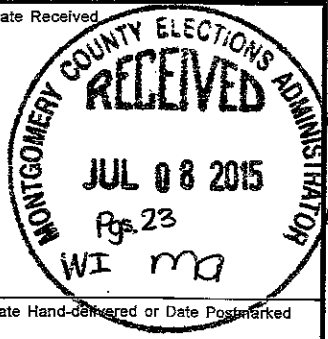


# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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;">23</div>								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR      FIRST      MI <div style="text-align: center; font-size: 24pt;">Gene</div> NICKNAME      LAST      SUFFIX <div style="text-align: center; font-size: 24pt;">De Forest</div>	OFFICE USE ONLY <hr/> Date Received <div style="text-align: center;">  </div> <hr/> Date Hand-delivered or Date Postmarked									
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;">P.O. Box 2326</div> <div style="text-align: center; font-size: 24pt;">Conroe, Texas 77305</div>										
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE      PHONE NUMBER      EXTENSION <div style="text-align: center; font-size: 24pt;">(936) 788-2004</div>										
6 CAMPAIGN TREASURER NAME	MS / MRS / MR      FIRST      MI <div style="text-align: center; font-size: 24pt;">Eva</div> NICKNAME      LAST      SUFFIX <div style="text-align: center; font-size: 24pt;">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;">1811 Pembroke Circle</div> <div style="text-align: center; font-size: 24pt;">Conroe, Texas 77301</div>										
8 CAMPAIGN TREASURER PHONE	AREA CODE      PHONE NUMBER      EXTENSION <div style="text-align: center; font-size: 24pt;">(936) 788-2004</div>										
9 REPORT TYPE	<table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input checked="" type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<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)
<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	<table style="width:100%; border: none;"> <tr> <td style="text-align: center;">Month    Day    Year</td> <td style="text-align: center;">THROUGH</td> <td style="text-align: center;">Month    Day    Year</td> </tr> <tr> <td style="text-align: center; font-size: 24pt;">01 / 01 / 15</td> <td></td> <td style="text-align: center; font-size: 24pt;">06 / 31 / 15</td> </tr> </table>			Month    Day    Year	THROUGH	Month    Day    Year	01 / 01 / 15		06 / 31 / 15		
Month    Day    Year	THROUGH	Month    Day    Year									
01 / 01 / 15		06 / 31 / 15									
11 ELECTION	ELECTION DATE Month    Day    Year <div style="text-align: center; font-size: 24pt;">3 / / 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;">Constable, Pct 2 Montgomery County</div>	<div style="text-align: center; font-size: 24pt;">Constable, Pct 2 Montgomery, County</div>										
GO TO PAGE 2											

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

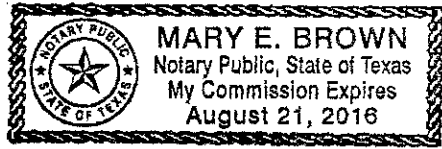
FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME	15 Filer ID (Ethics Commission Filers)
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16 NOTICE FROM POLITICAL COMMITTEE(S)  <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. 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.	
	<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME  COMMITTEE ADDRESS  COMMITTEE CAMPAIGN TREASURER NAME  COMMITTEE CAMPAIGN TREASURER ADDRESS

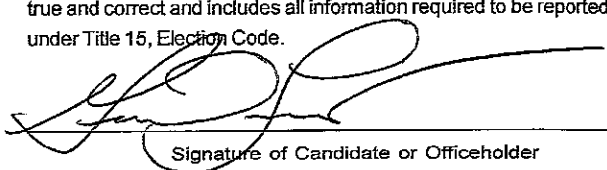
17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 4,913. <sup>10</sup> / <sub>22</sub>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 22,913. <sup>10</sup> / <sub>22</sub>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 15,310. <sup>43</sup> / <sub>22</sub>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 10,075. <sup>91</sup> / <sub>22</sub>
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.

  
 Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Gene DeForest, this the 8<sup>th</sup> day of July, 2015, 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 PUBLIC  
Title of officer administering oath

# SUBTOTALS - COH

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	\$ 22,913. <sup>00</sup>
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 15,310. <sup>43</sup>
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 0
9.	<input checked="" type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
10.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 480. <sup>00</sup>
11.	<input checked="" 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:

14

2 FILER NAME

*Gene DeForest*

3 Filer ID (Ethics Commission Filers)

4 Date

*3/20/15*

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

*MARY E. BROWN*

6 Contributor address; City; State; Zip Code

*30243 LITTLECROFT Dr.  
Spring, TX 77386*

7 Amount of contribution (\$)

*100. -*

8 Principal occupation / Job title (See Instructions)

*Secretary*

9 Employer (See Instructions)

Date

*3/11/15*

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

*PATRICK GREEN*

Contributor address; City; State; Zip Code

*209 W. DALLAS  
CONROE, TX 77301*

Amount of contribution (\$)

*100. -*

Principal occupation / Job title (See Instructions)

*Attorney*

Employer (See Instructions)

Date

*4/16/15*

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

*John W. Wiesner*

Contributor address; City; State; Zip Code

*P.O. Box 2348  
CONROE, TX 77305*

Amount of contribution (\$)

*500. -*

Principal occupation / Job title (See Instructions)

*Self-Auto Dealer*

Employer (See Instructions)

Date

*3/16/15*

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. -*

Principal occupation / Job title (See Instructions)

*Attorney's*

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: 14

2 FILER NAME

*Gene De Forest*

3 Filer ID (Ethics Commission Filers)

4 Date

*4/9/15*

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

*Don A. Buckalew*

6 Contributor address;

City; State; Zip Code

*P.O. Box 2627  
Conroe, TX 77305*

7 Amount of contribution (\$)

*100.-*

8 Principal occupation / Job title (See Instructions)

*SELF - Auto Dealer*

9 Employer (See Instructions)

Date

*3/13/15*

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

*Linebarger, Goggan, Blair & Sampson LLP*

Contributor address;

City; State; Zip Code

*P.O. Box 17428  
Austin, TX 78760*

Amount of contribution (\$)

*250.-*

Principal occupation / Job title (See Instructions)

*Attorney's*

Employer (See Instructions)

Date

*3/23/15*

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

*Bill Baker*

Contributor address;

City; State; Zip Code

*P.O. Box 741  
Tomball, TX 77327*

Amount of contribution (\$)

*500.-*

Principal occupation / Job title (See Instructions)

*Retired*

Employer (See Instructions)

Date

*4/2/15*

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

*W. Terrell "Bill" Cochran Jr.*

Contributor address;

City; State; Zip Code

*128 W. Davis St.  
Conroe, TX 77301*

Amount of contribution (\$)

*100.-*

Principal occupation / Job title (See Instructions)

*SELF - Insurance*

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: <b>14</b>
2 FILER NAME <i>Gono De Forest</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/13/15</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>To Tz. Ellison &amp; To Tz</i>	7 Amount of contribution (\$) <i>200.-</i>
6 Contributor address; City; State; Zip Code <i>2211 NORFOLK ST. # 510 HOUSTON, TX 77098</i>		
8 Principal occupation / Job title (See Instructions) <i>Attorneys</i>		9 Employer (See Instructions)
Date <i>3/31/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Larry Carley</i>	Amount of contribution (\$) <i>50.-</i>
Contributor address; City; State; Zip Code <i>P.O. Box 2801 Conroe, TX 77305</i>		
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions)
Date <i>4/7/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>JEFF. Caster</i>	Amount of contribution (\$) <i>100.-</i>
Contributor address; City; State; Zip Code <i>14065 Amber Ln. Montgomery, TX 77316</i>		
Principal occupation / Job title (See Instructions) <i>Self-Funeral Director</i>		Employer (See Instructions)
Date <i>4/10/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Suzette Jones</i>	Amount of contribution (\$) <i>500.-</i>
Contributor address; City; State; Zip Code <i>2301 Highland Crossing Conroe, TX 77304</i>		
Principal occupation / Job title (See Instructions) <i>Secretary</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:

14

2 FILER NAME

Gene DeForest

3 Filer ID (Ethics Commission Filers)

4 Date

4/11/15

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Steve Reeves

7 Amount of contribution (\$)

100.-

6 Contributor address; City; State; Zip Code

11823 Elizabeth Ridge  
Conroe, TX 77304

8 Principal occupation / Job title (See Instructions)

Funeral Home

9 Employer (See Instructions)

Date

4/13/15

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

John Gandy

Amount of contribution (\$)

200.-

Contributor address; City; State; Zip Code

550 Patch Tree Park  
Conroe, TX 77302

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

4/8/15

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Christopher Paris

Amount of contribution (\$)

500.-

Contributor address; City; State; Zip Code

588 Brandon Rd.  
Conroe, TX 77302

Principal occupation / Job title (See Instructions)

SCIF - Oil Field

Employer (See Instructions)

Date

5/7/15

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Jim Clark Campaign

Amount of contribution (\$)

1,850.-

Contributor address; City; State; Zip Code

P.O. Box 680  
Conroe, TX 77305

Principal occupation / Job title (See Instructions)

Commissioner At-Large, Montgomery County

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:

14

2 FILER NAME

Gene De Forest

3 Filer ID (Ethics Commission Filers)

4 Date

4/15/15

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

The Blair Law Firm, P.C.

6 Contributor address; City; State; Zip Code

7 Grogans Park Dr. - Rabbin Bldg. 3  
The Woodlands, Tx 77380

7 Amount of contribution (\$)

250.-

8 Principal occupation / Job title (See Instructions)

Attorney's

9 Employer (See Instructions)

Date

4/16/15

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

J. D. Kain

Contributor address; City; State; Zip Code

250 Stonewall Jackson Dr.  
Conroe, Tx 77302

Amount of contribution (\$)

500.-

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

4/17/15

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

NAA Better Government Fund

Contributor address; City; State; Zip Code

4810 Westway Park Blvd.  
Houston, Texas 77041

Amount of contribution (\$)

200.-

Principal occupation / Job title (See Instructions)

Political Affiliation

Employer (See Instructions)

Date

4/17/15

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Maxie Tress

Contributor address; City; State; Zip Code

P.O. Box 1218  
Conroe, Tx 77305

Amount of contribution (\$)

500.-

Principal occupation / Job title (See Instructions)

Self-emp Service

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:

14

2 FILER NAME

*Gene D. Forest*

3 Filer ID (Ethics Commission Filers)

4 Date

*4/21/15*

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

*JAMES NAPOLITANO*

6 Contributor address; City; State; Zip Code

*110 Harbour Town Lane  
Montgomery, TX 77356*

7 Amount of contribution (\$)

*100.-*

8 Principal occupation / Job title (See Instructions)

*Police Chief*

9 Employer (See Instructions)

Date

*4/21/15*

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

*Walter Conley*

Contributor address; City; State; Zip Code

*732 River Plantation Dr.  
Conroe, TX 77302*

Amount of contribution (\$)

*500.-*

Principal occupation / Job title (See Instructions)

*Retired*

Employer (See Instructions)

Date

*4/23/15*

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

*James Ullrich*

Contributor address; City; State; Zip Code

*1512 North IH 45  
Conroe, TX 77301*

Amount of contribution (\$)

*100.-*

Principal occupation / Job title (See Instructions)

*Attorney*

Employer (See Instructions)

Date

*4/28/15*

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

*Michael Smith*

Contributor address; City; State; Zip Code

*13488 Laramie Trail  
Montgomery, TX 77316*

Amount of contribution (\$)

*250.-*

Principal occupation / Job title (See Instructions)

*SELF - CONSTRUCTION*

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: **14**

2 FILER NAME

*Sen. DeForest*

3 Filer ID (Ethics Commission Filers)

4 Date

*4/28/15*

5 Full name of contributor

*Carolyn Pells*

out-of-state PAC (ID#: \_\_\_\_\_)

6 Contributor address; City; State; Zip Code

*716 Palmer Dr.  
Conroe, Texas 77302*

7 Amount of contribution (\$)

*100.-*

8 Principal occupation / Job title (See Instructions)

*Retired*

9 Employer (See Instructions)

Date

*4/28/15*

Full name of contributor

*Joe's Pizza & Pasta*

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address; City; State; Zip Code

*1604 N. Frazier  
Conroe, Tx 77301*

Amount of contribution (\$)

*100.-*

Principal occupation / Job title (See Instructions)

*SELF- Restaurant*

Employer (See Instructions)

Date

*4/27/15*

Full name of contributor

*Suzanne Freitas*

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address; City; State; Zip Code

*108 April Wind South  
Montgomery, Tx 77356*

Amount of contribution (\$)

*75.-*

Principal occupation / Job title (See Instructions)

*Retired*

Employer (See Instructions)

Date

*4/28/15*

Full name of contributor

*Gloria Drummond*

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address; City; State; Zip Code

*12315 Long Leaf Dr  
Conroe, Tx 77303*

Amount of contribution (\$)

*77.-*

Principal occupation / Job title (See Instructions)

*Secretary*

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:

14

2 FILER NAME

*Gene DeForest*

3 Filer ID (Ethics Commission Filers)

4 Date

*4/28/15*

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

*John Harris*

6 Contributor address; City; State; Zip Code

*10653 Meacham Rd.  
Conroe, TX 77302*

7 Amount of contribution (\$)

*80.-*

8 Principal occupation / Job title (See Instructions)

*Retired*

9 Employer (See Instructions)

Date

*4/28/15*

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

*Steve Degner*

Contributor address; City; State; Zip Code

*436 Cumberland Trail  
Conroe, TX 77302*

Amount of contribution (\$)

*70.-*

Principal occupation / Job title (See Instructions)

*Police Officer*

Employer (See Instructions)

Date

*4/28/15*

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

*Kenneth Perkins*

Contributor address; City; State; Zip Code

*P.O. Box 2705  
Conroe, TX 77305*

Amount of contribution (\$)

*75.-*

Principal occupation / Job title (See Instructions)

*Doctor*

Employer (See Instructions)

Date

*4/28/15*

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

*Willie Gladden*

Contributor address; City; State; Zip Code

*507 Mississippi Pk.  
Conroe, TX 77302*

Amount of contribution (\$)

*1,085.-*

Principal occupation / Job title (See Instructions)

*Police Officer*

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: <b>14</b>
2 FILER NAME <i>Gene DeForest</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/29/15</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Anita Geisel</i>	7 Amount of contribution (\$) <i>60.-</i>
6 Contributor address; City; State; Zip Code <i>17328 Hwy 105 Est Plantersville, Tx 77363</i>		
8 Principal occupation / Job title (See Instructions) <i>Clark</i>		9 Employer (See Instructions)
Date <i>4/29/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Linda Brown</i>	Amount of contribution (\$) <i>60.-</i>
Contributor address; City; State; Zip Code <i>8812 Hwy 755 Huntsville, Tx 77340</i>		
Principal occupation / Job title (See Instructions) <i>Cleric</i>		Employer (See Instructions)
Date <i>4/29/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Deborah Diehl</i>	Amount of contribution (\$) <i>70.-</i>
Contributor address; City; State; Zip Code <i>3526 Red Meadows Spring, Tx 77386</i>		
Principal occupation / Job title (See Instructions) <i>Clark</i>		Employer (See Instructions)
Date <i>4/28/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Bertrand Sallier</i>	Amount of contribution (\$) <i>200.-</i>
Contributor address; City; State; Zip Code <i>9033 Willow Springs Ln. Conroe, Tx 77302</i>		
Principal occupation / Job title (See Instructions) <i>SELF- Oil Industry</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:

13

2 FILER NAME

*Gene D. Forest*

3 Filer ID (Ethics Commission Filers)

4 Date

*4/28/15*

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

*Shelly Solomon*

6 Contributor address; City; State; Zip Code

*12121 LA SALLE OAKS  
CONROE, TX 77304*

7 Amount of contribution (\$)

*245. -*

8 Principal occupation / Job title (See Instructions)

*laborer*

9 Employer (See Instructions)

Date

*4/28/15*

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

*Linda Pells Calnan*

Contributor address; City; State; Zip Code

*540 MARYMONT PARK  
CONROE, TX 77302*

Amount of contribution (\$)

*300. -*

Principal occupation / Job title (See Instructions)

*SELF- Investments Advisor*

Employer (See Instructions)

Date

*4/28/15*

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

*Jeanine Pepper*

Contributor address; City; State; Zip Code

*601 RUTLEDGE COURT  
CONROE, TX 77302*

Amount of contribution (\$)

*200. -*

Principal occupation / Job title (See Instructions)

