signature of Candidate

5 OFFICEHOLDER

\*\* Complete this section *only* if you are an officeholder \*\*

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

\_\_\_\_\_  
Signature of Officeholder

# 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)	2 Total pages filed:				
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input checked="" type="checkbox"/>	FIRST <b>CLAUDE</b>	MI <b>F</b>	<b>OFFICE USE ONLY</b> Date Received <span style="font-size: 2em; font-weight: bold;">APR 28 PM 1:06</span> Date Hand-delivered or Postmarked Receipt #      Amount Date Processed Date Imaged			
	NICKNAME	LAST <b>GUIDROZ</b>	SUFFIX				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY;			STATE;	ZIP CODE
<input type="checkbox"/> change of address	<b>3365 BRIAR CT Beaumont, TX 77706</b>						
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <b>(409)</b>	PHONE NUMBER <b>504-1999</b>	EXTENSION				
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <input checked="" type="checkbox"/>	FIRST <b>CLAYTON</b>	MI <b>R</b>				
	NICKNAME	LAST <b>ABEL</b>	SUFFIX				
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE);    APT / SUITE #;    CITY;    STATE;    ZIP CODE						
<b>645 W. EVANGELINE ST. Beaumont, TX 77706</b>							
8 CAMPAIGN TREASURER PHONE	AREA CODE <b>(409)</b>	PHONE NUMBER <b>860-5939</b>	EXTENSION				
9 REPORT TYPE	<input type="checkbox"/> January 15 <input 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 checked="" 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 <b>04 / 08 / 2015</b>		THROUGH	Month    Day    Year <b>04 / 27 / 2015</b>			
11 ELECTION	ELECTION DATE Month    Day    Year <b>05 / 09 / 2015</b>		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)		13 OFFICE SOUGHT (if known)				
		<b>Ward I City Council Member</b>					

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME

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.

COMMITTEE TYPE  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> additional pages	COMMITTEE NAME
	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	\$
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1100.00
3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
4. TOTAL POLITICAL EXPENDITURES	\$ 3304.83
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2197.12
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 4000.00

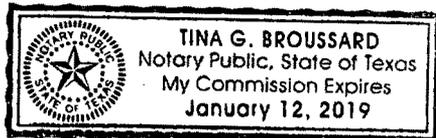
EXPENDITURE  
TOTALS

CONTRIBUTION  
BALANCE

OUTSTANDING  
LOAN TOTALS

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.



*Claude F. Guidroz*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Claude F. Guidroz, this the 28th day of April, 20 15, to certify which, witness my hand and seal of office.

*Tina G. Broussard*  
Signature of officer administering oath

Tina G. Broussard  
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

Claude Guidroz

3 ACCOUNT # (Ethics Commission Filers)

4 Date

4/16/15

5 Full name of contributor

Lewis Laurent

out-of-state PAC (ID#)

7 Amount of contribution (\$)

200.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

4650 COLLIER ST APT 124  
BEAUMONT TX 77706

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Retired - Goodyear

10 Employer (See Instructions)

Goodyear

Date

4/16/15

Full name of contributor

ELLYETTA SMILEY

out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

5340 TIMBERLINE LN  
BMT TX 77706

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/20/15

Full name of contributor

Daniel Byron

out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

1466 W. LUCAS  
BMT TX 77706

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/27/15

Full name of contributor

Ronald PAT Westbrooks

out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

3795 Long  
BMT TX 77706

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/27/15

Full name of contributor

John C. Willman

out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

4640 Monticello St  
BMT TX 77706

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

(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.



# 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:

ACCOUNT #

**OFFICE USE ONLY**

Date Received

2015 APR 28 PM 1:05

CITY OF BEAUMONT, TX

Receipt #

HD / PM

Amount

Date Processed

Date Imaged

1 NAME

TITLE; FIRST; MI

CLAUDE F

NICKNAME; LAST; SUFFIX

GUIDROZ

2 ADDRESS

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

3365 BRIAR CT  
BEAUMONT, TX 77706

(CHECK IF FILER'S HOME ADDRESS)

3 TELEPHONE NUMBER

AREA CODE

PHONE NUMBER; EXTENSION

(409) 504-1999

4 REASON FOR FILING STATEMENT

- CANDIDATE CITY Council member ward 1 (INDICATE OFFICE)
- ELECTED OFFICER \_\_\_\_\_ (INDICATE OFFICE)
- APPOINTED OFFICER \_\_\_\_\_ (INDICATE AGENCY)
- EXECUTIVE HEAD \_\_\_\_\_ (INDICATE AGENCY)
- FORMER OR RETIRED JUDGE SITTING BY ASSIGNMENT
- STATE PARTY CHAIR \_\_\_\_\_ (INDICATE PARTY)
- OTHER \_\_\_\_\_ (INDICATE POSITION)

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

SPOUSE RUTH A. GUIDROZ

DEPENDENT CHILD 1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

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 _____</p>
<p>2 EMPLOYMENT</p> <p><input type="checkbox"/> EMPLOYED BY ANOTHER</p> <hr/> <p><input checked="" type="checkbox"/> SELF-EMPLOYED</p>	<p>NAME AND ADDRESS OF EMPLOYER / POSITION HELD <input type="checkbox"/> (Check If Filer's Home Address)</p> <hr/> <p>NATURE OF OCCUPATION <i>SETTA TENNIS LEAGUE COORDINATOR</i></p>

