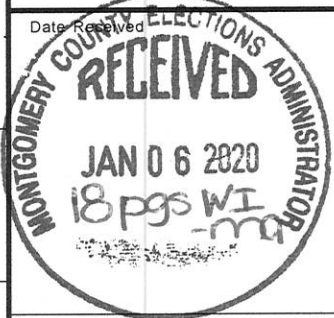


# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		<b>1 Filer ID</b> (Ethics Commission Filers)	<b>2 Total pages filed:</b>  <div style="font-size: 24pt; text-align: center;">18</div>
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS <input checked="" type="radio"/> MR      FIRST      MI <div style="text-align: center; font-size: 1.2em;">Gene</div> NICKNAME      LAST      SUFFIX <div style="text-align: center; font-size: 1.2em;">E.</div> <div style="text-align: center; font-size: 1.5em;">De Forest</div>		<b>OFFICE USE ONLY</b>  
	ADDRESS / PO BOX;    APT / SUITE #;    CITY;    STATE;    ZIP CODE <div style="text-align: center; font-size: 1.2em;">P.O. Box 2326</div> <div style="text-align: center; font-size: 1.2em;">Conroe, Texas 77305</div>		
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>  <input type="checkbox"/> Change of Address	AREA CODE      PHONE NUMBER      EXTENSION <div style="text-align: center; font-size: 1.2em;">(936) 788-2004</div>		Date Hand-delivered or Date Postmarked
	MS / MRS <input checked="" type="radio"/> MR      FIRST      MI <div style="text-align: center; font-size: 1.2em;">Eva</div> NICKNAME      LAST      SUFFIX <div style="text-align: center; font-size: 1.2em;">J.</div> <div style="text-align: center; font-size: 1.5em;">De Forest</div>		
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	STREET ADDRESS (NO PO BOX PLEASE);    APT / SUITE #;    CITY;    STATE;    ZIP CODE <div style="text-align: center; font-size: 1.2em;">1811 Pembroke Circle</div> <div style="text-align: center; font-size: 1.2em;">Conroe, Texas 77301</div>		Receipt #      Amount \$  Date Processed  Date Imaged
	AREA CODE      PHONE NUMBER      EXTENSION <div style="text-align: center; font-size: 1.2em;">(936) 788-2004</div>		
<b>6 CAMPAIGN TREASURER NAME</b>	REPORT TYPE <input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		<b>10 PERIOD COVERED</b>  <div style="display: flex; justify-content: space-between;"> <div>             Month    Day    Year  <div style="font-size: 1.2em;">07 / 01 / 19</div> </div> <div>             THROUGH  <div style="font-size: 1.2em;">12 / 31 / 19</div> </div> </div>
	ELECTION DATE      ELECTION TYPE <div style="display: flex; justify-content: space-between;"> <div>             Month    Day    Year  <div style="font-size: 1.2em;">3 / 3 / 20</div> </div> <div> <input checked="" type="checkbox"/> Primary    <input type="checkbox"/> Runoff    <input type="checkbox"/> Other Description  <input type="checkbox"/> General    <input type="checkbox"/> Special           </div> </div>		
<b>7 CAMPAIGN TREASURER ADDRESS</b>  (Residence or Business)	<b>11 ELECTION</b>		<b>13 OFFICE SOUGHT</b> (if known)
	<b>12 OFFICE</b>		
OFFICE HELD (if any) <div style="text-align: center; font-size: 1.2em;">Constable, Pct. 2</div> <div style="text-align: center; font-size: 1.2em;">Montgomery County</div>		OFFICE HELD (if any) <div style="text-align: center; font-size: 1.2em;">Constable, Pct. 2</div> <div style="text-align: center; font-size: 1.2em;">Montgomery County</div>	

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME

*Gene DeForest*

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, OR CONTRIBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED

\$ *800.00*

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

\$ *8,575.00*

EXPENDITURE  
TOTALS

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

\$ *0*

4. TOTAL POLITICAL EXPENDITURES

\$ *9,755.48*

CONTRIBUTION  
BALANCE

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

\$ *9,242.52*

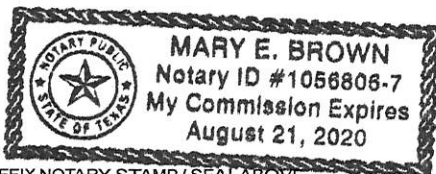
OUTSTANDING  
LOAN TOTALS

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

*[Signature]*  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Gene DeForest, this the 6<sup>th</sup> day of January, 20 20, 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 <i>Gene De Forest</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 8,575. <sup>00</sup>
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	\$ 9,755. <sup>48</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

# 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>7</b>		2 FILER NAME <b>Gone DeForest</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>7/25/19</b>		5 Payee name <b>ALFA Graffies</b>			
6 Amount (\$) <b>145.17</b>		7 Payee address; <b>P.O. Box 3656</b> <b>Conroe, Tx. 77305</b>		City;	State; Zip Code
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>		(b) Description		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <b>8/12/19</b>		Payee name <b>ALFA Graffies</b>			
Amount (\$) <b>1,555.12</b>		Payee address; <b>P.O. Box 3656</b> <b>Conroe, Tx 77305</b>		City;	State; Zip Code
PURPOSE OF EXPENDITURE	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		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <b>8/13/19</b>		Payee name <b>U.S. Postmaster</b>			
Amount (\$) <b>165.-</b>		Payee address; <b>809 W. Dallas ST.</b> <b>Conroe, Tx 77301</b>		City;	State; Zip Code
PURPOSE OF EXPENDITURE	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		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>					

# 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: <u>7</u>		2 FILER NAME <u>Gene DeForest</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>8/27/19</u>		5 Payee name <u>Sign's Etc.</u>			
6 Amount (\$) <u>308.26</u>		7 Payee address; <u>3605 N. Loop 336 W.</u> <u>Conroe, TX 77304</u>		City;	State; Zip Code
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Advertising Expense</u>		(b) Description		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <u>9/11/19</u>		Payee name <u>Montgomery County Republican Party</u>			
Amount (\$) <u>150.-</u>		Payee address; <u>P.O. Box 1648</u> <u>Conroe, TX 77305</u>		City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Advertising Expense</u>		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <u>8/22/19</u>		Payee name <u>Montgomery County Fair Assoc.</u>			
Amount (\$) <u>100.-</u>		Payee address; <u>P.O. Box 869</u> <u>Conroe, TX 77305</u>		City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Advertising Expense</u>		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
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					

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <u>7</u>		<b>2</b> FILER NAME <u>Gene De Forest</u>		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date <u>9/14/19</u>		<b>5</b> Payee name <u>GOLF Galaxy</u>			
<b>6</b> Amount (\$) <u>165.58</u>		<b>7</b> Payee address; <u>25415 J. H 45</u> <u>Spring, TX 77380</u>		City;	State; Zip Code
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <u>Fund Raising (Event)</u> <u>Expense</u>		<b>(b)</b> Description		
	<b>(c)</b> <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 <u>9/12/19</u>		Payee name <u>CalFed Specialties</u>			
Amount (\$) <u>672.05</u>		Payee address; <u>312 Longmire Rd. Suite B</u> <u>Conroe, TX 77304</u>		City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Advertising</u> <u>Expense</u>		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <u>9/13/19</u>		Payee name <u>Montgomery County Republican Party</u>			
Amount (\$) <u>250.-</u>		Payee address; <u>P.O. Box 1648</u> <u>Conroe, TX 77305</u>		City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Advertising</u> <u>Expense</u>		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
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



# 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>7</b>		2 FILER NAME <b>Gono De Forest</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>9/18/19</b>		5 Payee name <b>Conroe High School Alumni Assoc.</b>			
6 Amount (\$) <b>100. -</b>		7 Payee address; <b>P.O. Box 2017 Conroe, TX 77305</b>		City;	State; Zip Code
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>		(b) Description		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <b>10/1/19</b>		Payee name <b>Level up Branding</b>			
Amount (\$) <b>2,324. 08</b>		Payee address; <b>15107 Wildwood Tree Magnolia, TX 77354</b>		City;	State; Zip Code
<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				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <b>10/4/19</b>		Payee name <b>PANORAMA GOLF CLUB</b>			
Amount (\$) <b>952. 40</b>		Payee address; <b>73 Greenbriar Dr. Conroe, TX 77304</b>		City;	State; Zip Code
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Fund Raising 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				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>					

