



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

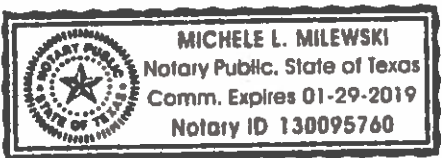
FORM C/OH  
COVER SHEET PG 2

<b>14 C/OH NAME</b> Claudio Forest	<b>15 Filer ID</b> (Ethics Commission Filers)
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<b>16 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <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

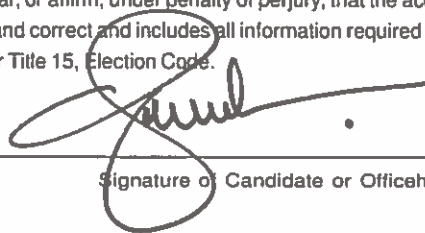
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <del>5,679.00</del>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,679.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ —
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,803.68
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3,875.32
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1,639.19

**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 Mr. Claudio Forest, this the 5<sup>th</sup> day of April, 20 17, to certify which, witness my hand and seal of office.

Michele L. Milewski     Michele L. Milewski     Notary  
 Signature of officer administering oath     Printed name of officer administering oath     Title of officer administering oath

## SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME Claudio Forest		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 3,950.00
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 90.00
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ —
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS		\$ 1,639.19
5. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ —
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ —
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$ —
8. <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 1,364.49
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ 439.19
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$ —
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ —
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$ —

## MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>2</b>
2 FILER NAME Claudio Forest		3 Filer ID (Ethics Commission Filers)
4 Date 02/17/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ALBERT PICARDI</b> 6 Contributor address; City; State; Zip Code <b>1525 LINDBY DR., FLOWER MOUND, TX 75028</b>	7 Amount of contribution (\$) <b>\$ 100.00</b>
8 Principal occupation / Job title (See Instructions) <b>SYSTEMS ADMIN.</b>		9 Employer (See Instructions) <b>FIDELITY INVESTMENTS</b>
Date 02/17/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>SUSAN HUSKINSON</b> Contributor address; City; State; Zip Code <b>5105 LIPPIZANER DR., FLOWER MOUND, TX 75028</b>	Amount of contribution (\$) <b>\$ 1,500.00</b>
Principal occupation / Job title (See Instructions) <b>INTERIORS / OWNER</b>		Employer (See Instructions) <b>DESIGNWORKS, LLC</b>
Date 02/04/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>DAVID JOHNSON</b> Contributor address; City; State; Zip Code <b>3617 SAN PAULA, Flower Mound, TX 75028</b>	Amount of contribution (\$) <b>\$ 50.00 *</b>
Principal occupation / Job title (See Instructions) <b>BANKER</b>		Employer (See Instructions) <b>OMNI AMERICAN BANK</b>
Date 03/01/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MARY SOLIS</b> Contributor address; City; State; Zip Code <b>1909 Ring Teal Ln., Flower Mound, Tx 75028</b>	Amount of contribution (\$) <b>\$ 300.00</b>
Principal occupation / Job title (See Instructions) <b>HUMAN RESOURCES</b>		Employer (See Instructions) <b>NTTA</b>
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: <u>2</u>
2 FILER NAME Claudio Forest		3 Filer ID (Ethics Commission Filers)
4 Date <u>03/20/17</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>JAY B. MARKS</u> 6 Contributor address; City; State; Zip Code <u>2105 LARKSPUR ST., FLOWER MOUND, TX 75028</u>	7 Amount of contribution (\$) <u>\$ 400.00</u>
8 Principal occupation / Job title (See Instructions) <u>REALTOR</u>		9 Employer (See Instructions) <u>JAY MARKS REALTY</u>
Date <u>03/24/17</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>PAUL STONE</u> Contributor address; City; State; Zip Code <u>709 Lake Bluff Dr., Flower Mound, TX 75028</u>	Amount of contribution (\$) <u>\$ 100.00</u>
Principal occupation / Job title (See Instructions) <u>RETIRED</u>		Employer (See Instructions) <u>N/A</u>
Date <u>03/24/17</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>TREPAC/TX ASSOC. OF REALTORS</u> Contributor address; City; State; Zip Code <u>PO Box 2246, AUSTIN, TX 78768</u>	Amount of contribution (\$) <u>\$ 1,500<sup>00</sup></u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>N/A</u>	Full name of contributor <input type="checkbox"/> 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.		

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <b>1</b>	
2 FILER NAME <b>Claudio Forest</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <b>90.00</b>	
5 Date <b>03/03/17</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Terry Filidoro</b>	8 Amount of Contribution \$ <b>90.00</b>	9 In-kind contribution description <b>(32 used t-posts) value \$2.80 ea.</b>
7 Contributor address; City; State; Zip Code <b>3213 Augusta Dr., Flower Mound TX 75028</b>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			

