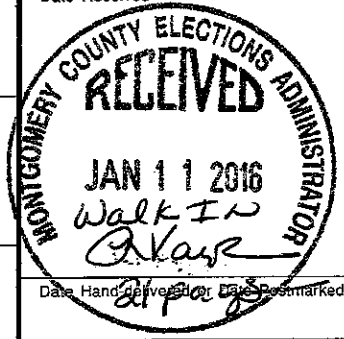


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <div style="text-align: center; font-size: 24pt; font-weight: bold;">21</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input checked="" type="checkbox"/> FIRST MI <div style="text-align: center; font-size: 24pt; font-weight: bold;">Gene E.</div> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 24pt; font-weight: bold;">De Forest</div>	OFFICE USE ONLY Date Received  Date Hand Delivered or Date Postmarked 21 pages	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <div style="text-align: center; font-size: 24pt; font-weight: bold;">P.O. Box 2326</div> <div style="text-align: center; font-size: 24pt; font-weight: bold;">Conroe, Texas 77305</div>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="text-align: center; font-size: 24pt; font-weight: bold;">(936) 788-2004</div>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <input checked="" type="checkbox"/> FIRST MI <div style="text-align: center; font-size: 24pt; font-weight: bold;">Eva J.</div> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 24pt; font-weight: bold;">De Forest</div>	Receipt # Amount \$ Date Processed Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <div style="text-align: center; font-size: 24pt; font-weight: bold;">1811 Pembroke Circle</div> <div style="text-align: center; font-size: 24pt; font-weight: bold;">Conroe, Texas 77301</div>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="text-align: center; font-size: 24pt; font-weight: bold;">(936) 788-2004</div>		
9 REPORT TYPE	<input checked="" 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 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 Month Day Year <div style="text-align: center; font-size: 24pt; font-weight: bold;">07 / 01 / 15</div> THROUGH <div style="text-align: center; font-size: 24pt; font-weight: bold;">12 / 31 / 15</div>		
11 ELECTION	ELECTION DATE Month Day Year <div style="text-align: center; font-size: 24pt; font-weight: bold;">03 / 01 / 16</div>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <div style="text-align: center; font-size: 24pt; font-weight: bold;">Constable, Pet. 2</div> <div style="text-align: center; font-size: 24pt; font-weight: bold;">Constable, Pet. 2</div>		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

Gene De Forest

15 Filer ID (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

COMMITTEE NAME

GENERAL

SPECIFIC

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

\$ 1,670. ⁰⁰/_{xx}

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

\$ 8,995. ⁰⁰/_{xx}

EXPENDITURE
TOTALS

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

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 11,883. ⁵⁸/_{xx}

CONTRIBUTION
BALANCE

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

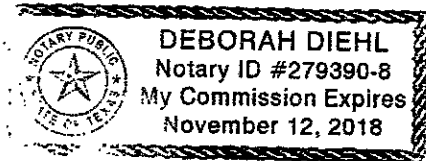
\$ 7,187. ⁵¹/_{xx}

OUTSTANDING
LOAN TOTALS

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

\$ 0

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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.

Gene De Forest
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Gene De Forest, this the 11 day of January, 2016, to certify which, witness my hand and seal of office.

Deborah Diehl

Signature of officer administering oath

Deborah Diehl

Printed name of officer administering oath

Clerk

Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>Gene De Forest</i>	20 Filer ID (Ethics Commission Filers)
---	---

	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 8,995. ⁰⁰ / ₁₀₀
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 11,883. ⁵⁸
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: *10*

2 FILER NAME

Gene De Forest

3 Filer ID (Ethics Commission Filers)

4 Date

7/15/15

5 Full name of contributor out-of-state PAC (ID#: _____)

James Keeshan

6 Contributor address; City; State; Zip Code

*614 N. Carolina
Conroe, TX 77302*

7 Amount of contribution (\$)

\$200.00

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

9/3/15

Full name of contributor out-of-state PAC (ID#: _____)

Robert Page

Contributor address; City; State; Zip Code

*2040 Loop 336 W. Ste 212
Conroe, TX, 77301*

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Date

9/7/15

Full name of contributor out-of-state PAC (ID#: _____)

