

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

8258

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: <b>3</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: <b>Mr.</b> FIRST: <b>James</b> MI: <b>B</b> NICKNAME: LAST: <b>Forrest</b> SUFFIX:	<b>OFFICE USE ONLY</b> Date Received: <b>2014 JAN 16 AM 8:41</b> Date Hand-delivered or Postmarked: Receipt #: Date Processed: Date Imaged:	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE <b>304 W. 35th St Austin TX 78705</b>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: PHONE NUMBER: EXTENSION: <b>(512) 779-6144</b>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: <b>Mr.</b> FIRST: <b>James</b> MI: <b>B</b> NICKNAME: LAST: <b>Forrest</b> SUFFIX:		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE <b>304 W. 35th St Austin TX 78705</b>		
8 CAMPAIGN TREASURER PHONE	AREA CODE: PHONE NUMBER: EXTENSION: <b>(512) 779-6144</b>		
9 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)		
10 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year <b>7 / 1 / 13</b> <b>12 / 31 / 13</b>		
11 ELECTION	ELECTION DATE Month Day Year <b>3 / 4 / 14</b>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICESOUGHT (if known) <b>Justice of the Peace Pt 5 Travis County Texas</b>	
<b>GO TO PAGE 2</b>			

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

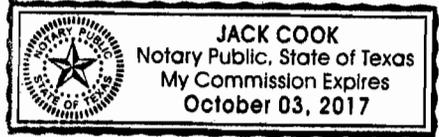
14 C/OH NAME James Forrest 15 ACCOUNT # (Ethics Commission Filers)

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.

COMMITTEE TYPE  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> additional pages	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	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 1000.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

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.



James Forrest  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said James Forrest, this the 15<sup>th</sup> day of January, 20 14, to certify which, witness my hand and seal of office.

Jack Cook  
Signature of officer administering oath

Jack Cook  
Printed name of officer administering oath

Notary Public  
Title of officer administering oath

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### 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.

<b>1</b> Total pages Schedule G: <i>1</i>	<b>2</b> FILER NAME <i>James Forrest</i>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date <i>12/9/13</i>	<b>5</b> Payee name <i>Travis County Democratic Party</i>
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<b>6</b> Amount (\$) <i>\$1,000.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code <i>1311 E 6th St, Apt B, Austin, TX 78702</i>
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Fees</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Filing fee</i>
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Date	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)	Description (If travel outside of Texas, complete Schedule T)
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Date	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)	Description (If travel outside of Texas, complete Schedule T)
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Date	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)	Description (If travel outside of Texas, complete Schedule T)
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED