

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Gene DeForest 15 ACCOUNT # (Ethics Commission Filers)

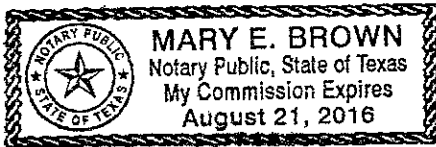
16 NOTICE FROM POLITICAL COMMITTEE(S)

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.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	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	\$ 970. ⁰⁰
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 7,020. ⁰⁰
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 7,020. ⁹⁵
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2,473. ²⁴
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.

[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 7th day of January, 20 15, 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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 5	
2 FILER NAME Gene De Forest		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9/15/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Richard A. Giuffre 6 Contributor address; City; State; Zip Code 711 Players Court Conroe, TX 77302	7 Amount of contribution (\$) 100.-	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Insurance Agent		10 Employer (See Instructions)	
Date 9/9/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jon. Winsette Contributor address; City; State; Zip Code 2607 Wolfkin Ave Amarillo, Texas 79109	Amount of contribution (\$) 200.-	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)	
Date 9/9/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Steve Anderson Contributor address; City; State; Zip Code 710 S. Frazier Conroe, TX 77301	Amount of contribution (\$) 100.-	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) SELF - Auto Sup		Employer (See Instructions)	
Date 9/5/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Daniel Foster Madeley Contributor address; City; State; Zip Code 300 W. Davis St. Ste. 403 Conroe, TX 77301	Amount of contribution (\$) 100.-	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)	
Date 8/26/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Steve Sandag - AAAA Bail Bonds Contributor address; City; State; Zip Code 505 N. Frazier Conroe, TX 77301	Amount of contribution (\$) 1000.-	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) SELF Bail Bonds		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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 5	
2 FILER NAME <i>Gene DeForest</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>9/3/14</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>F-Z Out Bail Bonds by Doug</i>	7 Amount of contribution (\$) <i>500.-</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>304 N. MAIN STC 7 CONROE, TX 77301</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>SELF - Bail Bonds</i>		10 Employer (See Instructions)	
Date <i>9/15/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Linebarger, Goggan, Blair & Sampson</i>	Amount of contribution (\$) <i>300.-</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. Box 17428 Austin, Texas 78760</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Attorneys</i>		Employer (See Instructions)	
Date <i>9/23/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Price & Price</i>	Amount of contribution (\$) <i>100.-</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>101 SIMONTON CONROE, TX 77301</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Attorneys</i>		Employer (See Instructions)	
Date <i>9/23/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Linda CALMAN</i>	Amount of contribution (\$) <i>500.-</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>540 MARYMONT PARK CONROE, TX 77302</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>SELF - INVESTMENT Manager</i>		Employer (See Instructions)	
Date <i>9/22/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Don A. Buckalew</i>	Amount of contribution (\$) <i>100.-</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. Box 2627 CONROE, TX 77305</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>SELF - Auto Dealer</i>		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 5	
2 FILER NAME <i>Gene DeForest</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>9/25/14</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Doughty, S. Jordan</i>	7 Amount of contribution (\$) <i>100.-</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>17044 EL Camino Real Houston, Texas 77058</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>Attorneys</i>		10 Employer (See Instructions)	
Date <i>9/25/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>CM382150</i>) <i>The Geo Group - Political Action Committee</i>	Amount of contribution (\$) <i>500.-</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>One Park Place Ste 700 621 Northwest 53rd St. Boca Raton, Fla. 33487</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>JAIL OPERATIONS</i>		Employer (See Instructions)	
Date <i>9/30/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jeanine Pepper</i>	Amount of contribution (\$) <i>100.-</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>601 Rutledge Ct. Conroe, Tx 77302</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>SELF - Sales</i>		Employer (See Instructions)	
Date <i>9/26/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jay Wright</i>	Amount of contribution (\$) <i>100.-</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>204 W. Davis Conroe, TX 77301</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions)	
Date <i>9/30/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Benjamin Amato</i>	Amount of contribution (\$) <i>100.-</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>14887 Hwy 105 W Ste 101 Montgomery, Tx 77356</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>SELF - Store Owner</i>		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 5	
2 FILER NAME <i>Gene DeForest</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>10/6/14</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Wayne Mack</i>	7 Amount of contribution (\$) <i>100.-</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>P.O. Box 2234 Conroe, Tx 77305</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>Department Head</i>		10 Employer (See Instructions)	
Date <i>10/13/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>David Walker</i>	Amount of contribution (\$) <i>100.-</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1105 McKay Park Conroe, Tx 77304</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions)	
Date <i>10/6/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>The Blair Law Firm</i>	Amount of contribution (\$) <i>250.-</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>7 Grogans Park Dr. The Woodlands, Tx 77380</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Attorneys</i>		Employer (See Instructions)	
Date <i>10/14/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Ricky Morton</i>	Amount of contribution (\$) <i>400.-</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>10910 Kaleo Way Conroe, Tx 77304</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Self - Store Owner</i>		Employer (See Instructions)	
Date <i>10/16/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Jim Scannell</i>	Amount of contribution (\$) <i>400.-</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>16475 Hwy 105W Montgomery, Tx 77356</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Self - Auto Shop</i>		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 5	
2 FILER NAME <i>Gene DeForest</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>10/15/14</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>MARK BASMA</i>	7 Amount of contribution (\$) <i>200.-</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>72 EL Dorado ST. CONROE, TX 77304</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>Department Head</i>		10 Employer (See Instructions)	
Date <i>9/30/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Maxie Treo</i>	Amount of contribution (\$) <i>500.-</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. Box 1218 CONROE, TX 77305</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>SELF - Free Company</i>		Employer (See Instructions)	
Date <i>9/29/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Perdue, Brandon, Felder, Collins & Matt.</i>	Amount of contribution (\$) <i>100.-</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1235 North Loop W. Ste 600 Houston, Texas 77008</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Attorney's</i>		Employer (See Instructions)	
Date <i>10/1/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>James Ullrich</i>	Amount of contribution (\$) <i>100.-</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1512 North I.H 45 CONROE, TX 77301</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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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: 4	2 FILER NAME Gene DeForest	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 7/18/14	5 Payee name Precision Marketing
6 Amount (\$) 457.³⁰	7 Payee address; City; State; Zip Code 125 Commerce Dr. Ste. K Fayetteville, GA. 30214

