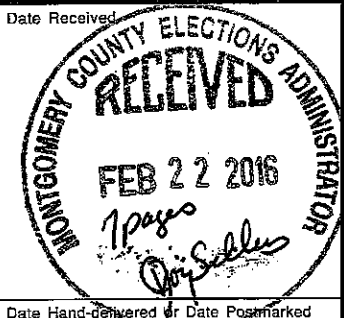


# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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: 24px; font-weight: bold;">7</div>
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR _____ FIRST _____ MI _____ NICKNAME _____ LAST <i>Gene</i> SUFFIX <i>E.</i> <i>Dr Forest</i>		
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>P.O. Box 2326 Conroe, TX 77305</i>		
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE PHONE NUMBER EXTENSION <i>(936) 788-2004</i>		
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR _____ FIRST _____ MI _____ NICKNAME _____ LAST <i>Eva</i> SUFFIX <i>J.</i> <i>Dr Forest</i>	Receipt #	Amount \$
<b>7 CAMPAIGN TREASURER ADDRESS</b> (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>1811 Pembroke Circle Conroe, Texas 77301</i>		Date Received
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE PHONE NUMBER EXTENSION <i>(936) 788-2004</i>	Date Hand-delivered or Date Postmarked	Date Processed
<b>9 REPORT TYPE</b>	<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 type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
<b>10 PERIOD COVERED</b>	Month Day Year    Month Day Year <i>02 / 01 / 16</i> THROUGH <i>02 / 21 / 16</i>		
<b>11 ELECTION</b>	ELECTION DATE Month Day Year <i>3 / 01 / 16</i>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
<b>12 OFFICE</b>	OFFICE HELD (if any) <i>Montgomery County Constable, Precinct 2</i>	<b>13 OFFICE SOUGHT (if known)</b> <i>Montgomery County Constable, Peti. 2</i>	
<b>GO TO PAGE 2</b>			

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME

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

\$ 0

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

\$ 1,525.<sup>00</sup>/<sub>100</sub>

EXPENDITURE  
TOTALS

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

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 10,111.<sup>03</sup>/<sub>100</sub>

CONTRIBUTION  
BALANCE

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

\$ 522.<sup>01</sup>/<sub>100</sub>

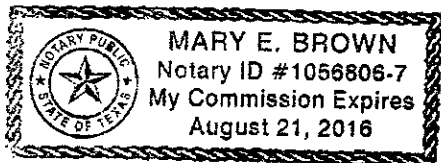
OUTSTANDING  
LOAN TOTALS

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

\$ 0

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.



AFFIX NOTARY STAMP / SEAL ABOVE

*Gene DeForest*  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Gene DeForest, this the 22nd day of February, 2016, 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

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,525. <sup>00</sup> / <sub>100</sub>
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	\$ 10,111. <sup>03</sup>
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:

2

2 FILER NAME

Gov. De Forest

3 Filer ID (Ethics Commission Filers)

4 Date

2/2/16

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

Joseph Langlois

6 Contributor address; City; State; Zip Code

712 Trevino Ln.  
Conroe, TX 77302

7 Amount of contribution (\$)

\$100.-

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

2/2/16

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

Michael Smith

Contributor address; City; State; Zip Code

13488 Laramie Trl.  
Montgomery, TX 77316

Amount of contribution (\$)

\$250.-

Principal occupation / Job title (See Instructions)

SELF-OWNER

Employer (See Instructions)

Date

2/5/16

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

Gerald Octon

Contributor address; City; State; Zip Code

327 FANTASY LN,  
Montgomery, TX 77356

Amount of contribution (\$)

\$75.00

Principal occupation / Job title (See Instructions)

SELF

Employer (See Instructions)

Date

2/7/16

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

Ray Oliverson

Contributor address; City; State; Zip Code

4806 W. Fork Blvd.  
Conroe, TX 77304

Amount of contribution (\$)

\$500.-

Principal occupation / Job title (See Instructions)

Management Consultant

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:

2

2 FILER NAME

Gene De Forest

3 Filer ID (Ethics Commission Filers)

4 Date

2/16/16

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

SAM Cable

7 Amount of contribution (\$)

100.-

6 Contributor address; City; State; Zip Code

407 Oak Hill  
Conroe, TX 77304

8 Principal occupation / Job title (See Instructions)

SELF

9 Employer (See Instructions)

Date

2/19/16

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

William E. Dark

Amount of contribution (\$)

500.-

Contributor address; City; State; Zip Code

512 Stephen F. Austin  
Conroe, Texas 77302

Principal occupation / Job title (See Instructions)

SELF - Retired

Employer (See Instructions)

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

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: <b>2</b>	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 Date <b>2/2/16</b>	5 Payee name <b>Houston Community News Paper (The Courier)</b>
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6 Amount (\$) <b>\$478.40</b>	7 Payee address; City; State; Zip Code <b>P.O. Box 609 Conroe, TX 77305</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expense</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
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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 <b>2/4/16</b>	Payee name <b>Conservative Republicans of Texas</b>
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Amount (\$) <b>\$1,250.00</b>	Payee address; City; State; Zip Code <b>10500 Northwest Freeway, Ste 212 Houston, TX 77092</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>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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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>2/4/16</b>	Payee name <b>Montgomery County Law Enforcement Association</b>
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Amount (\$) <b>\$1,250.00</b>	Payee address; City; State; Zip Code <b>P.O. Box 8793 The Woodlands, TX 77387</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>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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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 Expense	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
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>2</b>	2 FILER NAME <b>Gene DeForest</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>2/5/16</b>	5 Payee name <b>Project Hope</b>
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6 Amount (\$) <b>8100.-</b>	7 Payee address; City; State; Zip Code <b>509 S. 32nd Conroe, TX 77301</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expense</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
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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 <b>2/16/16</b>	Payee name <b>U.S. Post Master - U.S. Postal Service Conroe, TX 77301</b>
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Amount (\$) <b>3,385.<sup>00</sup></b>	Payee address; City; State; Zip Code <b>809 West Dallas Conroe, TX 77301</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>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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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>2/18/16</b>	Payee name <b>Houston Community Newspaper (The Courier)</b>
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Amount (\$) <b>2,027.<sup>63</sup></b>	Payee address; City; State; Zip Code <b>P.O. Box 609 Conroe, TX 77305</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>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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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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