

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00090563	2 Total pages filed: 5	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST Debra Drake MI	<b>OFFICE USE ONLY</b> Date Received ELECTRONICALLY FILED 01/05/2026		
	NICKNAME LAST Ambroise SUFFIX			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 6111 Reba Drive  Port Arthur , TX 77640		ZIP CODE	
	Date Hand-delivered or Date Postmarked			
	Receipt #		Amount	
	Date Processed		Date Imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST Kaprina MI			
	NICKNAME LAST Frank SUFFIX			
6 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 4501 Briarwood Lane  Port Arthur, TX 77642			
7 CAMPAIGN TREASURER PHONE	AREA CODE (409)	PHONE NUMBER 466-3771	EXTENSION	
8 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 modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)			
9 PERIOD COVERED	Month 12/26/2025	Day Year	THROUGH	Month 12/31/2025
10 ELECTION	ELECTION DATE Month 03/03/2026		ELECTION TYPE	
	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		<input type="checkbox"/> Runoff <input type="checkbox"/> Special <input type="checkbox"/> Other	
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known) State Board Of Education District 7	

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# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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<b>13 C / OH NAME</b> Ambrose, Debra Drake	<b>14 Filer ID</b> (Ethics Commission Filers) 00090563
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<b>15 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.	
	<b>COMMITTEE TYPE</b>  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	<b>COMMITTEE NAME</b>  <hr/> <b>COMMITTEE ADDRESS</b>  <hr/> <b>COMMITTEE CAMPAIGN TREASURER NAME</b>  <hr/> <b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>  <hr/>

<b>16 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	753.76
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$	706.76
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	47.00
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

**17 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.

Debra Drake Ambrose  
\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering      Printed name of officer administering      Title of officer administering oath

**SUBTOTALS - C/OH****FORM C/OH  
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<b>18 FILER NAME</b> Ambrose, Debra Drake		<b>19 Filer ID</b> (Ethics Commission Filers) 00090563
<b>20 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 753.76
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 706.76
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/1 Rpt: 4/5
<b>2</b> FILER NAME Ambrose, Debra Drake		<b>3</b> Filer ID (Ethics Commission Filers) 00090563
<b>4</b> Date 12/31/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Drake Ambrose, Debra (Mrs.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Port Arthur, TX 77640	<b>7</b> Amount of Contribution (\$)  \$307.76
<b>8</b> Principal occupation / Job title (See Instructions) Retired/Transit Planner		<b>9</b> Employer (See Instructions) City of Port Arthur
Date 12/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Louviere, Tommiesazine (Mrs.) <hr/> Contributor address; City; State; Zip Code  Port Arthur, TX 77640	Amount of Contribution (\$)  \$396.00
Principal occupation / Job title (See Instructions) Retired/Educator		Employer (See Instructions) Port Arthur ISD
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKenzie, Wilbert (Mr.) <hr/> Contributor address; City; State; Zip Code  Port Arthur, TX 77640	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Retired/Refinery Worker		Employer (See Instructions) Texaco

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/1 Rpt: 5/5	<b>2</b> FILER NAME Ambroise, Debra Drake	<b>3</b> Filer ID (Ethics Commission Filers) 00090563
<b>4</b> Date 12/31/2025	<b>5</b> Payee name Clavelle, Felicia (Mrs.)	
<b>6</b> Amount (\$) \$399.00	<b>7</b> Payee address; City; State; Zip Code  <b>REDACTED PER 254.0401, ELEC. CODE</b> Port Arthur, TX 77640	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense T-Shirts
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Drake Ambroise, Debra (Mrs.)	Office sought State Board Of Education District
Date 12/31/2025	Payee name LP Printing	
Amount (\$) \$281.77	Payee address; City; State; Zip Code 3029 Crossview Drive  Houston, TX 77063	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Push Cards
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Drake Ambroise, Debra (Mrs.)	Office sought State Board Of Education District
Date 12/31/2025	Payee name Wacky Buttons	
Amount (\$) \$25.99	Payee address; City; State; Zip Code 101 Lincoln Parkway, Suite A  East Rochester, NY 14445	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 2in Campaign Buttons
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Drake Ambroise, Debra (Mrs.)	Office sought State Board Of Education District