# 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>7</b>		2 FILER NAME <b>Gene DeForest</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>10/9/19</b>		5 Payee name <b>Calfer Specialties</b>			
6 Amount (\$) <b>561.27</b>		7 Payee address; <b>312 Longmire RD Suite B</b> <b>Conroe, TX. 77304</b>		City;	State; Zip Code
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>		(b) Description		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <b>10/9/19</b>		Payee name <b>ExTex Deti Marine Corps. # 779</b>			
Amount (\$) <b>100.-</b>		Payee address; <b>10478 Torrey Pines</b> <b>Willis, TX. 77318</b>		City;	State; Zip Code
PURPOSE OF EXPENDITURE	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		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <b>10/16/19</b>		Payee name <b>Sign's Etc.</b>			
Amount (\$) <b>238.15</b>		Payee address; <b>3605 N. Loop 336 W</b> <b>Conroe, TX 77304</b>		City;	State; Zip Code
PURPOSE OF EXPENDITURE	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		
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					



# 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>7</b>		2 FILER NAME <b>Gene DeForest</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>10/21/19</b>		5 Payee name <b>CalFee Specialties</b>			
6 Amount (\$) <b>291.20</b>		7 Payee address; <b>312 Longmire RD. Suite B.</b>		City; <b>Conroe, TX</b>	State; <b>TX</b>
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>		(b) Description	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <b>10/24/19</b>		Payee name <b>Level up Branding</b>			
Amount (\$) <b>250.-</b>		Payee address; <b>15107 Wildwood Trace</b>		City; <b>Magnolia, TX</b>	State; <b>TX</b>
<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	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <b>11/8/19</b>		Payee name <b>Republican Party</b>			
Amount (\$) <b>1,000.-</b>		Payee address; <b>310 Metcalf</b>		City; <b>Conroe, TX</b>	State; <b>TX</b>
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>Filing Fee</b>		Description	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>					

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)	
7	Gone DeForest			
<b>4</b> Date	<b>5</b> Payee name			
11/15/19	Postmaster			
<b>6</b> Amount (\$)	<b>7</b> Payee address;	City;	State;	Zip Code
102.-	809 W. DALLAS ST. Conroe, TX 77301			
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule)		<b>(b)</b> Description	
	Mail Box Fee			
<b>(c)</b> <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	Payee name			
12/19/19	Conroe/Lake Conroe Chamber of Commerce			
Amount (\$)	Payee address;	City;	State;	Zip Code
325.-	505 W. Davis Conroe, TX 77302			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description	
	Fees & Advertisement			
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
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
PURPOSE OF EXPENDITURE	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				
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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **8**

2 FILER NAME

*Gene De Forest*

3 Filer ID (Ethics Commission Filers)

4 Date

*8/17/19*

5 Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

*Raymond J. Oliveron*

6 Contributor address;

City;

State;

Zip Code

*4 Pilot Pt.*

*Conroe, Tx 77304*

7 Amount of contribution (\$)

*150. -*

8 Principal occupation / Job title (See Instructions)

*Retired*

9 Employer (See Instructions)

Date

*8/17/19*

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

*Brad A. Ritter*

Contributor address;

City;

State;

Zip Code

*451 Stephen F. Austin*

*Conroe, Tx 77302*

Amount of contribution (\$)

*125. -*

Principal occupation / Job title (See Instructions)

*Retired*

Employer (See Instructions)

Date

*8/28/19*

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

*Rhovan H. Collins*

Contributor address;

City;

State;

Zip Code

*30 Coralvine Ct.*

*The Woodlands, Tx 77380*

Amount of contribution (\$)

*1,000. -*

Principal occupation / Job title (See Instructions)

*Finance Manager*

Employer (See Instructions)

Date

*7/31/19*

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

*AAAA Bail Bonds - Steve Sunday*

Contributor address;

City;

State;

Zip Code

*505 N. Frazier*

*Conroe, Tx 77301*

Amount of contribution (\$)

*500. -*

Principal occupation / Job title (See Instructions)

*SELF*

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:

8

2 FILER NAME

Gene De Forest

3 Filer ID (Ethics Commission Filers)

4 Date

8/23/19

5 Full name of contributor

☐ out-of-state PAC (ID#)

James Ullrich

6 Contributor address;

City;

State;

Zip Code

1512 I-H 45 N.

Conroe, TX 77301

7 Amount of contribution (\$)

100.-

8 Principal occupation / Job title (See Instructions)

Attorney

9 Employer (See Instructions)

Date

8/27/19

Full name of contributor

☐ out-of-state PAC (ID#)

The Blair Law Firm

Contributor address;

City;

State;

Zip Code

#7 Grogan Park Dr. #3

The Woodlands, TX 77380

Amount of contribution (\$)

300.-

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Date

9/23/19

Full name of contributor

☐ out-of-state PAC (ID#)

Paul Hubbard

Contributor address;

City;

State;

Zip Code

120 Sun City

Conroe, TX 77304

Amount of contribution (\$)

100.-

Principal occupation / Job title (See Instructions)

Police Officer

Employer (See Instructions)

Date

9/27/19

Full name of contributor

☐ out-of-state PAC (ID#)

Kim Wiggins

Contributor address;

City;

State;

Zip Code

8982 Deer Haven Cir.

Willis, TX 77378

Amount of contribution (\$)

100.-

Principal occupation / Job title (See Instructions)

SELF

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: **8**

2 FILER NAME

*Gone Do Forest*

3 Filer ID (Ethics Commission Filers)

4 Date

*9/27/19*

5 Full name of contributor

☐ out-of-state PAC (ID#:

*Yollick Law Firm*

6 Contributor address;

City;

State;

Zip Code

*P.O. Box 7571*

*The Woodlands, TX 77387*

7 Amount of contribution (\$)

*1,000.-*

8 Principal occupation / Job title (See Instructions)

*Attorney*

9 Employer (See Instructions)

Date

*8/26/19*

Full name of contributor

☐ out-of-state PAC (ID#:

*HAA Better Government Fund*

Contributor address;

City;

State;

Zip Code

*4810 Westway Park Blvd.*

*Houston, TX 77041*

Amount of contribution (\$)

*300.-*

Principal occupation / Job title (See Instructions)

*Apartment Assoc.*

Employer (See Instructions)

Date

*8/30/19*

Full name of contributor

☐ out-of-state PAC (ID#:

*Perdue, Brandon, Fielder, Collins & Mott*

Contributor address;

City;

State;

Zip Code

*1235 N. Loop W, Ste 600*

*Houston, TX 77008*

Amount of contribution (\$)

*200.-*

Principal occupation / Job title (See Instructions)

*Attorneys*

Employer (See Instructions)

Date

*9/15/19*

Full name of contributor

☐ out-of-state PAC (ID#:

*Ryan Kutter*

Contributor address;

City;

State;

Zip Code

*631 Atlanta Pk.*

*Cenae, TX 77302*

Amount of contribution (\$)

*400.-*

Principal occupation / Job title (See Instructions)

*Real Estate*

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:

8

2 FILER NAME

Gene DeForest

3 Filer ID (Ethics Commission Filers)

4 Date

8/16/19

5 Full name of contributor

☐ out-of-state PAC (ID#)

Chris Jones

7 Amount of contribution (\$)

100. -

6 Contributor address;

City;

State;

Zip Code

P.O. Box 52

Magnolia, TX 77353

8 Principal occupation / Job title (See Instructions)

Constable - Pet 5

9 Employer (See Instructions)

Date

9/17/19

Full name of contributor

☐ out-of-state PAC (ID#)

Mary Brown

Amount of contribution (\$)

100. -

Contributor address;

City;

State;

Zip Code

30243 Littlecreek Dr.

Spring, TX 77386

Principal occupation / Job title (See Instructions)

Office Manager

Employer (See Instructions)

Date

9/16/19

Full name of contributor

☐ out-of-state PAC (ID#)

Gregory Thomasan

Amount of contribution (\$)

200. -

Contributor address;

City;

State;

Zip Code

18457 Sunrise Maple Dr.

Montgomery, TX 77314

Principal occupation / Job title (See Instructions)

Police Officer

Employer (See Instructions)

Date

9/1/19

Full name of contributor

☐ out-of-state PAC (ID#)

Daniel Rosales

Amount of contribution (\$)

100. -

Contributor address;

City;

State;

Zip Code

1918 Parnevik Place

Conroe, TX 77304

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:

8

2 FILER NAME

Gene De Forest

3 Filer ID (Ethics Commission Filers)

4 Date

9/5/19

5 Full name of contributor

☐ out-of-state PAC (ID#)

