

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: <div style="text-align: center; font-size: 24px;">6</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <div style="text-align: center; font-size: 24px;">Gene F.</div> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 24px;">DeForest</div>	<div style="border: 2px solid black; border-radius: 50%; padding: 10px; text-align: center;"> OFFICE USE ONLY RECEIVED JUL 08 2014 6:09 PM MONTGOMERY COUNTY ELECTIONS ADMINISTRATION </div> Date Received Date Hand-delivered or Postmarked Receipt # Amount Date Processed Date Imaged <div style="text-align: center; font-size: 24px;">MM 7/14/14</div>	
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: 24px;">P.O. Box 2326 Conroe, Texas 77305</div>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="text-align: center; font-size: 24px;">(936) 788-2004</div>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <div style="text-align: center; font-size: 24px;">Eva J.</div> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 24px;">DeForest</div>		
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: 24px;">1811 Pembroke Circle Conroe, TX 77301</div>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="text-align: center; font-size: 24px;">(936) 788-2004</div>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <div style="text-align: center; font-size: 24px;">01 / 01 / 2014 THROUGH 06 / 30 / 2014</div>		
11 ELECTION	ELECTION DATE Month Day Year <div style="text-align: center; font-size: 24px;">/ / 2016</div>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <div style="text-align: center; font-size: 24px;">Constable Pct 2</div>	13 OFFICESOUGHT (if known) <div style="text-align: center; font-size: 24px;">Constable, Pct 2</div>	

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

Gene DeForest

15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

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

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

17 CONTRIBUTION
TOTALS

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

\$ ~~0~~ None

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

\$ ~~0~~ None

EXPENDITURE
TOTALS

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

\$ ~~0~~ None

4. TOTAL POLITICAL EXPENDITURES

\$ 2,731.90

CONTRIBUTION
BALANCE

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

\$ 2,474.19

OUTSTANDING
LOAN TOTALS

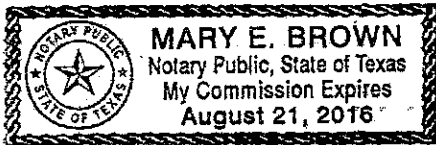
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ ~~0~~ None

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.

[Handwritten Signature]
Signature of Candidate or Officeholder



AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Gene DeForest, this the 8th day of July, 20 14, to certify which, witness my hand and seal of office.

Mary E. Brown
Signature of officer administering oath

Mary E. Brown
Printed name of officer administering oath

Notary
Title of officer administering oath

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 3		2 FILER NAME Gene DeForest		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 1/14/14		5 Payee name MARK BOSMA Campaign			
6 Amount (\$) \$50.-		7 Payee address; City; State; Zip Code P.O. Box 2833 Conroe, TX 77305			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Donation		(b) Description (If travel outside of Texas, complete Schedule T)	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Mark Bosma		Office sought: County Judge Office held	
Date 1/14/14		Payee name Jim Clark Campaign			
Amount (\$) 60.-		Payee address; City; State; Zip Code P.O. Box 3448 Conroe, Texas 77305			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Donation		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Jim Clark		Office sought: Commissioner PCT4 Office held	
Date 1/15/14		Payee name Conroe Noon's Lion's Club.			
Amount (\$) 500.-		Payee address; City; State; Zip Code P.O. Box 1135 Conroe, TX 77305			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 2/3/14		Payee name Trinity Publications			
Amount (\$) 395.-		Payee address; City; State; Zip Code P.O. Box 140285 Austin, Texas 78714			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T)	
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
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <i>3</i>	2 FILER NAME <i>Gene DeForest</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>2/11/14</i>	5 Payee name <i>Brett Ligon Campaign</i>
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6 Amount (\$) <i>110.-</i>	7 Payee address; City; State; Zip Code <i>P.O. Box 805 Montgomery, TX 77356</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Donation</i>	(b) Description (If travel outside of Texas, complete Schedule T)
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Brett Ligon</i>	Office sought <i>Montgomery County District Attorney</i>	Office held <i>District Attorney</i>
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Date <i>2/20/14</i>	Payee name <i>Chamber of Commerce</i>
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Amount (\$) <i>150.-</i>	Payee address; City; State; Zip Code <i>P.O. Box 2347 Conroe, Texas 77305</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>	Description (If travel outside of Texas, complete Schedule T)
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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 <i>3/17/14</i>	Payee name <i>Halloran Advertising</i>
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Amount (\$) <i>43.51</i>	Payee address; City; State; Zip Code <i>2202 Timberloch Suite 128 The Woodlands, Texas 77380</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>	Description (If travel outside of Texas, complete Schedule T)
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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 <i>4/14/14</i>	Payee name <i>Ron Hickman Campaign</i>
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Amount (\$) <i>100.-</i>	Payee address; City; State; Zip Code <i>P.O. Box 680642 Houston, Texas 77268</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Donation</i>	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Ron Hickman</i>	Office sought <i>Constable Pct 4</i>	Office held <i>Constable Pct 4 Harris County</i>
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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1 Total pages Schedule F: 3	2 FILER NAME Gene DeForest	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 4/30/14	5 Payee name Golfsmith
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6 Amount (\$) 623.37	7 Payee address; City; State; Zip Code 25415 N. I-H 45 Suite B Spring, Texas 77380
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T)
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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 5/30/14	Payee name Conroe Noon's Lion's Club
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Amount (\$) 400.-	Payee address; City; State; Zip Code P.O. Box 1135 Conroe, Texas 77305
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T)
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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	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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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	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: 1	2 FILER NAME Gene DeForest	3 ACCOUNT # (Ethics Commission Filers)
4 Date 3/11/12	5 Payee name Prairie View Interscholastic PVILCA - League Coaches Association	
6 Amount (\$) 100.-	7 Payee address; City; State; Zip Code 4219 ROSENEATH HOUSTON, TEXAS 77021	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) DONATION	(b) Description (See instructions regarding type of information required.)

Date 4/24/14	Payee name Reeves Elementary P.T.O.	
Amount (\$) 100.-	Payee address; City; State; Zip Code 1717 N. Loop 336 W CONROE, TEXAS 77304	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) DONATION	(b) Description (See instructions regarding type of information required.)

Date 5/2/14	Payee name Sacred Heart Church	
Amount (\$) 100.-	Payee address; City; State; Zip Code 109 N. FRAGIER CONROE, TEXAS 77301	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) DONATION	(b) Description (See instructions regarding type of information required.)

Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)

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