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) <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 7/21/14	Payee name Montgomery County Republican Party
Amount (\$) 100.-	Payee address; City; State; Zip Code 310 METCALF ST. CONROE, TX 77301

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 8/5/14	Payee name Houston Community Newspaper
Amount (\$) 125.-	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 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 8/22/14	Payee name OFFICE DEPOT
Amount (\$) 180.⁷⁶	Payee address; City; State; Zip Code 1319 W. DAVIS ST. CONROE, TX 77304

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) EVENT Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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 Candidate/Officeholder/Political Committee |
| Event Expense | Polling Expense | Travel Out Of District | OTHER (enter a category not listed above) |
| Fees | Printing Expense | Office Overhead/Rental Expense | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 4	2 FILER NAME Gene DeForest	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 9/2/14	5 Payee name Hallaron Media
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6 Amount (\$) 155.58	7 Payee address; City; State; Zip Code 2202 Timberloch Pl. Ste 128 The Woodlands, TX 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) <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office sought _____ Office held _____
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9 Complete ONLY if direct expenditure to benefit C/OH

Date 9/15/14	Payee name Hallaron Media
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Amount (\$) 47.50	Payee address; City; State; Zip Code 2202 Timberloch Pl. Ste 128 The Woodlands, TX 77380
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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) <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office sought _____ Office held _____
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Complete ONLY if direct expenditure to benefit C/OH

Date 10/8/14	Payee name Conroe Noon Lion's Club
------------------------	--

Amount (\$) 1400.-	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 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office sought _____ Office held _____
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Complete ONLY if direct expenditure to benefit C/OH