<p>INFORMATION RELATES TO</p>	<p><input type="checkbox"/> FILER      <input checked="" type="checkbox"/> SPOUSE      <input type="checkbox"/> DEPENDENT CHILD _____</p> <p><i>not employed</i></p>
<p>EMPLOYMENT</p> <p><input type="checkbox"/> EMPLOYED BY ANOTHER</p> <hr/> <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> <hr/> <p>NATURE OF OCCUPATION</p>

<p>INFORMATION RELATES TO</p>	<p><input type="checkbox"/> FILER      <input type="checkbox"/> SPOUSE      <input type="checkbox"/> DEPENDENT CHILD _____</p>
<p>EMPLOYMENT</p> <p><input type="checkbox"/> EMPLOYED BY ANOTHER</p> <hr/> <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> <hr/> <p>NATURE OF OCCUPATION</p>

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

# RETAINERS

## PART 1B

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.**

This section concerns fees received as a retainer by you, your spouse, or a dependent child (or by a business in which you, your spouse, or a dependent child have a "substantial interest") for a claim on future services in case of need, rather than for services on a matter specified at the time of contracting for or receiving the fee. Report information here only if the value of the work actually performed during the calendar year did not equal or exceed the value of the retainer. 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.

<p>1 FEE RECEIVED FROM</p>	<p>NAME AND ADDRESS <i>SETTA</i> <i>Southeast Texas Tennis Assoc.</i> <i>PO Box 12525</i> <i>Beaumont, TX 77726</i></p>
<p>2 FEE RECEIVED BY</p>	<p>NAME OF BUSINESS</p> <p><input checked="" type="checkbox"/> FILER OR FILER'S BUSINESS <u><i>League co-ordinator</i></u></p> <p><input type="checkbox"/> SPOUSE OR SPOUSE'S BUSINESS _____</p> <p><input type="checkbox"/> DEPENDENT CHILD _____ OR CHILD'S BUSINESS _____</p>
<p>3 FEE AMOUNT</p>	<p><input type="checkbox"/> LESS THAN \$5,000 <input checked="" type="checkbox"/> \$5,000-\$9,999 <input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000-OR MORE</p>
<p>FEE RECEIVED FROM <i>Social Security</i></p>	<p>NAME AND ADDRESS <i>Social Security</i></p>
<p>FEE RECEIVED BY</p>	<p>NAME OF BUSINESS</p> <p><input type="checkbox"/> FILER OR FILER'S BUSINESS _____</p> <p><input checked="" type="checkbox"/> SPOUSE OR SPOUSE'S BUSINESS _____</p> <p><input type="checkbox"/> DEPENDENT CHILD _____ OR CHILD'S BUSINESS _____</p>
<p>FEE AMOUNT</p>	<p><input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000-\$9,999 <input checked="" type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000-OR MORE</p>

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

**STOCK** *\*SEE ATTACHED*

**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.

<b>1 BUSINESS ENTITY</b>	NAME			
<b>2 STOCK HELD OR ACQUIRED BY</b>	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
<b>3 NUMBER OF SHARES</b>	<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		
<b>4 IF SOLD</b>	<input type="checkbox"/> NET GAIN	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000--\$9,999	<input type="checkbox"/> \$10,000--\$24,999
	<input type="checkbox"/> NET LOSS	<input type="checkbox"/> \$25,000--OR MORE		

<b>BUSINESS ENTITY</b>	NAME			
<b>STOCK HELD OR ACQUIRED BY</b>	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
<b>NUMBER OF SHARES</b>	<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		
<b>IF SOLD</b>	<input type="checkbox"/> NET GAIN	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000--\$9,999	<input type="checkbox"/> \$10,000--\$24,999
	<input type="checkbox"/> NET LOSS	<input type="checkbox"/> \$25,000--OR MORE		

<b>BUSINESS ENTITY</b>	NAME			
<b>STOCK HELD OR ACQUIRED BY</b>	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
<b>NUMBER OF SHARES</b>	<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		
<b>IF SOLD</b>	<input type="checkbox"/> NET GAIN	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000--\$9,999	<input type="checkbox"/> \$10,000--\$24,999
	<input type="checkbox"/> NET LOSS	<input type="checkbox"/> \$25,000--OR MORE		

<b>BUSINESS ENTITY</b>	NAME			
<b>STOCK HELD OR ACQUIRED BY</b>	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
<b>NUMBER OF SHARES</b>	<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		
<b>IF SOLD</b>	<input type="checkbox"/> NET GAIN	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000--\$9,999	<input type="checkbox"/> \$10,000--\$24,999
	<input type="checkbox"/> NET LOSS	<input type="checkbox"/> \$25,000--OR MORE		

<b>BUSINESS ENTITY</b>	NAME			
<b>STOCK HELD OR ACQUIRED BY</b>	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
<b>NUMBER OF SHARES</b>	<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		
<b>IF SOLD</b>	<input type="checkbox"/> NET GAIN	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000--\$9,999	<input type="checkbox"/> \$10,000--\$24,999
	<input type="checkbox"/> NET LOSS	<input type="checkbox"/> \$25,000--OR MORE		

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

TD AMERITRADE CLEARING INC

Account:

**Summary Information**

2014

(continued)

**INTEREST INCOME**

2014 1099-INT\*

OMB No. 1545-0112

1- Interest income (not included in line 3)	3.76
2- Early withdrawal penalty	0.00
3- Interest on US Savings Bonds & Treasury obligations	0.00
<b>4- Federal income tax withheld</b>	<b>0.00</b>
5- Investment expenses	0.00
7- Foreign country or US possession:	0.00
6- Foreign tax paid:	0.00
8- Tax-exempt interest (includes line 9)	0.00
9- Specified private activity bond interest (AMT)	0.00
10- Market discount (covered lots)	0.00
11- Bond premium (total for covered lots, categorized below)	0.00
Non Treasury obligations	0.00
Treasury obligations	0.00
Tax-exempt obligations	0.00
Tax-exempt private activity obligations (AMT)	0.00
12- Tax-exempt bond CUSIP number (see instructions)	

The following amounts of tax-exempt original issue discount are not reported to the IRS.

Tax-exempt original issue discount (includes the line below)	0.00
Tax-exempt original issue discount private activity bonds (AMT)	0.00

**ORIGINAL ISSUE DISCOUNT INCOME SUMMARY**

Use bond-by-bond details from the 1099-OID pages to determine reportable amounts of Original Issue Discount income for your tax return(s). The amounts shown in this section are presented for your reference when preparing your tax return(s).

Original issue discount for 2014	0.00
Other periodic interest	0.00
Early withdrawal penalty	0.00
Federal income tax withheld	0.00
Market discount (covered lots)	0.00
Acquisition premium (total for covered lots, categorized below)	0.00
Non Treasury obligations	0.00
Treasury obligations	0.00
Original issue discount on Treasury obligations	0.00
Investment expenses	0.00

**STATE TAX WITHHELD**

Use the details of the State Tax Withholding page(s) to determine the appropriate amounts for your tax return(s). The amounts shown in this section are presented for your reference.

1099-DIV total withheld	0.00
1099-INT total withheld	0.00
1099-OID total withheld	0.00
1099-MISC total withheld	0.00
1099-B total withheld	0.00

**ADJUSTMENTS TO INTEREST AND ORIGINAL ISSUE DISCOUNT**

The amounts in this section are not reported to the IRS. They are presented here for your reference when preparing your tax return(s).

Taxable accrued interest paid	0.00
Taxable accrued Treasury interest paid	0.00
Tax-exempt accrued interest paid	0.00
Tax-exempt accrued interest paid (AMT)	0.00
Taxable accrued nonqualified interest paid	0.00
Tax-exempt accrued nonqualified interest paid	0.00
Tax-exempt accrued nonqualified interest paid (AMT)	0.00
Nonqualified interest	0.00
Tax-exempt nonqualified interest	0.00
Tax-exempt nonqualified interest (AMT)	0.00
Interest shortfall on contingent payment debt	0.00
Bond premium- Non Treasury obligations (noncovered lots)	0.00
Bond premium- Treasury obligations (noncovered lots)	0.00
Bond premium- Tax-exempt obligations (noncovered lots)	0.00
Bond premium- Tax-exempt obligations (AMT, noncovered lots)	0.00
Acquisition premium- Non Treasury obligations (noncovered lots)	0.00
Acquisition premium- Treasury obligations (noncovered lots)	0.00
Acquisition premium- Tax-exempt obligations (all lots)	0.00
Acquisition premium- Tax-exempt obligations (AMT, all lots)	0.00
Market discount (noncovered lots)	0.00

**NON REPORTED INCOME, FEES, EXPENSES AND EXPENDITURES**

The amounts in this section are not reported to the IRS. They are presented here for your reference when preparing your tax return(s).

Other receipts- Partnership distributions	0.00
Other receipts- Foreign tax paid on partnership distributions	0.00
Other receipts- Return of principal distributions	0.00
Other receipts- Deferred income payment	0.00
Expenses- Margin interest	0.00
Expenses- Dividends paid on short position	0.00
Expenses- Interest paid on short position	0.00
Expenses- Non reportable distribution expense	0.00
Expenses- Other expenses	0.00
Expenses- Severance tax	0.00
Fees and payments received- Deemed premium	0.00
Fees and payments received- Organizational expense	0.00
Fees and payments received- Income accrual- UIT	0.00
Fees and payments received- Miscellaneous fees	0.00
Fees and payments received- Basis adjustments	0.00
Fees and payments received- Tax-exempt investment expense	0.00
Fees and payments received- Foreign tax in excess of treaty	0.00
Income and adjustments- Foreign currency gain/loss	0.00

\* This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

 Member FINRA/SIPC	<b>Tax Information</b> <b>Account</b>	<b>Statement Date:</b> 03/09/2015 CORRECTED <b>Document ID:</b> 003W227X168	2014
	PO BOX 2209 OMAHA, NE 68103-2209 Customer Service: 800-669-3900	CLAUDE GUIDROZ & RUTH A GUIDROZ JT TEN 3365 BRIAR CT BEAUMONT, TX 77706	
PAYER'S Federal ID No: 47-0533629	RECIPIENT'S ID No: XXX-XX-3706		

### Summary information

<b>DIVIDENDS AND DISTRIBUTIONS</b> <b>2014 1099-DIV*</b> OMB No. 1545-0110	<b>MISCELLANEOUS INCOME</b> <b>2014 1099-MISC*</b> OMB No. 1545-0115
1a- Total ordinary dividends (includes line 1b)      2,492.51 C 1b- Qualified dividends      1,607.09 C 2a- Total capital gain distributions (includes lines 2b, 2c, 2d)      191.54 C 2b- Unrecaptured Section 1250 gain      22.92 2c- Section 1202 gain      0.00 2d- Collectibles (28%) gain      0.00 3- Nondividend distributions      438.38 C 4- Federal income tax withheld      0.00 5- Investment expenses      0.00 7- Foreign country or US possession:      6- Foreign tax paid:      0.00 8- Cash liquidation distributions      0.00 9- Noncash liquidation distributions      0.00 10- Exempt-interest dividends (includes line 11)      0.00 11- Specified private activity bond interest dividends (AMT)      0.00	2- Royalties      0.00 3- Other income      0.00 4- Federal income tax withheld      0.00 8- Substitute payments in lieu of dividends or interest      0.00
	<b>REGULATED FUTURES CONTRACTS 2014 1099-B*</b> OMB No. 1545-0715
	8- Profit or (loss) realized in 2014 on closed contracts      0.00 9- Unrealized profit or (loss) on open contracts-12/31/2013      0.00 10- Unrealized profit or (loss) on open contracts-12/31/2014      0.00 11- Aggregate profit or (loss) on contracts      0.00

*If applicable, summaries and details of proceeds from sale transactions appear in subsequent sections of this document.*

\* This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

### SALES TRANSACTIONS

#### Proceeds, gains, losses and adjustments

Refer to the 1099-B and Proceeds not reported to the IRS pages to ensure that you consider all relevant items and to determine the correct gains and losses. The amounts shown below are for informational purposes.

Term	Form 8949 type	Proceeds	Cost basis	Market discount	Wash sale loss disallowed	Net gain or loss(-)
Short	A (basis reported to the IRS)	0.00	0.00	0.00	0.00	0.00
Short	B (basis not reported to the IRS)	0.00	0.00	0.00	0.00	0.00
Short	C (Form 1099-B not received)	0.00	0.00	0.00	0.00	0.00
	<b>Total Short-term</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
Long	D (basis reported to the IRS)	123,657.72	114,308.70	0.00	0.00	9,349.02 C
Long	E (basis not reported to the IRS)	0.00	0.00	0.00	0.00	0.00
Long	F (Form 1099-B not received)	0.00	0.00	0.00	0.00	0.00
	<b>Total Long-term</b>	<b>123,657.72</b>	<b>114,308.70</b>	<b>0.00</b>	<b>0.00</b>	<b>9,349.02</b>
Undetermined	B or E (basis not reported to the IRS)	0.00	0.00	0.00	0.00	0.00
Undetermined	C or F (Form 1099-B not received)	0.00	0.00	0.00	0.00	0.00
	<b>Total Undetermined-term</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
	<b>Grand total</b>	<b>123,657.72</b>	<b>114,308.70</b>	<b>0.00</b>	<b>0.00</b>	<b>9,349.02</b>

#### Withholding from Proceeds

Federal income tax withheld	0.00
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Changes to dividend tax classifications processed after your original tax form is issued for 2014 may require an amended tax form.

TD AMERITRADE CLEARING INC

Account

## Proceeds from Broker and Barter Exchange Transactions

2014 1099-B\*

OMB No. 1545-0715

## 2- LONG-TERM TRANSACTIONS

5- COVERED tax lots 3- Basis is reported to the IRS\*\*

Report on Form 8949, Part II, with Box D checked

## 1a- Description of property/CUSIP/Symbol

1c- Date sold or disposed	Quantity	1d- Proceeds & Reported (G)ross (N)et	1b- Date acquired	1e- Cost or other basis	1g- Adjustments & Code(s), if any	Gain or loss(-) & Loss not allowed(X)	Additional information
AMERICAN TOWER CORP REIT / CUSIP: 03027X100 / Symbol: AMT							
02/18/14	63.000	5,222.75	01/25/13	5,036.75	...	186.00	Sale
05/05/14	100.000	8,835.82	VARIOUS	7,747.98	...	1,087.84	Sale
10/24/14	110.000	10,553.07	VARIOUS	8,148.51	...	2,404.56	Sale
	Security total:	24,611.64		20,933.24	...	3,678.40	
APPLE INC COM / CUSIP: 037833100 / Symbol: AAPL							
09/09/14	154.000	15,704.24	01/29/13	12,091.66	...	3,612.58	Sale
12/22/14	61.000	6,837.10	02/12/13	4,128.12	...	2,708.98	Sale
	Security total:	22,541.34		16,219.78	...	6,321.56	
CLEAN ENERGY FUELS CORP COM / CUSIP: 184499101 / Symbol: CLNE							
03/06/14	100.000	898.99	10/31/12	1,786.61	...	-887.62	Sale
10/28/14	100.000	675.37	11/13/12	1,565.86	...	-890.49	Sale
	Security total:	1,574.36		3,352.47	...	-1,778.11	
DOW 30 ENHANCED PREMIUM + IN .8640:1 EXC 12/22/14 67075F105 / CUSIP: 260537105 / Symbol:							
05/14/14	1,622.000	22,032.50	VARIOUS	16,466.89	...	5,565.61	Sale
ISHARES US PREFERRED STOCK ETF / CUSIP: 464288687 / Symbol: PFF							
02/18/14	60.000	2,290.37	11/05/12	2,407.59	...	-117.22	Sale
09/09/14	250.000	9,815.19	04/15/13	10,099.41	...	-284.22	Sale
	Security total:	12,105.56		12,507.00	...	-401.44	
NASDAQ PREMIUM INC + GROWTH 1:1 EXC 12/23/14 670699107 / CUSIP: 63110R105 / Symbol:							
03/06/14	337.000	6,298.54	02/03/12	4,230.85	...	2,067.69	Sale
05/14/14	666.000	12,330.71	03/06/12	8,337.75	...	3,992.96	Sale
10/24/14	250.000	4,876.90	10/09/13	3,793.12	...	1,083.78	Sale
	Security total:	23,506.15		16,361.72	...	7,144.43	
WASHINGTON REAL ESTATE INVT SH BEN INT / CUSIP: 939653101 / Symbol: WRE							
06/17/14	495.000	12,612.23	VARIOUS	12,650.63	...	-38.40	Sale
WESTPORT INNOVATIONS INC COM / CUSIP: 960908309 / Symbol: WPRT							
03/06/14	100.000	1,725.97	04/04/12	3,851.68	...	-2,125.71	Sale
10/28/14	104.000	613.46	05/31/12	4,899.41	...	-4,285.95	Sale
	Security total:	2,339.43		8,751.09	...	-6,411.66	