James Knez

Contributor address; City; State; Zip Code

*709 N. SAN JACINTO
Conroe, TX 77301*

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Date

9/8/15

Full name of contributor out-of-state PAC (ID#: _____)

Price & Price

Contributor address; City; State; Zip Code

*101 SIMONTON
Conroe, TX 77301*

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Attorneys

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 10
2 FILER NAME <i>Gene De Forest</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>9/16/15</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Fred Richardson</i>	7 Amount of contribution (\$) <i>\$125.⁰⁰/₂₄</i>
6 Contributor address; City; State; Zip Code <i>13689 Lakeside Place Dr. Willis, TX 77318</i>		
8 Principal occupation / Job title (See Instructions) <i>Retired</i>		9 Employer (See Instructions)
Date <i>9/16/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Perdue, Brandon, Fielder, Collins & Motl</i>	Amount of contribution (\$) <i>\$200.⁰⁰</i>
Contributor address; City; State; Zip Code <i>1235 N. Loop W. Ste 600 Houston, TX 77008</i>		
Principal occupation / Job title (See Instructions) <i>Attorneys</i>		Employer (See Instructions)
Date <i>9/19/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Benjamin Amato</i>	Amount of contribution (\$) <i>\$300.⁰⁰</i>
Contributor address; City; State; Zip Code <i>14887 Hwy 105 W Ste 101 Montgomery, TX 77356</i>		
Principal occupation / Job title (See Instructions) <i>Self-Owner - Radio Station</i>		Employer (See Instructions)
Date <i>9/22/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Linebarger, Goggan, Blair & Sampson</i>	Amount of contribution (\$) <i>\$250.⁰⁰</i>
Contributor address; City; State; Zip Code <i>P.O. Box 17428 Austin, TX 78760</i>		
Principal occupation / Job title (See Instructions) <i>Attorneys</i>		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 10
2 FILER NAME Gene DeForest		3 Filer ID (Ethics Commission Filers)
4 Date 9/25/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walter Conley	7 Amount of contribution (\$) \$200.⁰⁰
6 Contributor address; City; State; Zip Code 732 River Plantation Dr. Conroe, TX 77302		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 9/22/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Johnson	Amount of contribution (\$) \$100.-
Contributor address; City; State; Zip Code 26645 Bayou Tesch Magnolia, TX 77354		
Principal occupation / Job title (See Instructions) General Manager		Employer (See Instructions)
Date 9/28/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Catherine Keller	Amount of contribution (\$) \$400.-
Contributor address; City; State; Zip Code 12434 Longmire Way Conroe, TX 77304		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/7/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HAA Better Government Fund	Amount of contribution (\$) \$100.-
Contributor address; City; State; Zip Code 4810 Westway Park Blvd. Houston, TX 77041		
Principal occupation / Job title (See Instructions) Political Affiliation Fund		Employer (See Instructions)
Houston Apartment Association		

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: *10*

2 FILER NAME

Gene De Forest

3 Filer ID (Ethics Commission Filers)

4 Date

10/21/15

5 Full name of contributor out-of-state PAC (ID#: _____)

Christopher Paris

7 Amount of contribution (\$)

\$100.-

6 Contributor address; City; State; Zip Code

*588 Brandon Rd
Conroe, TX 77302*

8 Principal occupation / Job title (See Instructions)

Self-Oil Business

9 Employer (See Instructions)

Date

10/14/15

Full name of contributor out-of-state PAC (ID#: _____)

Larry Forester

Amount of contribution (\$)

\$100.-

Contributor address; City; State; Zip Code

*1663 White Oak Creek Dr.
Conroe, TX 77304*

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Date

10/4/15

Full name of contributor out-of-state PAC (ID#: _____)

Richard Guiffre

Amount of contribution (\$)

\$100.-

Contributor address; City; State; Zip Code

*711 Players Cir
Conroe, TX 77302*

Principal occupation / Job title (See Instructions)

Insurance Agent

Employer (See Instructions)

Date

10/13/15

Full name of contributor out-of-state PAC (ID#: _____)

Nicholas Davis

Amount of contribution (\$)

\$450.-

Contributor address; City; State; Zip Code

*3014 Lenora Springs Dr.
Spring, TX 77386*

Principal occupation / Job title (See Instructions)

Banker

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <i>10</i>
2 FILER NAME <i>Gene DeForest</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>10/14/15</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ladaris CATES</i>	7 Amount of contribution (\$) <i>\$100.-</i>
6 Contributor address; City; State; Zip Code <i>P.O. Box 6 COURSE, TX 77305</i>		
8 Principal occupation / Job title (See Instructions) <i>Retired</i>		9 Employer (See Instructions)
Date <i>10/15/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Steve Anderson</i>	Amount of contribution (\$) <i>\$100.-</i>
Contributor address; City; State; Zip Code <i>710 S. FRAZIER COURSE, TX 77301</i>		
Principal occupation / Job title (See Instructions) <i>SELF - Body Shop</i>		Employer (See Instructions)
Date <i>10/23/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Renell Pedigo</i>	Amount of contribution (\$) <i>\$100.-</i>
Contributor address; City; State; Zip Code <i>2210 N. FRAZIER ST. STE 230 COURSE, TX 77301</i>		
Principal occupation / Job title (See Instructions) <i>SELF - Bail Bonds</i>		Employer (See Instructions)
Date <i>10/29/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Edwin Jones</i>	Amount of contribution (\$) <i>\$250.-</i>
Contributor address; City; State; Zip Code <i>40 WATERWAY CT. THE WOODLANDS, TX 77380</i>		
Principal occupation / Job title (See Instructions) <i>Banker</i>		Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 10
2 FILER NAME Gone DeForest		3 Filer ID (Ethics Commission Filers)
4 Date 10/28/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glenn Godfrey	7 Amount of contribution (\$) \$120.-
6 Contributor address; City; State; Zip Code 26910 Maplewood Dr. Spring, TX 77386		
8 Principal occupation / Job title (See Instructions) Operator For Huntsman		9 Employer (See Instructions)
Date 10/29/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matthew Thomas	Amount of contribution (\$) \$120.-
Contributor address; City; State; Zip Code 733 Forest Lane Conroe, TX 77302		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/29/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Landon Blum	Amount of contribution (\$) \$100.-
Contributor address; City; State; Zip Code 2019 Lakewood Court Willis, TX 77318		
Principal occupation / Job title (See Instructions) Security Agent		Employer (See Instructions)
Date 10/29/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ron Pucci	Amount of contribution (\$) \$200.-
Contributor address; City; State; Zip Code 635 Spring Forest Conroe, TX 77302		
Principal occupation / Job title (See Instructions) Aircraft Mechanic		Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **10**

2 FILER NAME

Gene DeForest

3 Filer ID (Ethics Commission Filers)

4 Date

10/29/15

5 Full name of contributor out-of-state PAC (ID#: _____)

JAMES IRWIN

7 Amount of contribution (\$)

\$120.-

6 Contributor address; City; State; Zip Code

**939 RIVER PLANTATION Dr.
CONROE, TX 77302**

8 Principal occupation / Job title (See Instructions)

Lab - Chemical Company

9 Employer (See Instructions)

Date

10/28/15

Full name of contributor out-of-state PAC (ID#: _____)

Robert Campbell

Amount of contribution (\$)

\$300.-

Contributor address; City; State; Zip Code

**523 NACHEZ PARK
CONROE, TX 77302**

Principal occupation / Job title (See Instructions)

Supervisor

Employer (See Instructions)

Date

10/16/15

Full name of contributor out-of-state PAC (ID#: _____)

RON HICKMAN

Amount of contribution (\$)

\$200.-

Contributor address; City; State; Zip Code

**6831 CYPRESSWOOD Dr.
Spring, TX 77379**

Principal occupation / Job title (See Instructions)

NARRIS COUNTY Sheriff

Employer (See Instructions)

Date

10/16/15

Full name of contributor out-of-state PAC (ID#: _____)

JONATHAN NUTT

Amount of contribution (\$)

\$100.-

Contributor address; City; State; Zip Code

**10535 Northridge Dr.
CONROE, TX 77303**

Principal occupation / Job title (See Instructions)

Worker - Chemical Plant

Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <i>10</i>
2 FILER NAME <i>Gene DeForest</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>10/25/15</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mario Valadez</i>	7 Amount of contribution (\$) <i>\$400.-</i>
6 Contributor address; City; State; Zip Code <i>902 Long Leaf Ct. Conroe, Tx 77302</i>		
8 Principal occupation / Job title (See Instructions) <i>Manager</i>		9 Employer (See Instructions)
Date <i>10/23/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>James Gentry</i>	Amount of contribution (\$) <i>\$300.-</i>
Contributor address; City; State; Zip Code <i>P.O. Box 2177 Conroe, Tx 77305</i>		
Principal occupation / Job title (See Instructions) <i>SELF- Home Builder</i>		Employer (See Instructions)
Date <i>10/26/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Steven Dresel</i>	Amount of contribution (\$) <i>\$400.-</i>
Contributor address; City; State; Zip Code <i>604 Spring Forest Dr Conroe, Tx 77302</i>		
Principal occupation / Job title (See Instructions) <i>Police Officer</i>		Employer (See Instructions)
Date <i>10/26/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kimberly Welge</i>	Amount of contribution (\$) <i>\$450.-</i>
Contributor address; City; State; Zip Code <i>130 Harbor Town Cir. Montgomery, Tx 77356</i>		
Principal occupation / Job title (See Instructions) <i>SELF- Business Owner</i>		Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <i>10</i>
2 FILER NAME <i>Gene De Forest</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>11/4/15</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ricky Morton</i>	7 Amount of contribution (\$) <i>\$400.-</i>
6 Contributor address; City; State; Zip Code <i>10910 Kaleo Way Conroe, TX 77304</i>		
8 Principal occupation / Job title (See Instructions) <i>Self-Welding Company</i>		9 Employer (See Instructions)
Date <i>11/2/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mary Brown</i>	Amount of contribution (\$) <i>\$100.-</i>
Contributor address; City; State; Zip Code <i>30243 Littlecraft Dr. Spring, TX 77386</i>		
Principal occupation / Job title (See Instructions) <i>Office Manager</i>		Employer (See Instructions)
Date <i>11/6/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>James Ullrich</i>	Amount of contribution (\$) <i>\$100.-</i>
Contributor address; City; State; Zip Code <i>1512 N. I-H 45 Conroe, TX 77301</i>		
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions)
Date <i>11/9/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mark Robin</i>	Amount of contribution (\$) <i>\$100.-</i>
Contributor address; City; State; Zip Code <i>646 Bellingrath Park Conroe, TX 77302</i>		
Principal occupation / Job title (See Instructions) <i>Pilot</i>		Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <i>10</i>
2 FILER NAME <i>Gene DeForest</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>11/12/15</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Joe's PIZZA & PASTA</i>	7 Amount of contribution (\$) <i>\$200.-</i>
6 Contributor address; City; State; Zip Code <i>1604 N. FRASIER CONROE, TX 77301</i>		
8 Principal occupation / Job title (See Instructions) <i>SELF- RESTURANT</i>		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 8	2 FILER NAME Gene DeForest	3 Filer ID (Ethics Commission Filers)
--	--------------------------------------	---------------------------------------

4 Date 7/7/15	5 Payee name Sign's ETC.
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6 Amount (\$) \$389.20	7 Payee address; City; State; Zip Code 3605 N. Loop 336 W Conroe, TX 77304
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 7-7-15	Payee name Conroe Noon Lion's Club
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Amount (\$) \$500.-	Payee address; City; State; Zip Code P.O. Box 1135 Conroe, TX 77305
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 7-21-15	Payee name Houston Community News Paper (The Courier)
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Amount (\$) \$150.-	Payee address; City; State; Zip Code P.O. Box 609 Conroe, TX 77305
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 8	2 FILER NAME Gene DeForest	3 Filer ID (Ethics Commission Filers)
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4 Date 8/14/15	5 Payee name Office Depot
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6 Amount (\$) \$172.75	7 Payee address; City; State; Zip Code 1319 W. DAVIS ST. CONROE, TX 77304
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9-1-15	Payee name U.S. Post Office
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Amount (\$) \$98.00	Payee address; City; State; Zip Code 809 W. DALLAS ST. CONROE, TX 77301
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9-10-15	Payee name Hallaron Media
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Amount (\$) \$485.57	Payee address; City; State; Zip Code 2202 Timberloch Place Ste 107 The Woodlands, TX 77380
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE 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.

1 Total pages Schedule F1: 8	2 FILER NAME Gene DeForest	3 Filer ID (Ethics Commission Filers)
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4 Date 9-30-15	5 Payee name Conroe Noon Lion's Club
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6 Amount (\$) \$500.-	7 Payee address; City; State; Zip Code P.O. Box 1135 Conroe, TX 77305
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10-7-15	Payee name Conroe High Booster Club
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Amount (\$) \$250.-	Payee address; City; State; Zip Code 3200 W. Davis Conroe, TX 77304
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10-13-15	Payee name CA Foo Specialties
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Amount (\$) \$935.01	Payee address; City; State; Zip Code 312 Longmire RD Ste B Conroe, TX 77304
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 8	2 FILER NAME Gene DeForest	3 Filer ID (Ethics Commission Filers)
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4 Date 10-21-15	5 Payee name CALFEr SPECIALTIES
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6 Amount (\$) \$1,172.76	7 Payee address; City; State; Zip Code 312 Longmire, Ste B Conroe, TX 77304
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10-21-15	Payee name Conroe Noon Lion's Club
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Amount (\$) \$500.-	Payee address; City; State; Zip Code P.O. Box 1135 Conroe, TX 77305
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10-30-15	Payee name WestFork Country Club
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Amount (\$) \$1,450.00	Payee address; City; State; Zip Code 1 Golf Ridge Dr. Conroe, TX 77304
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fundraiser Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE 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.

1 Total pages Schedule F1: 8	2 FILER NAME Gene DeForest	3 Filer ID (Ethics Commission Filers)
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4 Date 11-3-15	5 Payee name Houston Community Newspaper (The Courier)
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6 Amount (\$) \$450.00	7 Payee address; City; State; Zip Code P.O. Box 609 Conroe, TX 77305
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11-12-15	Payee name U. S. Post Office
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Amount (\$) \$136.00	Payee address; City; State; Zip Code 809 W. Dallas Conroe, TX 77301
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Post office Mail Box Fee 1-year	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11-16-15	Payee name Montgomery County Republican Party
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Amount (\$) \$1,000.00	Payee address; City; State; Zip Code P.O. Box 45 Conroe, TX 77305
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Filing Fee	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 8	2 FILER NAME Gene DeForest	3 Filer ID (Ethics Commission Filers)
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4 Date 11-16-15	5 Payee name Signs Etc.
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6 Amount (\$) \$193.23	7 Payee address; City; State; Zip Code 3605 N. Loop 336 W. Conroe, TX 77304
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11-16-15	Payee name CAIFee Specialties
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Amount (\$) \$784.60	Payee address; City; State; Zip Code 312 Longmire Rd. Ste. B Conroe, TX 77304
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12-15-15	Payee name Home Depot
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Amount (\$) \$157.98	Payee address; City; State; Zip Code 1341 W. DAVIS Conroe, TX 77304
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 8	2 FILER NAME Gene DeForest	3 Filer ID (Ethics Commission Filers)
4 Date 12-16-15	5 Payee name New Way Printing	
6 Amount (\$) \$119.08	7 Payee address; City; State; Zip Code P.O. Box 1842 Willis, TX 77378	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check 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 12-21-15	Payee name Houston Community News Paper (The Courier)	
Amount (\$) \$300.-	Payee address; City; State; Zip Code P.O. Box 609 Conroe, TX 77305	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check 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 12-21-15	Payee name Signs ETC.	
Amount (\$) \$1,146.10	Payee address; City; State; Zip Code 3605 N. Loop 336 W. Conroe, TX 77304	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check 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: _____	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 8	2 FILER NAME Gene De Forest	3 Filer ID (Ethics Commission Filers)
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4 Date 12-29-15	5 Payee name OFFICE DEPOT
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6 Amount (\$) \$145.03	7 Payee address; City; State; Zip Code 1341 W. DAVIS CONROE, TX 77304
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12-29-15	Payee name OFFICE DEPOT
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Amount (\$) \$129.88	Payee address; City; State; Zip Code 1341 W. DAVIS CONROE, TX 77304
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12-30-15	Payee name New Way Printing
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Amount (\$) \$717.74	Payee address; City; State; Zip Code P.O. Box 1842 Willis, TX 77378
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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