*SELF- Sales*

Employer (See Instructions)

Date

*4/29/15*

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

*Don Buckalew*

Contributor address; City; State; Zip Code

*2018 M<sup>C</sup> Caleb RD.  
Montgomery, TX 77316*

Amount of contribution (\$)

*200. -*

Principal occupation / Job title (See Instructions)

*SELF- Auto Dealership*

Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

13

2 FILER NAME

*Gen. D. Forest*

3 Filer ID (Ethics Commission Filers)

4 Date

*4/28/15*

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

*Diana Bass*

6 Contributor address; City; State; Zip Code

*67 Ember Pines Ct.  
Conroe, TX 77384*

7 Amount of contribution (\$)

*200.-*

8 Principal occupation / Job title (See Instructions)

*Retired*

9 Employer (See Instructions)

Date

*4/27/15*

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

*Jay Wright*

Contributor address; City; State; Zip Code

*204 W. Davis  
Conroe, TX 77301*

Amount of contribution (\$)

*100.-*

Principal occupation / Job title (See Instructions)

*Attorney*

Employer (See Instructions)

Date

*4/28/15*

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

*Kevin Kuttel*

Contributor address; City; State; Zip Code

*13930 Shore Line Dr  
Willis, TX 77318*

Amount of contribution (\$)

*3,850.-*

Principal occupation / Job title (See Instructions)

*SELF - Sales*

Employer (See Instructions)

Date

*4/29/15*

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

*Thomas Begin*

Contributor address; City; State; Zip Code

*548 SAVANNAH PARK  
Conroe, TX 77302*

Amount of contribution (\$)

*425.-*

Principal occupation / Job title (See Instructions)

*Oil Field Worker*

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: <b>14</b>
2 FILER NAME <i>Gene DeLoach</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/29/15</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Texas Conservative Tea Party Coalition</i>	7 Amount of contribution (\$) <i>225.-</i>
6 Contributor address; City; State; Zip Code <i>168 Lake Point Blvd. Montgomery, TX 77356</i>		
8 Principal occupation / Job title (See Instructions) <i>Political Organization</i>		9 Employer (See Instructions)
Date <i>4/29/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Charles M. White</i>	Amount of contribution (\$) <i>665.-</i>
Contributor address; City; State; Zip Code <i>144 Springs Edge Dr. Montgomery, TX 77356</i>		
Principal occupation / Job title (See Instructions) <i>Police Officer</i>		Employer (See Instructions)
Date <i>4/29/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Janie McCann</i>	Amount of contribution (\$) <i>350.-</i>
Contributor address; City; State; Zip Code <i>11710 Pickford Rd. Magnolia, TX 77354</i>		
Principal occupation / Job title (See Instructions) <i>Police Officer</i>		Employer (See Instructions)
Date <i>4/29/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Michael Smith</i>	Amount of contribution (\$) <i>700.-</i>
Contributor address; City; State; Zip Code <i>13488 Laramie Trl. Montgomery, TX 77316</i>		
Principal occupation / Job title (See Instructions) <i>SP1F - Construction</i>		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

13

2 FILER NAME

Gene D. Forest

3 Filer ID (Ethics Commission Filers)

4 Date

4/27/15

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Thomas Wolff

6 Contributor address; City; State; Zip Code

106 Heather Ln.  
Conroe, TX 77385

7 Amount of contribution (\$)

100.-

8 Principal occupation / Job title (See Instructions)

Police officer

9 Employer (See Instructions)

Date

3/25/15

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Sam Lynch

Contributor address; City; State; Zip Code

2871 Bobville Rd.  
Montgomery, TX 77316

Amount of contribution (\$)

100.-

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

4/28/15

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Mary Ladoris Cates

Contributor address; City; State; Zip Code

P.O. Box 6  
Conroe, TX 77305

Amount of contribution (\$)

100.-

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

4/28/15

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Donald W. Cates

Contributor address; City; State; Zip Code

P.O. Box 1943  
Conroe, TX 77307

Amount of contribution (\$)

100.-

Principal occupation / Job title (See Instructions)

SELF-MANUFACTURES

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

13

2 FILER NAME

Gene DeForest

3 Filer ID (Ethics Commission Filers)

4 Date

4/28/15

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Clark D. Meyer

6 Contributor address; City; State; Zip Code

592 Fairway Court  
Conroe, TX 77302

7 Amount of contribution (\$)

100.-

8 Principal occupation / Job title (See Instructions)

Corp. Director of Security

9 Employer (See Instructions)

Date

4/28/15

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Gene Wolf

Contributor address; City; State; Zip Code

35 Windsor Dr.  
Conroe, TX 77304

Amount of contribution (\$)

100.-

Principal occupation / Job title (See Instructions)

SELF

Employer (See Instructions)

Date

5/2/15

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

R.A. Giuffre

Contributor address; City; State; Zip Code

711 Players Ct.  
Conroe, TX 77302

Amount of contribution (\$)

100.-

Principal occupation / Job title (See Instructions)

Insurance Agent

Employer (See Instructions)

Date

5/7/15

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Larry Bonds

Contributor address; City; State; Zip Code

12627 Maxwell  
Willis, TX 77378

Amount of contribution (\$)

130.-

Principal occupation / Job title (See Instructions)

Police Officer

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 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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <i>5</i>	<b>2</b> FILER NAME <i>Gene De Forest</i>	<b>3</b> Filer ID (Ethics Commission Filers)		
<b>4</b> Date <i>2/13/15</i>	<b>5</b> Payee name <i>Precision Printing</i>			
<b>6</b> Amount (\$) <i>162.14</i>	<b>7</b> Payee address; City; State; Zip Code <i>P.O. Box 3656 Conroe, TX 77305</i>			
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>	<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		
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		Candidate / Officeholder name	Office sought
Candidate / Officeholder name	Office sought	Office held		
Date <i>2/25/15</i>	Payee name <i>Precision Printing</i>			
Amount (\$) <i>489.52</i>	Payee address; City; State; Zip Code <i>P.O. Box 3656 Conroe</i>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		Candidate / Officeholder name	Office sought
Candidate / Officeholder name	Office sought	Office held		
Date <i>4/01/15</i>	Payee name <i>Conroe Independent School District</i>			
Amount (\$) <i>165.-</i>	Payee address; City; State; Zip Code <i>27075 Geffert Wright Rd. Spring, TX 77386</i>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <i>Event Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		Candidate / Officeholder name	Office sought
Candidate / Officeholder name	Office sought	Office held		

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# POLITICAL EXPENDITURES 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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <i>5</i>	<b>2</b> FILER NAME <i>Gene DeForest</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>4/6/15</i>	<b>5</b> Payee name <i>Houston Community Newspaper</i>	
<b>6</b> Amount (\$) <i>204.-</i>	<b>7</b> Payee address; City; State; Zip Code <i>100 Ave A Conroe, TX 77301</i>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>	<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
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date <i>4/16/15</i>	Payee name <i>Trinity Publications</i>	
Amount (\$) <i>395.-</i>	Payee address; City; State; Zip Code <i>P.O. Box 140285 Austin, TX 78714-0285</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date <i>4/27/15</i>	Payee name <i>K-STAR Radio</i>	
Amount (\$) <i>60.-</i>	Payee address; City; State; Zip Code <i>P.O. Box 2708 Conroe, TX 77305</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	

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# POLITICAL EXPENDITURES 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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <i>5</i>	<b>2</b> FILER NAME <i>Gene DeForest</i>	<b>3</b> Filer ID (Ethics Commission Filers)			
<b>4</b> Date <i>4/29/15</i>	<b>5</b> Payee name <i>April Sound Tennis</i>				
<b>6</b> Amount (\$) <i>200.-</i>	<b>7</b> Payee address; City; State; Zip Code <i>1000 April Sound Blvd Montgomery, TX 77356</i>				
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule)  <i>Advertising Expense</i>	<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			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;"><b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date <i>4/30/15</i>	Payee name <i>Vince Ross Auctioneer</i>				
Amount (\$) <i>450.-</i>	Payee address; City; State; Zip Code <i>210 Spring Edge Dr. Montgomery, TX 77356</i>				
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule)  <i>Event Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;"><b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date <i>4/30/15</i>	Payee name <i>Mike White - "Shooter's Station"</i>				
Amount (\$) <i>1,679.-</i>	Payee address; City; State; Zip Code <i>128 April Waters Dr. W. Montgomery, TX 77356</i> <i>13748 Hwy 105 W. Conroe, TX 77304</i>				
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule)  <i>Event Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;"><b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		