\* This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported. Remember, taxpayers are ultimately responsible for the accuracy of their tax return(s).

\*\*For NONCOVERED tax lots, values for "Date acquired," "Cost or other basis" and "Adjustments & Code(s), if any" are provided for your reference and are NOT reported to the IRS. For all tax lots, values for "Gain or loss(-)" and "Additional information" are provided for your reference and are NOT reported to the IRS.

TD AMERITRADE CLEARING INC

Account

## Detail for Dividends and Distributions

2014

(continued)

Security description	CUSIP and/or symbol	State	Date	Amount	Transaction type	Notes	
ISHARES	464288687	PFF	09/08/14	32.98	Qualified dividend	03	
US PREFERRED STOCK ETF (Cont'd)			09/08/14	14.69	Nonqualified dividend	03	
			Dividends and Distributions:	400.50			
NASDAQ PREMIUM INC + GROWTH	63110R105		04/01/14	15.29	Qualified dividend	03	C
1:1 EXC 12/23/14 670699107			04/01/14	109.08	Long-term capital gain	03	C
			04/01/14	184.32	Nondividend distribution	03	C
			07/01/14	4.17	Qualified dividend	03	C
			07/01/14	29.77	Long-term capital gain	03	C
			07/01/14	50.31	Nondividend distribution	03	C
			10/01/14	4.17	Qualified dividend	03	C
			10/01/14	29.77	Long-term capital gain	03	C
			10/01/14	50.31	Nondividend distribution	03	C
			Dividends and Distributions:	477.19			
WASHINGTON REAL ESTATE INVT	939653101	WRE	03/31/14	60.32	Nonqualified dividend	03	
SH BEN INT			03/31/14	76.72	Nondividend distribution	03	
			03/31/14	11.46	Unrecaptured section 1250 gain	03	
			06/30/14	60.32	Nonqualified dividend	03	
			06/30/14	76.72	Nondividend distribution	03	
			06/30/14	11.46	Unrecaptured section 1250 gain	03	
			Dividends and Distributions:	297.00			
SEADRILL LTD	G7945E105	SDRL	03/20/14	177.38	Qualified dividend		
ORD			06/19/14	181.00	Qualified dividend		
			09/18/14	181.00	Qualified dividend		
			Dividends and Distributions:	539.38			
			<b>Total Dividends and Distributions:</b>	<b>3,122.43</b>			

TD AMERITRADE CLEARING INC

Account: ~~XXXXXXXXXX~~

## Detail for Dividends and Distributions

2014

Security description	CUSIP and/or symbol	State	Date	Amount	Transaction type	Notes
AMERICAN TOWER CORP REIT	03027X100 AMT		04/25/14	4.17	Qualified dividend	03
			04/25/14	63.03	Nonqualified dividend	03
			07/16/14	2.32	Qualified dividend	03
			07/16/14	35.08	Nonqualified dividend	03
			10/07/14	2.46	Qualified dividend	03
			10/07/14	37.14	Nonqualified dividend	03
Dividends and Distributions:				144.20		
APPLE INC COM	037833100 AAPL		02/13/14	143.35	Qualified dividend	
			05/15/14	154.63	Qualified dividend	
			08/14/14	154.63	Qualified dividend	
			11/13/14	82.25	Qualified dividend	
Dividends and Distributions:				534.86		
DOW 30 ENHANCED PREMIUM + IN .8640:1 EXC 12/22/14 67075F105	260537105		04/01/14	159.36	Qualified dividend	03
			04/01/14	286.89	Nonqualified dividend	03
			07/01/14	33.09	Qualified dividend	03
			07/01/14	59.56	Nonqualified dividend	03
			10/01/14	33.09	Qualified dividend	03
			10/01/14	59.56	Nonqualified dividend	03
			12/31/14	34.91	Qualified dividend	03
12/31/14	62.84	Nonqualified dividend	03			
Dividends and Distributions:				729.30		
ISHARES US PREFERRED STOCK ETF	464288687 PFF		02/07/14	30.59	Qualified dividend	03
			02/07/14	31.42	Nonqualified dividend	03
			03/07/14	27.11	Qualified dividend	03
			03/07/14	27.84	Nonqualified dividend	03
			04/07/14	23.87	Qualified dividend	03
			04/07/14	24.53	Nonqualified dividend	03
			05/07/14	28.65	Qualified dividend	03
			05/07/14	19.17	Nonqualified dividend	03
			06/06/14	31.63	Qualified dividend	03
			06/06/14	14.09	Nonqualified dividend	03
			07/08/14	31.67	Qualified dividend	03
			07/08/14	14.10	Nonqualified dividend	03
			08/07/14	33.32	Qualified dividend	03
08/07/14	14.84	Nonqualified dividend	03			

**MUTUAL FUNDS**

*SEE ATTACHED*

**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
2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
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 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
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
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

MUTUAL FUND	NAME
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
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**

Account Name	Description	Symbol/CUSIP	Quantity
<b>Equities</b>			
Guidroz IRA ABP	BLOOMIN BRANDS INCORPORATED	BLMN	288.00000
Guidroz IRA ABP	CAMERON INTERNATIONAL CORPORATION	CAM	138.00000
Guidroz IRA ABP	CAVIUM INCORPORATED	CAVM	111.00000
Guidroz IRA ABP	CINEMARK HOLDINGS INCORPORATED	CNK	182.00000
Guidroz IRA ABP	FLIR SYSTEMS INCORPORATED	FLIR	204.00000
Guidroz IRA ABP	HARMAN INTERNATIONAL INDUSTRIES INCORPORATED	HAR	62.00000
Guidroz IRA ABP	LINCOLN NATL CORPORATION IND	LNC	117.00000
Guidroz IRA ABP	NASDAQ OMX GROUP INCORPORATED	NDAQ	144.00000
Guidroz IRA ABP	O REILLY AUTOMOTIVE INCORPORATED NEW	ORLY	35.00000
Guidroz IRA ABP	PRAXAIR INCORPORATED	PX	53.00000
Guidroz IRA ABP	PRICELINE GRP INCORPORATED COM NEW	PCLN	6.00000
Guidroz IRA ABP	QUINTILES TRANSNATIO HLDGS INCORPORATED	Q	116.00000
Guidroz IRA ABP	STERIS CORPORATION	STE	99.00000
Guidroz IRA ABP	SVB FINL GROUP	SIVB	59.00000
Guidroz IRA ABP	TEXAS CAPITAL BANCSHARES INCORPORATED	TCBI	120.00000
Guidroz IRA ABP	TOLL BROTHERS INCORPORATED	TOL	191.00000
	<b>Subtotal:</b>	<b>16</b>	
<b>Mutual Funds</b>			
Claude College	AMERICAN VA 529 COLLEGE AMERICAN BALANCED FD CL C M/F	CLBCX	16.65300
Claude College	AMERICAN VA 529 COLLEGE INV COMPANY OF AMERICA FD CL C M/F	CICCX	45.12100
Claude College	AMERICAN VA 529 COLLEGE NEW WORLD FD CL C M/F	CNWCX	127.54800
Claude College	AMERICAN VA 529 COLLEGE AMERICAN BALANCED FD CL C M/F	CLBCX	50.60500
Claude College	AMERICAN VA 529 COLLEGE NEW WORLD FD CL C M/F	CNWCX	85.36700
Claude College	AMERICAN VA 529 COLLEGE AMERICAN BALANCED FD CL C M/F	CLBCX	29.19400
Claude College	AMERICAN VA 529 COLLEGE NEW WORLD FD CL C M/F	CNWCX	46.12800
Claude IRA	EVENTIDE GILEAD FUND CLASS A M/F	ETAGX	274.35600
Claude IRA	FIDELITY ADVISOR BIOTECHNOLOGY FUND CLASS I N/L	FBTIX	69.14800
Claude IRA	FIDELITY SELECT MATERIALS FUND N/L	FSDPX	11.36300

Claude IRA	FIDELITY SELECT SOFTWARE & COMPUTER SERVICES FUND N/L	FSCSX	9.98300
Claude IRA	HENNESSY GAS UTILITY INDEX FUND INVESTOR CLASS N/L	GASFX	63.45100
Claude IRA	HOTCHKIS AND WILEY SMALL CAP VALUE FUND CLASS A M/F	HWSAX	18.98400
Claude IRA	LOOMIS SAYLES STRATEGIC INCOME FUND CLASS A M/F - NATIXIS ADVISOR	NEFZX	2,298.06700
Claude IRA	MFS GLOBAL EQUITY FUND CLASS I N/L	MWEIX	50.84400
Claude IRA	PIMCO REAL ESTATE REAL RETURN STRATEGY FUND CLASS P N/L	PETPX	97.08800
Claude IRA	PIMCO STOCKSPPLUS ABSOLUTE RETURN FUND CLASS P N/L	PTOPX	639.98700
Claude IRA	T. ROWE PRICE CAPITAL APPRECIATION FUND N/L	PRWCX	69.43500
Claude IRA	T. ROWE PRICE MEDIA & TELECOMMUNICATIONS FUND N/L	PRMTX	16.16800
Guidroz Joint	AMERICAN BALANCED FUND CLASS F1 AMERICAN FUNDS N/L	BALFX	2,387.07500
Guidroz Joint	AMG MANAGERS SKYLINE SPECIAL EQUITIES FUND N/L	SKSEX	812.58800
Guidroz Joint	CLEARBRIDGE AGGRESSIVE GROWTH FUND CLASS A M/F	SHRAX	30.93200
Guidroz Joint	EVENTIDE GILEAD FUND CLASS A M/F	ETAGX	326.81000
Guidroz Joint	FEDERATED KAUFMANN LARGE CAP FUND CLASS A M/F	KLCAX	4,995.35700
Guidroz Joint	FIDELITY ADVISOR MATERIALS FUND CLASS I N/L	FMFEX	516.77100
Guidroz Joint	FIDELITY SELECT BIOTECHNOLOGY FUND N/L	FBIOX	228.72900
Guidroz Joint	FIDELITY SELECT INSURANCE FUND N/L	FSPCX	125.47600
Guidroz Joint	FIDELITY SELECT SOFTWARE & COMPUTER SERVICES FUND N/L	FSCSX	324.70900
Guidroz Joint	FIRST EAGLE GOLD FUND CLASS A M/F	SGGDY	933.85200
Guidroz Joint	GLENMEDE LARGE CAP GROWTH FUND ADVISOR CLASS N/L	GTLLX	400.67900
Guidroz Joint	HOTCHKIS AND WILEY MID CAP VALUE FUND CLASS A M/F	HWMAX	1,578.27200
Guidroz Joint	INTEGRITY WILLISTON BASIN MID NORTH AMERICA STK FD CL A M/F	ICPAX	955.91900
Guidroz Joint	LOOMIS SAYLES STRATEGIC INCOME FUND CLASS A M/F - NATIXIS ADVISOR	NEFZX	2,595.02700
Guidroz Joint	LORD ABBETT HIGH YIELD FUND CLASS F N/L	LHYFX	5,607.55000
Guidroz Joint	PEAR TREE POLARIS FOREIGN VALUE FUND ORDINARY SHARES N/L	QFVOX	3,279.67300
Guidroz Joint	PIMCO INCOME FUND CLASS P N/L	PONPX	3,690.92800
Guidroz Joint	PRINCIPAL REAL ESTATE SECURITIES FUND CLASS P N/L	PIRPX	1,247.79900

Guidroz Joint	PRUDENTIAL JENNISON UTILITY FUND CLASS A M/F	PRUAX	2,054.63600
Guidroz Joint	T. ROWE PRICE MEDIA & TELECOMMUNICATIONS FUND N/L	PRMTX	522.31200
Guidroz Joint	TOUCHSTONE SANDS CAPITAL SELECT GROWTH FUND CLASS Y N/L	CFSIX	4,935.71100
Guidroz Joint	VANGUARD FINANCIALS INDEX FUND ADMIRAL SHARES N/L	VFAIX	799.60400
Ruth IRA	AMERICAN BALANCED FUND CLASS F1 AMERICAN FUNDS N/L	BALFX	263.03100
Ruth IRA	CLEARBRIDGE AGGRESSIVE GROWTH FUND CLASS A M/F	SHRAX	135.32100
Ruth IRA	EVENTIDE GILEAD FUND CLASS A M/F	ETAGX	204.99100
Ruth IRA	FEDERATED INTERNATIONAL LEADERS FUND CLASS A M/F	FGFAX	283.27800
Ruth IRA	FIDELITY ADVISOR MATERIALS FUND CLASS I N/L	FMFEX	60.74500
Ruth IRA	FIDELITY SELECT SOFTWARE & COMPUTER SERVICES FUND N/L	FSCSX	54.11900
Ruth IRA	GLENMEDE LARGE CAP GROWTH FUND ADVISOR CLASS N/L	GTLIX	61.39400
Ruth IRA	PIMCO FUNDAMENTAL INDEXPLUS AR FUND CLASS P N/L	PIXPX	5,101.28000
Ruth IRA	PIMCO INCOME FUND CLASS P N/L	PONPX	2,305.05500
Ruth IRA	PIMCO REAL ESTATE REAL RETURN STRATEGY FUND CLASS P N/L	PETPX	1,036.17000
Ruth IRA	PIMCO SMALL CAP STOCKS PLUS AR STRATEGY FUND CLASS P N/L	PCKPX	601.29600
Ruth IRA	PRUDENTIAL JENNISON UTILITY FUND CLASS A M/F	PRUAX	349.25000
Ruth IRA	T. ROWE PRICE HEALTH SCIENCES FUND N/L	PRHSX	107.86100
Ruth IRA	VANGUARD FINANCIALS INDEX FUND ADMIRAL SHARES N/L	VFAIX	122.47100
	<b>Subtotal:</b>	<b>55</b>	
<b>Annuities</b>			
Direct	Voya USA Life & Annuity Co. - VOYA ARCHITECT VAR ANNUITY NON- QUALIFIED	ANNUITY	1.00000
	<b>Subtotal:</b>	<b>1</b>	
	<b>Total:</b>	<b>80</b>	

April 14, 2015

## Investment Summary

1004170-AR Voya Architect Variable Annuity

Owner Name: **Claude Guidroz**  
Annuitant Name: **Claude Guidroz**

As of: **04/13/2015**

Investment Options <sup>1</sup>	Fund Duration	Asset Class	% of Accum Value	# of Shares <sup>2</sup>
VY Franklin Templeton Founding Strategy Port (S)	NA	Balanced	8.88898%	1,876.2066
Voya Intermediate Bond Portfolio (S)	NA	Bonds	17.56146%	3,015.9020
VY Templeton Foreign Equity Portfolio (S)	NA	Global / International	4.62086%	887.0557
Voya Global Value Advantage Portfolio - Class T	NA	Global / International	2.14686%	585.9429
Voya Global Value Advantage Portfolio - Class S soft-closed fund <sup>4</sup>	NA	Global / International	1.14197%	272.8343
Voya Large Cap Growth Portfolio (A)	NA	Large Cap Growth	15.88953%	2,696.2228
Voya Large Cap Growth Portfolio (S) soft-closed fund <sup>4</sup>	NA	Large Cap Growth	6.05362%	597.6162
VY Franklin Mutual Shares Portfolio (S)	NA	Large Cap Value	10.56074%	1,784.7417
VY Invesco Growth and Income Portfolio - Class S	NA	Large Cap Value	6.06948%	942.6925
Voya Large Cap Value Portfolio - Class S	NA	Large Cap Value	5.11201%	830.3504
Voya Growth and Income Portfolio (S) soft-closed fund <sup>4</sup>	NA	Large Cap Value	1.65537%	190.3356
VY FMR Diversified Mid Cap Portfolio (S)	NA	Small / Mid / Specialty	7.40749%	1,007.0647
VY Baron Growth Portfolio - Service Class	NA	Small / Mid / Specialty	11.11432%	913.6898
VY Clarion Global Real Estate Portfolio (S) soft-closed fund <sup>4</sup>	NA	Small / Mid / Specialty	1.77731%	323.7176

# 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.

<sup>1</sup> SOURCE OF INCOME  <div style="font-size: 2em; font-family: cursive;">RENT</div>	<div style="text-align: center; font-size: 0.8em;">NAME AND ADDRESS</div> <div style="font-size: 1.5em; font-family: cursive; text-align: center;">                     3220 FRENCH Rd                      BEAUMONT, TX 77706                 </div>
<sup>2</sup> RECEIVED BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
<sup>3</sup> AMOUNT	<input type="checkbox"/> \$500-\$4,999 <input type="checkbox"/> \$5,000-\$9,999 <input checked="" type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000-OR MORE

SOURCE OF INCOME  <div style="font-size: 1.2em; font-family: cursive;">                     Ordinary                      Dividends +                      Qualified Dividends                 </div>	<div style="text-align: center; font-size: 0.8em;">NAME AND ADDRESS</div>
RECEIVED BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
AMOUNT	<input type="checkbox"/> \$500-\$4,999 <input type="checkbox"/> \$5,000-\$9,999 <input checked="" type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000-OR MORE

SOURCE OF INCOME	<div style="text-align: center; font-size: 0.8em;">NAME AND ADDRESS</div>
RECEIVED BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
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**

# 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 checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
2 STREET ADDRESS <input type="checkbox"/> NOT AVAILABLE <input checked="" type="checkbox"/> CHECK IF FILER'S HOME ADDRESS	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE <b>3220 French Rd Beaumont, Tx 77706</b>
3 DESCRIPTION <input checked="" type="checkbox"/> LOTS <input type="checkbox"/> ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED <b>1 Jefferson County</b>
4 NAMES OF PERSONS RETAINING AN INTEREST <input type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)	
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 _____
STREET ADDRESS <input type="checkbox"/> NOT AVAILABLE <input checked="" type="checkbox"/> CHECK IF FILER'S HOME ADDRESS	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE <b>Home</b>
DESCRIPTION <input checked="" type="checkbox"/> LOTS <input type="checkbox"/> ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED <b>1 Jefferson County</b>
NAMES OF PERSONS RETAINING AN INTEREST <input type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)	
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**

# 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	NAMI Golden TRIANGLE Alliance on mental illness
2 POSITION HELD	President PO Box 12464 Bmt, TX 77726-2464
3 POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____

ORGANIZATION	
POSITION HELD	
POSITION HELD BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____

ORGANIZATION	
POSITION HELD	
POSITION HELD BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____

ORGANIZATION	
POSITION HELD	
POSITION HELD BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____

ORGANIZATION	
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**

# EXPENSES ACCEPTED UNDER HONORARIUM EXCEPTION

## PART 13

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 any person who provided you with necessary transportation, meals, or lodging, as permitted under section 36.07(b) of the Penal Code, in connection with a conference or similar event in which you rendered services, such as addressing an audience or participating in a seminar, that were more than perfunctory. Also provide the amount of the expenditures on transportation, meals, or lodging. You are not required to include items you have already reported as political contributions on a campaign finance report, or expenditures required to be reported by a lobbyist under the lobby law (chapter 305 of the Government Code). For more information, see FORM PFS--INSTRUCTION GUIDE.

<sup>1</sup> PROVIDER USTA Texas Section	NAME AND ADDRESS 8105 Exchange DR. AUSTIN, TX 78754
<sup>2</sup> AMOUNT 464. <sup>15</sup>	1 Room + mileage received State Award

PROVIDER	NAME AND ADDRESS
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AMOUNT	
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PROVIDER	NAME AND ADDRESS
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AMOUNT	
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PROVIDER	NAME AND ADDRESS
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AMOUNT	
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COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

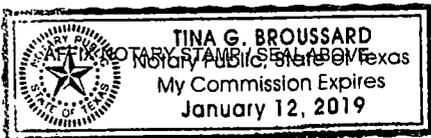
# PERSONAL FINANCIAL STATEMENT AFFIDAVIT

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.

*Claude F. Guidroz*

Signature of Filer



Sworn to and subscribed before me, by the said Claude Guidroz this the 28th day of April, 2015, to certify which, witness my hand and seal of office.

*Tina G. Broussard*

Signature of officer administering oath

Tina G. Broussard Notary

Printed name of officer administering oath

Title of officer administering oath