<b>LOANS</b>		<b>SCHEDULE E</b>	
The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: <b>1</b>	
2 FILER NAME Claudio Forest		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED LOANS		\$ <b>1,639.19</b>	
5 Date of loan <b>02/21/17</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____ ) <b>CLAUDIO FOREST</b>	9 Loan Amount (\$) <b>\$ 1,200.00</b>	
6 Is lender a financial institution? Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	8 Lender address; City; State; Zip Code <b>1904 TOWNE VIEW BLD. FLOWER MOUND TX 75028</b>	10 Interest rate <b>0</b>	
		11 Maturity date <b>07/01/17</b>	
12 Principal occupation / Job title (See Instructions) <b>VP CONSTR.</b>		13 Employer (See Instructions) <b>RENCON SERVICES</b>	
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>	
16 GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	17 Name of guarantor  18 Guarantor address; City; State; Zip Code		19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)	
Date of loan <b>02/17/17</b>	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____ ) <b>CLAUDIO FOREST</b>	Loan Amount (\$) <b>\$ 439.19 *</b>	
Is lender a financial institution? Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	Lender address; City; State; Zip Code <b>1904 TOWNE VIEW BLD., FLOWER MOUND, TX 75028</b>	Interest rate <b>0</b>	
		Maturity date <b>07/01/17</b>	
Principal occupation / Job title (See Instructions) <b>VP CONSTR.</b>		Employer (See Instructions) <b>RENCON SERVICES</b>	
Description of Collateral <input checked="" type="checkbox"/> none <b>LISTED ON SCHEDULE G.</b>		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>	
GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	Name of guarantor  Guarantor address; City; State; Zip Code		Amount Guaranteed (\$) <b>* FROM SCHEDULE "G" INFO -</b>
Principal Occupation (See Instructions)		Employer (See Instructions)	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.			

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(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)  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: <b>2</b>	2 FILER NAME <b>Claudio Forest</b>	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ <b>1,364.49</b>
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5 Date <b>02/22/17</b>	6 Payee name <b>SIGNS ON THE CHEAP.COM</b>
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7 Amount (\$) <b>\$1,181.90</b>	8 Payee address; City; State; Zip Code <b>11525A stonehollow Dr. #100, AUSTIN, TX 78758</b>
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(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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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Claudio Forest</b>	Office sought <b>FM Town Council, place 5</b>	Office held
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2 Date <b>03/10/17</b>	Payee name <b>HOME DEPOT</b>
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Amount (\$) <b>\$31.15</b>	Payee address; City; State; Zip Code <b>852 INTERNATIONAL PARKWAY, FLOWER MOUND, TX 75028</b>
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
---------------------	--

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
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Claudio Forest</b>	Office sought <b>FM Town Council, place 5</b>	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(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<br>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.

1 Total pages Schedule F4: <b>2</b>	2 FILER NAME <b>Claudio Forest</b>	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ <b>1,364.49</b>
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5 Date <b>03/20/17</b>	6 Payee name <b>SIGMA SIGNS &amp; PRINTING</b>
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7 Amount (\$) <b>\$ 129.90</b>	8 Payee address; City; State; Zip Code <b>1992 JUSTIN RD #200, HIGHLAND VILLAGE, TX 75077</b>
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expense SIGNS</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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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Claudio Forest</b>	Office sought <b>FM Town Council, place 5</b>	Office held
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Date <b>03/11/17</b>	Payee name <b>HOME DEPOT</b>
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Amount (\$) <b>\$ 21.54</b>	Payee address; City; State; Zip Code <b>852 INTERNATIONAL PARKWAY, FLOWER MOUND, TX 75028</b>
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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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
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Claudio Forest</b>	Office sought <b>FM Town Council, place 5</b>	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### 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.

1 Total pages Schedule G: <b>2</b>	2 FILER NAME <b>Claudio Forest</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>02/17/17</b>	5 Payee name <b>Goody Goody #12</b>
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6 Amount (\$) <b>\$ 327.74</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <b>1950 FM 407 E., HIGHLAND VILLAGE, TX 75077</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>FOOD/BEVERAGE 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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Claudio Forest</b>	Office sought <b>FM Town Council, place 5</b>	Office held <b>—</b>
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Date <b>02/17/17</b>	Payee name <b>WHOLE FOODS MARKET</b>
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Amount (\$) <b>\$ 76.33</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>4041 WALLER RD., HIGHLAND VILLAGE, TX 75077</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>FOOD/BEVERAGE 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
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Claudio Forest</b>	Office sought <b>FM Town Council, place 5</b>	Office held <b>—</b>
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Date <b>03/08/17</b>	Payee name <b>LOWE'S HOME CENTERS, LLC</b>
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Amount (\$) <b>\$ 27.47</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>6200 Long Prairie Rd., FLOWER MOUND, TX 75028</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b> <small>SIGNS</small>	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Claudio Forest</b>	Office sought <b>FM Town Council, place 5</b>	Office held <b>—</b>
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS**

**SCHEDULE G**

**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.

1 Total pages Schedule G: <b>2</b>	2 FILER NAME <b>Claudio Forest</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>03/08/17</b>	5 Payee name <b>OFFICE MAX # 6746</b>
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6 Amount (\$) <b>\$ 3.34</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <b>6060 Long Prairie Rd. #300, FLOWER MOUND, TX 75028</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>OTHER: SUPPLIES office</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 <b>Claudio Forest</b>	Office sought <b>FM Town Council, place 5</b>	Office held
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Date <b>03/16/17</b>	Payee name <b>LOWE'S HOME CENTERS, LLC.</b>
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Amount (\$) <b>\$ 4.31</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>6200 Long Prairie Rd., FLOWER MOUND, TX 75028</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>OTHER: SUPPLIES SIGN</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
------------------------	---	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Claudio Forest</b>	Office sought <b>FM Town Council, place 5</b>	Office held
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Date <b>N/A</b>	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(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 <b>Claudio Forest</b>	Office sought <b>FM Town Council, place 5</b>	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED