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.

By

APPLICATION FOR A PLACE ON THE May 9, 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.)	INDICATE TERM
Beaumont City Council member Ward IV	☒ FULL ☐ UNEXPIRED

FULL NAME (First, Middle, Last)	PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT
Gwendolyn Marie Ambres	Gwendolyn Ambres

PERMANENT RESIDENCE ADDRESS (Street address and apartment number. If none, describe location of residence. Do not include P.O. Box or Rural Rt.)	MAILING ADDRESS (If different from residence address)
4615 Prairie ST Beaumont, TX 77707	

CITY	STATE	ZIP	CITY	STATE	ZIP
Beaumont	TX	77707			

EMAIL ADDRESS (Optional)	OCCUPATION (Do not leave blank)	DATE OF BIRTH	COUNTY OF RESIDENCE
	Retired	12/29/1953	Jefferson

TELEPHONE NUMBER (Include area code) (Optional)	Length of Continuous Residence as of Date Application Sworn		
	IN STATE	IN CITY	IN DISTRICT OR PRECINCT
OFFICE:	61 yr(s)	41 yr(s)	41 yr(s)
HOME:	___ mos	___ mos	___ 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) Gwendolyn Ambres, who being by me here and now duly sworn, upon oath says: "I, (name) Gwendolyn Ambres, of Jefferson County, Texas, being a candidate for the office of Beaumont City Council member, Ward IV 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 Gwendolyn Ambres
SIGNATURE OF CANDIDATE

Sworn to and subscribed before me at Beaumont TX, this the 8 day of January, 2015

Juanita H. Fuller
Signature of Officer administering oath[1]

Notary
Title of Officer administering oath

SEAL
Juanita H. Fuller
Notary Public, State of Texas
My Comm. Exp. 04-05-2015

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

1.28.14
Date Received

Ina Broussard
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:

OFFICE USE ONLY

Acct #

Date Received

Date Hand-delivered or Postmarked

Date Processed

Date Imaged

2 CANDIDATE NAME	MS MRS / MR FIRST Gwendolyn MI M Gwen NICKNAME Ambres LAST SUFFIX
3 CANDIDATE MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 4615 Prairie St Beaumont, Tx 77707
4 CANDIDATE PHONE	AREA CODE PHONE NUMBER EXTENSION (409) 838-7217
5 OFFICE HELD (if any)	Beaumont ISD Trustee, District IV
6 OFFICE SOUGHT (if known)	City Councilmember Ward IV
7 CAMPAIGN TREASURER NAME	MS MRS/MR FIRST MI NICKNAME LAST SUFFIX Gwendolyn M Gwen Ambres
8 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 4615 Prairie St Beaumont, Tx 77707
9 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (409) 838-7217
10 CANDIDATE SIGNATURE	I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code. I am aware of my responsibility to file timely reports as required by title 15 of the Election Code. I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations. Gwendolyn Ambres — Signature of Candidate 1-27-2015 — Date Signed

GO TO PAGE 2

APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA
PG 1

See CTA Instruction Guide for detailed instructions.

1 Total pages filed:

OFFICE USE ONLY
Acct. #
Date Received
Date Hand-delivered or Postmarked
Date Processed
Date Imaged

2 CANDIDATE NAME
MS / MRS / MR: MS
FIRST: Gwendolyn
MI: M
NICKNAME
LAST: Ambres
SUFFIX

3 CANDIDATE MAILING ADDRESS
ADDRESS / PO BOX: 4615 Prairie St
APT / SUITE #:
CITY: Beaumont,
STATE: Tx
ZIP CODE: 77707

4 CANDIDATE PHONE
AREA CODE: (409)
PHONE NUMBER: 838-7217 Cell
EXTENSION

5 OFFICE HELD (if any): Beaumont ISD Trustee - Dist IV

6 OFFICE SOUGHT (if known): Beaumont ISD Trustee - Dist IV

7 CAMPAIGN TREASURER NAME
MS/MRS/MR
FIRST: Gwendolyn
MI: M
NICKNAME
LAST: Ambres
SUFFIX

8 CAMPAIGN TREASURER STREET ADDRESS (residence or business)
STREET ADDRESS (NO PO BOX PLEASE): 4615 Prairie St
APT / SUITE #:
CITY: Beaumont,
STATE: Tex
ZIP CODE: 77707

9 CAMPAIGN TREASURER PHONE
AREA CODE: (409)
PHONE NUMBER: 838-7217 Cell
EXTENSION

10 CANDIDATE SIGNATURE

I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.