Clark Meyer

6 Contributor address;

City;

State;

Zip Code

592 Fairway Crt.  
Conroe, TX 77302

7 Amount of contribution (\$)

200.-

8 Principal occupation / Job title (See Instructions)

Oil Field

9 Employer (See Instructions)

Date

9/3/19

Full name of contributor

☐ out-of-state PAC (ID#)

Pamela Tipton

Contributor address;

City;

State;

Zip Code

12456 Langmire Lakewood  
Conroe, TX 77304

Amount of contribution (\$)

100.-

Principal occupation / Job title (See Instructions)

Financial Adviser

Employer (See Instructions)

Date

9/5/19

Full name of contributor

☐ out-of-state PAC (ID#)

Ezequiel Guajardo

Contributor address;

City;

State;

Zip Code

13229 Crest Lane  
Conroe, TX 77302

Amount of contribution (\$)

100.-

Principal occupation / Job title (See Instructions)

SELF

Employer (See Instructions)

Date

9/11/19

Full name of contributor

☐ out-of-state PAC (ID#)

Rustic Cashmere LLC

Contributor address;

City;

State;

Zip Code

275 Wedgewood Dr.  
Montgomery, TX 77356

Amount of contribution (\$)

200.-

Principal occupation / Job title (See Instructions)

SELF

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:

8

2 FILER NAME

Gene DeForest

3 Filer ID (Ethics Commission Filers)

4 Date

9/12/19

5 Full name of contributor

☐ out-of-state PAC (ID#)

Jenna Caswell Johnson

6 Contributor address; City; State; Zip Code

26645 Bayou Tesch  
Magnolia, TX 77354

7 Amount of contribution (\$)

100.-

8 Principal occupation / Job title (See Instructions)

Home Maker

9 Employer (See Instructions)

Date

9/18/19

Full name of contributor

☐ out-of-state PAC (ID#)

Tom Wolff

Contributor address; City; State; Zip Code

106 Heather Ln.  
Conroe, TX 77385

Amount of contribution (\$)

100.-

Principal occupation / Job title (See Instructions)

Police officer

Employer (See Instructions)

Date

10/1/19

Full name of contributor

☐ out-of-state PAC (ID#)

Mark Robin

Contributor address; City; State; Zip Code

646 Bellingraph Park  
Conroe, TX 77302

Amount of contribution (\$)

100.-

Principal occupation / Job title (See Instructions)

Pilot

Employer (See Instructions)

Date

10/1/19

Full name of contributor

☐ out-of-state PAC (ID#)

John Gandy

Contributor address; City; State; Zip Code

200 River Point Dr. #110  
Conroe, TX 77304

Amount of contribution (\$)

150.-

Principal occupation / Job title (See Instructions)

Pilot

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: 8

2 FILER NAME

Gene D. Forest

3 Filer ID (Ethics Commission Filers)

4 Date

9/27/19

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Toby McLaughlin

6 Contributor address; City; State; Zip Code

P.O. Box 1544  
New Waverly, TX 77358

7 Amount of contribution (\$)

100. -

8 Principal occupation / Job title (See Instructions)

Police Officer

9 Employer (See Instructions)

Date

9/23/19

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Ladaris 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

9/19/19

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

10/3/19

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Tim Scannell

Contributor address; City; State; Zip Code

16475 Hwy 105 W.  
Montgomery, TX 77314

Amount of contribution (\$)

400. -

Principal occupation / Job title (See Instructions)

Auto Mechanic

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 8

2 FILER NAME

Gene De Forest

3 Filer ID (Ethics Commission Filers)

4 Date

12/27/19

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Frank Marino

6 Contributor address;

City;

State;

Zip Code

454 Stephen F. Austin  
Conroe, TX 77302

7 Amount of contribution (\$)

150. -

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

12/31/19

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

J. D. Kain

Contributor address;

City;

State;

Zip Code

650 Stonewall Jackson  
Conroe, TX 77302

Amount of contribution (\$)

1,000. -

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

9/20/19

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Mark Lamp - Halls Auto Electric

Contributor address;

City;

State;

Zip Code

318 S. Main  
Conroe, TX 77301

Amount of contribution (\$)

100. -

Principal occupation / Job title (See Instructions)

SELF

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

City;

State;

Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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