Date 10/17/14	Payee name River Plantation Country Club
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Amount (\$) 1,363.95	Payee address; City; State; Zip Code 550 Country Club Dr. Conroe, TX 77302
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office sought _____ Office held _____
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Complete ONLY if direct expenditure to benefit C/OH

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 Candidate/Officeholder/Political Committee |
| Event Expense | Polling Expense | Travel Out Of District | OTHER (enter a category not listed above) |
| Fees | Printing Expense | Office Overhead/Rental Expense | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <i>4</i>	2 FILER NAME <i>Gene D Forest</i>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <i>10/20/14</i>	5 Payee name <i>Sign's Etc.</i>	
6 Amount (\$) <i>94.22</i>	7 Payee address; City; State; Zip Code <i>3605 N. Loop 336 W. Conroe, TX 77304</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Event Expense</i>	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name <i>Event Expense</i>	Office sought _____ Office held _____
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date <i>10/20/14</i>	Payee name <i>Cal-Fee Specialties</i>	
Amount (\$) <i>1,803.84</i>	Payee address; City; State; Zip Code <i>312 Longmire Rd Ste B Conroe, TX 77304</i>	
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) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name	Office sought _____ Office held _____
Complete ONLY if direct expenditure to benefit C/OH		
Date <i>10/27/14</i>	Payee name <i>Judge Wayne Mack</i>	
Amount (\$) <i>110.-</i>	Payee address; City; State; Zip Code <i>P.O. Box 2234 Conroe, TX 77305</i>	
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) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name <i>Wayne Mack</i>	Office sought <i>Justice of Peace Pct 1 Montgomery County</i> Office held <i>Justice of Peace Pct 1 Montgomery County</i>
Complete ONLY if direct expenditure to benefit C/OH		
Date <i>11/7/14</i>	Payee name <i>Montgomery County Youth Services</i>	
Amount (\$) <i>350.-</i>	Payee address; City; State; Zip Code <i>1600 Lake Front Circle #130 The Woodlands, TX 77380</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertising Expense & Fees</i>	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name	Office sought _____ Office held _____
Complete ONLY if direct expenditure to benefit C/OH		

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 Candidate/Officeholder/Political Committee |
| Event Expense | Polling Expense | Travel Out Of District | OTHER (enter a category not listed above) |
| Fees | Printing Expense | Office Overhead/Rental Expense | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 4	2 FILER NAME GARY De Forest	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 11/24/14	5 Payee name Newton Community Newspaper
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6 Amount (\$) 300.-	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 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office sought _____ Office held _____
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9 Complete ONLY if direct expenditure to benefit C/OH
Candidate / Officeholder name _____

Date 12/1/14	Payee name United States Postal Service
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Amount (\$) 132.-	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) Fees For Postal Box	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office sought _____ Office held _____
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Complete ONLY if direct expenditure to benefit C/OH
Candidate / Officeholder name _____

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) <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office sought _____ Office held _____
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Complete ONLY if direct expenditure to benefit C/OH
Candidate / Officeholder name _____

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) <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office sought _____ Office held _____
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Complete ONLY if direct expenditure to benefit C/OH
Candidate / Officeholder name _____

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: <i>1</i>	2 FILER NAME <i>Gene DeForest</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>8/26/14</i>	5 Payee name <i>Montgomery County Community Foundation</i>
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6 Amount (\$) <i>100.-</i>	7 Payee address; City; State; Zip Code <i>9320 Lakeside Blvd., Bldg. 2, Ste 200 The Woodlands, Tx 77381</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) <i>DONATION</i>	(b) Description (See instructions regarding type of information required.)
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Date <i>10/17/14</i>	Payee name <i>Wilkinson Elementary School</i>
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Amount (\$) <i>300.-</i>	Payee address; City; State; Zip Code <i>2575 Ed KHARBAT Conroe, Tx 77301</i>
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PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) <i>DONATION</i>	(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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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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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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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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