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# POLITICAL EXPENDITURES 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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <i>5</i>	<b>2</b> FILER NAME <i>Gene DeForest</i>	<b>3</b> Filer ID (Ethics Commission Filers)			
<b>4</b> Date <i>5/1/15</i>	<b>5</b> Payee name <i>Charlie Sullivan</i>				
<b>6</b> Amount (\$) <i>220.-</i>	<b>7</b> Payee address; City; State; Zip Code <i>P.O. Box 2172 Conroe, Tx 77305</i>				
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <i>Event Expense</i>	<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			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;"><b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:12.5%;">Office sought</td> <td style="width:12.5%;">Office held</td> </tr> </table>		<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date <i>5/5/15</i>	Payee name <i>Gun Emporium</i>				
Amount (\$) <i>2,950.90</i>	Payee address; City; State; Zip Code <i>11400 FM 2854 Conroe, Tx 77304</i>				
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <i>Event Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;"><b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:12.5%;">Office sought</td> <td style="width:12.5%;">Office held</td> </tr> </table>		<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date <i>5/7/15</i>	Payee name <i>Kuntry KATfish</i>				
Amount (\$) <i>4,025.82</i>	Payee address; City; State; Zip Code <i>5855 W. DAVIS Conroe, Tx 77304</i>				
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <i>Event Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;"><b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:12.5%;">Office sought</td> <td style="width:12.5%;">Office held</td> </tr> </table>		<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		

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# 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

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: <i>5</i>	<b>2</b> FILER NAME <i>Gene DeForest</i>	<b>3</b> Filer ID (Ethics Commission Filers)			
<b>4</b> Date <i>5/18/15</i>	<b>5</b> Payee name <i>The Courier (Houston Community Newspaper)</i>				
<b>6</b> Amount (\$) <i>150.-</i>	<b>7</b> Payee address; City; State; Zip Code <i>100 Ave A. Conroe, TX 77301</i>				
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See categories listed at the top of this schedule) <i>Advertising Expense</i>	<b>(b) Description</b> <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table style="width:100%; border:none;"> <tr> <td style="width:50%; border:none;"><b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%; border:none;">Candidate / Officeholder name</td> <td style="width:25%; border:none;">Office sought</td> <td style="width:10%; border:none;">Office held</td> </tr> </table>		<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date <i>6/6/15</i>	Payee name <i>Conroe Golf Cars</i>				
Amount (\$) <i>2000.-</i>	Payee address; City; State; Zip Code <i>P.O. Box 866 Conroe, TX 77305</i>				
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <i>Event Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table style="width:100%; border:none;"> <tr> <td style="width:50%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%; border:none;">Candidate / Officeholder name</td> <td style="width:25%; border:none;">Office sought</td> <td style="width:10%; border:none;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table style="width:100%; border:none;"> <tr> <td style="width:50%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%; border:none;">Candidate / Officeholder name</td> <td style="width:25%; border:none;">Office sought</td> <td style="width:10%; border:none;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: <b>1</b>	2 FILER NAME <b>Gene DeForest</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>1/14/15</b>	5 Payee name <b>Montgomery Self-Storage Fm 2854</b>
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6 Amount (\$) <b>130.-</b>	7 Payee address; City; State; Zip Code <b>P.O. Box 3564 Conroe, TX 77305</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See instructions for examples of acceptable categories.) <b>Fees For Storage Unit</b>	(b) Description (See instructions regarding type of information required.)
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Date <b>2/19/15</b>	Payee name <b>Chamber of Commerce</b>
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Amount (\$) <b>150.-</b>	Payee address; City; State; Zip Code <b>P.O. Box 2347 Conroe, TX. 77305</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.) <b>Fees / Advertisement</b>	Description (See instructions regarding type of information required.)
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Date <b>2/15/15</b>	Payee name <b>Conroe Noon Lion's Club</b>
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Amount (\$) <b>200.-</b>	Payee address; City; State; Zip Code <b>P.O. Box 1135 Conroe, TX. 77305</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.) <b>Fees</b>	Description (See instructions regarding type of information required.)
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
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