I am aware of my responsibility to file timely reports as required by title 15 of the Election Code.

I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.

Gwendolyn Ambres
Signature of Candidate

8-22-2013
Date Signed

GO TO PAGE 2

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989)

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 Hand-delivered or Postmarked

Date Processed

Date Imaged

1 ACCOUNT NUMBER (Ethics Commission Filers) 691151-31	2 TYPE OF FILER CANDIDATE ☑ — *If filing as a candidate, complete boxes 3 - 6, then read and sign page 2.* POLITICAL COMMITTEE ☐ — *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)	TITLE (Dr., Mr., Ms., etc.): Ms. FIRST: Gwendolyn MI: M NICKNAME: Gwen LAST: Ambres SUFFIX (SR., JR., III, etc.):
4 TELEPHONE NUMBER OF CANDIDATE (PLEASE TYPE OR PRINT)	AREA CODE: (409) PHONE NUMBER: 838-7217 EXTENSION:
5 ADDRESS OF CANDIDATE (PLEASE TYPE OR PRINT)	STREET / PO BOX: 4615 Prairie St APT / SUITE #: CITY: Beaumont STATE: TEX ZIP CODE: 77707
6 OFFICE SOUGHT BY CANDIDATE (PLEASE TYPE OR PRINT)	Council Member Ward IV
7 NAME OF COMMITTEE (PLEASE TYPE OR PRINT)	
8 NAME OF CAMPAIGN TREASURER (PLEASE TYPE OR PRINT)	TITLE (Dr., Mr., Ms., etc.) FIRST MI NICKNAME LAST SUFFIX (SR., JR., III, etc.)

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 untrammeled 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.

Windolyn Hughes
Signature

2-6-2015
Date

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989)

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): 691151-31

2 Total pages filed: 17

OFFICE USE ONLY

Date Received

2015 APR -9 PM 4:37 CITY OF BEAUMONT

Date Hand-delivered or Postmarked

Receipt # | Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: (MS) FIRST: Gwendolyn MI:
NICKNAME: LAST: Ambres SUFFIX:

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ change of address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE: 4615 Prairie Bmt Tx 77707

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE: (409) PHONE NUMBER: 838-7217 EXTENSION:

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: (MS) FIRST: Gwen MI:
NICKNAME: LAST: Ambres SUFFIX:

7 CAMPAIGN TREASURER ADDRESS (residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE: 4615 Prairie St Bmt Tx 77707

8 CAMPAIGN TREASURER PHONE

AREA CODE: (409) PHONE NUMBER: 838-7217 EXTENSION:

9 REPORT TYPE

☐ January 15 ☑ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)
☐ July 15 ☐ 8th day before election ☐ Exceeded $500 limit ☐ Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year: 1 / 29 / 2015 THROUGH Month Day Year: 3 / 30 / 2015

11 ELECTION

ELECTION DATE Month Day Year: 5 / 9 / 2015

ELECTION TYPE: ☐ Primary ☐ Runoff ☑ General ☐ Special

12 OFFICE

OFFICE HELD (if any):

13 OFFICE SOUGHT (if known): City Council Ward IV

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME: Gwendolyn Ambres

15 ACCOUNT # (Ethics Commission Filers): 691151-31

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)	$ 2564.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF $100 OR LESS, UNLESS ITEMIZED	$
	4. **TOTAL POLITICAL EXPENDITURES**	$ 6381.15
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 9778.31 ~~9530.27~~

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.

Gwendolyn Ambres

Signature of Candidate or Officeholder

AMY C. JENKINS
Notary Public, State of Texas
My Commission Expires
November 25, 2016

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Gwendolyn Ambres, this the 9th day of April, 20 15, to certify which, witness my hand and seal of office.

Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath
	Amy C Jenkins	Notary

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 7

2 FILER NAME: Gwen Cambus

3 ACCOUNT # (Ethics Commission Filers): 691151-31

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
3-3-2015	Carl E. Briggs 2395 W Virginia St Beaumont, Tx 77705	100.00	

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions):

10 Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3-4-2015	Bridget Gilder 480 S. 7th Street Silsbee, Texas	100.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3-4-2015	Lee Smith 3115 Cantyright St. Beaumont, Tx 77701	25.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3-4-2015	Josephine Simpson 1920 Lucille St Beaumont, Tx 77705	25.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3-4-2015	Paul & Alberta James 10033 Brooks Rd Beaumont, Tx 77713	100.00	

(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 foradditional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 7

2 FILER NAME: Juven Ambers

3 ACCOUNT # (Ethics Commission Filers): 691151-31

4 Date	5 Full name of contributor (☐ out-of-state PAC (ID#:_____)) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
3-10-2015	Reginald and Janetta Ned 1155 Galway Drive Beaumont, Tx 77706	100.00	

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions):

10 Employer (See Instructions):

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3-10-2015	Shirlene Cook 2235 Rampart St. Beaumont, Tx 77705	50.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): Retired

Employer (See Instructions):

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3-10-2015	Veronica Matthews 6345 Raton Circle Beaumont, Tx 77708	50.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3-10-2015	Kathy Lee 8370 Carrie Lane Beaumont, Tx	25.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3-10-2015	Sylvester Scott 5420 Phelps Beaumont, Tx 77705	100.00	

(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 foradditional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 7

2 FILER NAME: Gwen Ambres

3 ACCOUNT # (Ethics Commission Filers): 691151-31

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
3-21-2015	Arthur Lewis Jr. / 1785 Roler Way, Beaumont, Tx 77705	50.00	

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions):

10 Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3-23-2015	Willis Shaw / 4630 Conley Street, Beaumont, Tx 77705	25.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3-21-2015	Al Bernard	~~25.00~~ 49.00	49

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3-19-2015	Dr. Ann Jones / 236 Hemilfa Ct, College Park, Ga	100.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3-28-2015	Ellanita Smiley / 5340 Timberline Ln. Beaumont, Tx 77706	100.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): Retired Municipal

Employer (See Instructions):

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 7

2 FILER NAME: Given Gumbus

3 ACCOUNT # (Ethics Commission Filers): 691151-31

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
3-12-2015	Stephanye Lawrence 4595 Cartwright St. Beaumont, Tx 77707	75.00	

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions): Nurse

10 Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3-12-2015	Betta Styles 3115 Blossom Dr. Beaumont, Tx 77705	50.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): Retired

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3-9-2015	Sharon Hogue-Davis 4590 Roberts Ave Beaumont, Tx 77707	100.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): Retired

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3-9-2015	Barbara A. White 2980 Cartwright St. Beaumont, Tx 77701	50.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3-1-2015	Lawrence Evans 3355 Washington Blvd Beaumont, Tx 77705	200.00	

(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 foradditional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 7

2 FILER NAME: Cowen Andres

3 ACCOUNT # (Ethics Commission Filers): 691151-31

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
3-12-2019	Melody Chapell 4690 Prairie Beaumont, Tx 77707	150.00	

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions): attorney

10 Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3-1-2015	Joseph Lawrence	20.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3-9-15	Caroline Burham 5780 Meadowview Rd. Beaumont, Tx 77708	25.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3-6-2015	Patricia Ackerman 456 Rushmore Dr Richmond Heights, Oh 44143	100.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): Retired

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3-6-2015	Dr. Joseph Brown 3215 Sarah St. Beaumont, Tx 77705	150.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): Dentist

Employer (See Instructions):

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 7

2 FILER NAME: Gwen Graves

3 ACCOUNT # (Ethics Commission Filers): 691151-31

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
3-9-2015	Patricia White 3465 Nathan Beaumont 77705	25.00	

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions): Retired

10 Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3-31-2015	Ann Bradley 215 Orleans St Beaumont, Tx 77701	100.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): Attorney

Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3-[illegible]-2015	Edward Moore 2040 Vera St Beaumont, 77705	200.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3-1-2015	Paul Brown 4370 Centennial St Beaumont, Tx 7707	150.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3-5-2015	Mary Wingate 4085 Galveston Beaumont, Tx 77705	20.00	

(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 foradditional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 7

2 FILER NAME: Steven Ambler

3 ACCOUNT # (Ethics Commission Filers): 691151-31

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
3-29-2015	Richard Simms	50.00	

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions):

10 Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3-29-2015	Harold Goodman 4245 Pierce St Beaumont, Tx 77705	50.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3-29-2015	Omen Goodman 4245 Pierce St Beaumont, Tx 77705	50.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	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 foradditional reporting requirements.

Gwen Ambres Campaign Fund

#	Date	Contributors	Amount	Thank You Sent	TOTAL Total Amount	$2,514.00 Comment
1	3/10/2015	LAWRENCE EVANS	$200.00		$200.00	50 2564
2		BARBARA WHITE	$50.00		$50.00	
3		SYLESTER SCOTT	100.00 ~~$50.00~~		100.00 ~~$50.00~~	
4		CARL BRIGGS.	$100.00		$100.00	
5		PAT WHITE	$25.00		$25.00	
6		SHARON DOZIER DAVIS	$100.00		$100.00	
7		JOSEPHINE SIMPSON	$25.00		$25.00	
8		BRIDGETTE GILDER	$100.00		$100.00	
9		BEETTA STYLES	$50.00		$50.00	
10		PAUL JONES	$100.00		$100.00	
11		STSEPHANYE LAWRENCE	$75.00		$75.00	
12		LEE SMITH	$25.00		$25.00	
13		EDWARD MOORE	$100.00		$100.00	
14		PAUL BROWN.	$150.00		$150.00	
15		KATHY LEE	$25.00		$25.00	
16		REGINALD & JANETTA NED	$100.00		$100.00	
17		DR. JOSEPH PROVO	$150.00		$150.00	
18		SHIRLENE COOK	$50.00		$50.00	
19		MELODY CHAPELL	$150.00		$150.00	
20		PATRICIA ACKERMAN	$100.00		$100.00	
21		VERONICA MATTHEWS	$50.00		$50.00	
22		MARY WINGATE	$20.00		$20.00	✓
23		WILLIE SHAW	$25.00		$25.00	✓
24		DR. ANN JONES	$100.00		$100.00	
25		ALL BERNARD	$49.00		$49.00	

Gwen Ambres Campaign Fund

					TOTAL	$2,514.00
#	Date	Contributors	Amount	Thank You Sent	Total Amount	Comment
26		OMER H. GOODMAN	$50.00		$50.00	
27		CAROLINE GRAHAM	$25.00		$25.00	
28		BO ALFRED	$100.00		$100.00	
29		RITA SMILEY	$100.00		$100.00	
30		JOSEPH LAWRENCE	$20.00		$20.00	
31		RICHARD DENNIS	$50.00		$50.00	
32		WINOLD GOODMAN	$50.00		$50.00	
33		ARTHUR LOUIS	$50.00		$50.00	
34		ATTY. ANN BRADLEY	$100.00		$100.00	
35					$-	
36					$-	
37					$-	
38					$-	
39					$-	
40					$-	
41					$-	
42					$-	
43					$-	
44					$-	
45					$-	
46					$-	
47					$-	
48					$-	
49					$-	
50					$-	

n Fund Expense Data Form

6381.15 Total Expenses

			$ Amount	Purpose
			$104.90	✓
2/12/2015		STAMPS,BOX,	$148.90	✓
2/24/2015		AQUAFINA	$31.84	✓
02/13/15		OFFICE DEPOT	$49.76	✓
02/14/15		ON LINE LABELS	$49.95	
02/19/15		OFFICE DEPOT	$34.06	
02/14/15		ONLINE LABELS	$54.90	✓
02/20/15		SOILEAU PRINTING	$4,673.15	✓
02/24/15		KIRKSEY PRINTING	$65.89	✓
03/27/15		STAMPS	$49.00	✓
03/20/15		MR. GIPSON	$400.00	✓
03/11/15		MR. GIPSON	$200.00	✓
03/19/15		MR GIPSON	$200.00	✓
		SAFE - LOAN	$318.80	✓

0.00 +
0.00 +
104.90 +
148.90 +
31.84 +
49.76 +
49.95 +
34.06 +
54.90 +
4,673.15 +
65.89 +
49.00 +
400.00 +
200.00 +
200.00 +
318.80 +
6,381.15 *

10.

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 Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	
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:	2 FILER NAME Gwendolyn Gardner	3 ACCOUNT # (Ethics Commission Filers)
4 Date 3-20-2015	5 Payee name Mr. Herman Gipson	
6 Amount ($) 400 00	7 Payee address; City; State; Zip Code 3410 Galveston Beaumont, Tx 77705	
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) ☐ 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 3-11-2015	Payee name Mr. Herman Gipson	
Amount ($) 200 00	Payee address; City; State; Zip Code 3410 Galveston, Beaumont, Tx 77705	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T) ☐ Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 3-20-2015	Payee name Mr. Herman Gipson	
Amount ($) 400 00	Payee address; City; State; Zip Code 3410 Galveston, Beaumont, Tx	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T) ☐ Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date	Payee name	
Amount ($)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) ☐ Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	
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:	2 FILER NAME Gwendolyn Gonzalez	3 ACCOUNT # (Ethics Commission Filers)
4 Date 2-1-2015	5 Payee name On line label	
6 Amount ($) 104.90	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Labels - Advertising	(b) Description (If travel outside of Texas, complete Schedule T) ☐ Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 2-12-2015	Payee name Post office	
Amount ($) 148.90	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Postage	Description (If travel outside of Texas, complete Schedule T) ☐ Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 2-24-2015	Payee name Aquafina	
Amount ($) 31.84	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) ☐ Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 2-13-	Payee name Office Depot	
Amount ($) 49.76	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) ☐ 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

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 Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	
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: 2	2 FILER NAME Online Labels	3 ACCOUNT # (Ethics Commission Filers)
4 Date 2-14-15	5 Payee name	
6 Amount ($) 54.90	7 Payee address; City; State; Zip Code	
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) ☐ 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 2-20-2015	Payee name Toolcase Printing	
Amount ($) 4693.15	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) ☐ Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 2-24-2015	Payee name Kirkney Printing	
Amount ($) 65.89	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) ☐ Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 3-27	Payee name Post Office	
Amount ($) 49.00	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Stamps	Description (If travel outside of Texas, complete Schedule T) ☐ Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	
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:	2 FILER NAME Gwendolyn Gaskin	3 ACCOUNT # (Ethics Commission Filers)
4 Date 2-14-2015	5 Payee name Paypal Online Labels	
6 Amount ($) $54.90	7 Payee address; City; State; Zip Code PO Box 105658	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Printing	(b) Description (If travel outside of Texas, complete Schedule T) ☐ Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 2-14-2015	Payee name Sadeau Printing	
Amount ($) 4678.15	Payee address; City; State; Zip Code 1009 Orange Ave Beaumont, Tx 77706	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) ☐ Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 2-24-2015	Payee name Kinkney Printing	
Amount ($) 65.89	Payee address; City; State; Zip Code 3865 W. Lucas Dr. Beaumont, Tx 77706	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) ☐ Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 3-27-2015	Payee name Post Office	
Amount ($) $49.00	Payee address; City; State; Zip Code 5815 Walden Rd, Beaumont 77707	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) ☐ Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E: 1

2 FILER NAME: Gwendolyn Gonhan

3 ACCOUNT # (Ethics Commission Filers): 61721-000

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $

5 Date of loan

7 Name of lender: Safe Credit Union ☐ out-of-state PAC (ID#:_____)

9 Loan Amount ($): 10,000

6 Is lender a financial Institution? ☒ Y ☐ N

8 Lender address; City; State; Zip Code: 2002 N. 11th Street Beaumont, TX 77703

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 ☐ not applicable

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? Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral ☐ none

Check if personal funds were deposited into political account ☐

GUARANTOR INFORMATION ☐ not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

Amount Guaranteed ($)

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.

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989)

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): 691151-31

2 Total pages filed: 5

OFFICE USE ONLY
Date Received
Date Hand-delivered or Postmarked
Receipt #
Amount
Date Processed
Date Imaged

2015 MAY -1 PM 12:02 CITY OF BEAUMONT

3 CANDIDATE / OFFICEHOLDER NAME
MS / MRS / MR: MS
FIRST: Gwendolyn
MI:
NICKNAME:
LAST: Ambres
SUFFIX:

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
☐ change of address
ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
4615 Prairie St Bmt Tx 77707

5 CANDIDATE/ OFFICEHOLDER PHONE
AREA CODE: (409) PHONE NUMBER: 838-7217 EXTENSION:

6 CAMPAIGN TREASURER NAME
MS / MRS / MR: MS
FIRST: Gwendolyn
MI:
NICKNAME:
LAST: Ambres
SUFFIX:

7 CAMPAIGN TREASURER ADDRESS (residence or business)
STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
4615 Prairie St Bmt, Tx 77707

8 CAMPAIGN TREASURER PHONE
AREA CODE: (409) PHONE NUMBER: 838-7217 EXTENSION:

9 REPORT TYPE
- ☐ January 15
- ☒ 30th day before election
- ☐ Runoff
- ☐ 15th day after campaign treasurer appointment (officeholder only)
- ☐ July 15
- ☑ 8th day before election
- ☐ Exceeded $500 limit
- ☐ Final report (Attach C/OH - FR)

10 PERIOD COVERED
Month Day Year: 3 / 30 / 2015 THROUGH Month Day Year: 4 / 30 / 2015

11 ELECTION
ELECTION DATE Month Day Year: 5 / 9 / 2015
ELECTION TYPE
- ☑ Primary
- ☐ Runoff
- ☑ General
- ☐ Special

12 OFFICE
OFFICE HELD (if any):

13 OFFICE SOUGHT (if known): City Council Ward IV

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME: Gwendolyn Ambres

15 ACCOUNT # (Ethics Commission Filers): 691151-31

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)	$ 245.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF $100 OR LESS, UNLESS ITEMIZED	$
	4. **TOTAL POLITICAL EXPENDITURES**	$ 1918.80
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 9587.39

18 AFFIDAVIT

AMY C. JENKINS
Notary Public, State of Texas
My Commission Expires
November 25, 2016

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.

Gwendolyn Ambres
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Gwendolyn Ambres, this the 1 day of May, 20 15, to certify which, witness my hand and seal of office.

Amy C. Jenkins	Amy C. Jenkins	Notary
Signature of officer administering oath	Printed name of officer administering oath	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

2 FILER NAME: Gwendolyn Ambres

3 ACCOUNT # (Ethics Commission Filers): 691151-31

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
4-17-2015	M/M Glenn Boxie 10459 Brooks Rd Beaumont, Tex	25.00	

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4-17-15	M/M ~~Mary~~ Hillary Guest 2560 Euclid St Bmt, Tex 77705	50.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4-17-15	John Duplechain Cartwright Beaumont Tex 77707	70.00	T-shirts

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4-17-15	LaDonna Sherwood 5265 Richard Beaumont, Tex 77708	20.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4-17-15	Janice Ridley 2780 N 9th Bmt, Tex 77703	20.00	

(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 foradditional reporting requirements.

OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

3 ACCOUNT # (Ethics Commission Filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
4-17-15	Elton Grubbs 6945 Burlington Dr Bmt, Tex 77707	10.00	T-shirt
		(If travel outside of Texas, complete Schedule T)	

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4-17-15	Woodrow Reece 1635 Roberts Bmt, Tex 77701	40.00	
		(If travel outside of Texas, complete Schedule T)	

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4-17-15	Jannetta Neal 1655 Galvin Bmt, Tex 77706	10.00	T-shirt
		(If travel outside of Texas, complete Schedule T)	

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	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 foradditional 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 Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	
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:

2 FILER NAME: Gwendolyn Ambres

3 ACCOUNT # (Ethics Commission Filers):

4 Date: 4-25-2015

5 Payee name: Herman Gipson

6 Amount ($): 300.00

7 Payee address; City; State; Zip Code: 3410 Goliad St Bmt., Tex 77705

8 PURPOSE OF EXPENDITURE

(a) Category (See categories listed at the top of this schedule): Food, Beverage, Gas Exp

(b) Description (If travel outside of Texas, complete Schedule T): ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name: | Office sought: | Office held:

Date: 4-14-2015

Payee name: Herman Gipson

Amount ($): 300.00

Payee address; City; State; Zip Code: 3410 Goliad St Bmt., Tex 77705

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): Food, Beverage, Gas Exp

Description (If travel outside of Texas, complete Schedule T): ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name: | Office sought: | Office held:

Date: 4-3-2015

Payee name: SAFE Credit Union

Amount ($): 318.80

Payee address; City; State; Zip Code: 2002 N 11th St Beaumont, Tex 77703

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): Loan Payment

Description (If travel outside of Texas, complete Schedule T): ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name: | Office sought: | Office held:

Date: 4-24-2015

Payee name: Gwendolyn Ambres

Amount ($): 1000.00

Payee address; City; State; Zip Code: 4615 Prairie St Beaumont, Tex 77707

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): Early voting Exp

Description (If travel outside of Texas, complete Schedule T): ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name: Gwendolyn Ambres | Office sought: City Council Ward 4 | Office held:

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989)

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: 6

ACCOUNT #

OFFICE USE ONLY

Date Received

2015 APR 30 AM 10:09

Receipt #

HD / PM | Amount

Date Processed

Date Imaged

1 NAME

TITLE; FIRST; MI
Gwendolyn M Ambres
NICKNAME; LAST; SUFFIX

2 ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
4615 Prairie St
Beaumont, Tex 77707
☑ (CHECK IF FILER'S HOME ADDRESS)

3 TELEPHONE NUMBER

AREA CODE PHONE NUMBER; EXTENSION
(409) 838-7217

4 REASON FOR FILING STATEMENT

☑ CANDIDATE City Council Ward 4 (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 _____

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

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.

1 INFORMATION RELATES TO	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
2 EMPLOYMENT ☐ EMPLOYED BY ANOTHER ☑ SELF-EMPLOYED	NAME AND ADDRESS OF EMPLOYER / POSITION HELD ☑ (Check If Filer's Home Address) Yoli Better Body Systems 4615 Prairie St. Beaumont, Tex 77707 Distributor NATURE OF OCCUPATION
INFORMATION RELATES TO	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
EMPLOYMENT ☐ EMPLOYED BY ANOTHER ☐ SELF-EMPLOYED	NAME AND ADDRESS OF EMPLOYER / POSITION HELD ☐ (Check If Filer's Home Address) NATURE OF OCCUPATION
INFORMATION RELATES TO	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
EMPLOYMENT ☐ EMPLOYED BY ANOTHER ☐ SELF-EMPLOYED	NAME AND ADDRESS OF EMPLOYER / POSITION HELD ☐ (Check If Filer's Home Address) NATURE OF OCCUPATION

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 Waddell + Reed Inc	NAME Waddell + Reed Advisors Science + Tech A
2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 NUMBER OF SHARES OF MUTUAL FUND 859.5810	☐ LESS THAN 100 ☐ 100 TO 499 ☑ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
4 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000–$9,999 ☐ $10,000–$24,999 ☐ $25,000–OR MORE

MUTUAL FUND Waddell + Reed Inc	NAME Waddell + Reed Advisor Bond A
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND 1851.1530	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☑ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000–$9,999 ☐ $10,000–$24,999 ☐ $25,000–OR MORE

MUTUAL FUND Waddell + Reed Inc	NAME Waddell + Reed Advisor High Income A
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND 1,198.3060	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☑ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000–$9,999 ☐ $10,000–$24,999 ☐ $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 Waddell & Reed Inc	NAME Ivy International Core Equity A
2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 NUMBER OF SHARES OF MUTUAL FUND 508.3230	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
4 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000–$9,999 ☐ $10,000–$24,999 ☐ $25,000–OR MORE

MUTUAL FUND Waddell & Reed Inc	NAME Waddell & Reed Advisors Government Securities A
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND 1,315.9470	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☑ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000–$9,999 ☐ $10,000–$24,999 ☐ $25,000–OR MORE

MUTUAL FUND Waddell & Reed Inc	NAME Waddell & Reed Global Bond A
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND 1,891.5130	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☑ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000–$9,999 ☐ $10,000–$24,999 ☐ $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 Waddell + Reed Inc	NAME Waddell + Reed Core Investment A
2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 NUMBER OF SHARES OF MUTUAL FUND 440.0240	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
4 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

MUTUAL FUND Waddell + Reed Inc	NAME Ivy Global Natural Resources A
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND 305.5240	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

MUTUAL FUND Waddell + Reed Inc	NAME Waddell + Reed Cash Management A
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND 307.2000	☐ LESS THAN 100 ☑ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989)

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.

Gwendolyn Ambres

Signature of Filer

AFFIX NOTARY STAMP / SEAL ABOVE

STEPHANIE GANDY
MY COMMISSION EXPIRES
May 22, 2015

Sworn to and subscribed before me, by the said GWENDOLYN AMBRES, this the 30th day of APRIL, 2015, to certify which, witness my hand and seal of office.

Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath
Stephanie Gandy	STEPHANIE GANDY	NOTARY