

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

8

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR FIRST MI  
**CLAUDIO**  
NICKNAME LAST SUFFIX  
**FOREST**

OFFICE USE ONLY

Date Received

RECEIVED

OCT 26 2020

Town of Flower Mound

Date Hand Delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
**1904 TOWNE VIEW BLVD.  
FLOWER MOUND, TX 75028**

Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE PHONE NUMBER EXTENSION  
**(214) 957-2845**

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR FIRST MI  
**CASSANDRA**  
NICKNAME LAST SUFFIX  
**FOREST**  
**A**

7 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
**1904 TOWNE VIEW BLVD.  
FLOWER MOUND, TX 75028**

(Residence or Business)

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE PHONE NUMBER EXTENSION  
**(214) 957-2847**

9 REPORT TYPE

January 15     30th day before election     Runoff     15th day after campaign treasurer appointment (Officeholder Only)  
 July 15     8th day before election     Exceeded \$500 limit     Final Report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month Day Year    Month Day Year  
**10 / 03 / 2020**    THROUGH    **10 / 24 / 2020**

11 ELECTION

ELECTION DATE    ELECTION TYPE  
Month Day Year     Primary     Runoff     Other Description  
**11 / 03 / 2020**     General     Special

12 OFFICE

OFFICE HELD (if any)  
**TOWN COUNCIL, PLACE 5**

13 OFFICE SOUGHT (if known)  
**TOWN COUNCIL, PLACE 5**

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

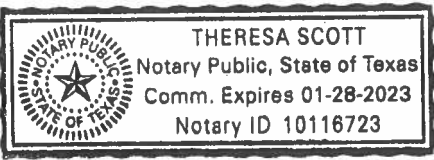
FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME <b>CLAUDIO FOREST</b>	15 Filer ID (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. <b>THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT.</b> 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 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, OR CONTRIBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED	\$ <b>—</b>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <b>750.00</b>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <b>—</b>
	4. TOTAL POLITICAL EXPENDITURES	\$ <b>(818.12)</b>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <b>3,406.62</b>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <b>2,139.19</b>

**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]*

\_\_\_\_\_  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said **CLAUDIO FOREST**, this the **26<sup>th</sup>** day of **OCTOBER**, 20 **20**, to certify which, witness my hand and seal of office.

*[Signature]* **TOWN SECRETARY**

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**

<b>19 FILER NAME</b> <b>CLAUDIO FOREST</b>	<b>20 Filer ID (Ethics Commission Filers)</b>
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<b>21 SCHEDULE SUBTOTALS NAME OF SCHEDULE</b>	<b>SUBTOTAL AMOUNT</b>
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <b>750.00</b>
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <b>818.12</b>
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
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 checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ <b>0.39</b>

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **1**

2 FILER NAME  
**CLAUDIO FOREST**

3 Filer ID (Ethics Commission Filers)

4 Date  
**10/09/20**

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**HOME PAC OF GREATER DALLAS**

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code  
**5816 W. PLANO PKWY., PLANO, TX 75093**

**\$500.00**

8 Principal occupation / Job title (See Instructions)  
**BOARD MEMBER (DAVID LEHDE)**

9 Employer (See Instructions)  
**DALLAS BUILDERS ASSOCIATION**

Date  
**10/13/20**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**JAMES RAWSON**

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
**1313 CILANTRO DR., FLOWER MOUND, TX 75028**

**\$100.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**10/13/20**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**ROBERT RAWSON**

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
**1409 BASIL DR., FLOWER MOUND, TX 75028**

**\$150.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	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 F1: <b>3</b>	2 FILER NAME <b>CLAUDIO FOREST</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>10/09/20</b>	5 Payee name <b>US POSTAL SERVICE</b>
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6 Amount (\$) <b>\$77.00</b>	7 Payee address; <b>2300 OLYMPIA DR. FLOWER MOUND, TX 75028</b>	City;	State;	Zip Code
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	(b) Description <b>STAMPS</b>
	(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 <b>CLAUDIO FOREST</b>	Office sought <b>TC, PLACE 5</b>	Office held <b>TC PLACE 5</b>
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Date <b>10/09/20</b>	Payee name <b>Z GRILL AND TAP</b>
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Amount (\$) <b>\$50.00</b>	Payee address; <b>2321 CROSS TIMBERS RD., FLOWER MOUND, TX 75028</b>	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>FOOD/BEVERAGE EXP.</b>	Description <b>SNACKS/BEV FOR CAMPAIGN TEAM</b>
	<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
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Date <b>10/09/20</b>	Payee name <b>EARL'S 377 PIZZA</b>
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Amount (\$) <b>\$92.00</b>	Payee address; <b>427 US 377, ARGYLE, TX 76226</b>	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>FOOD/BEV EXPENSE</b>	Description <b>FOOD/BEV FOR SIGN TEAM</b>
	<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
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	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 F1: <b>3</b>	2 FILER NAME <b>CLAUDIO FOREST</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>10/13/20</b>	5 Payee name <b>CROSS TIMBERS GAZETTE</b>
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6 Amount (\$) <b>\$ 335.75</b>	7 Payee address; City; State; Zip Code <b>6101 LONG PRAIRIE RD, SUITE 744-186 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>ADVERTISING EXPENSE</b>	(b) Description <b>MEDIA AD</b>
	(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
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Date <b>10/18/20</b>	Payee name <b>CASA MIA RESTAURANT</b>
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Amount (\$) <b>\$ 100.00</b>	Payee address; City; State; Zip Code <b>3501 E. 407, STE #700, BARTONVILLE, TX 76</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>FOOD/BEV EXPENSE</b>	Description <b>FOOD/BEV - CAMPAIGN TEAM MTG.</b>
	<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
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Date <b>10/22/20</b>	Payee name <b>AMAZON.COM</b>
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Amount (\$) <b>\$ 138.15</b>	Payee address; City; State; Zip Code <b>SEATTLE, WA</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>PRINTING EXPENSE</b>	Description <b>PRINTER INK &amp; PAPER</b>
	<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
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | 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 F1: <b>3</b>	2 FILER NAME <b>CLAUDIO FOREST</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>10/23/20</b>	5 Payee name <b>AMAZON.COM</b>
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6 Amount (\$) <b>\$25.22</b>	7 Payee address; <b>SEATTLE, WA</b>	City;	State;	Zip Code
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>PRINTING EXPENSE</b>	(b) Description <b>PAPER</b>
	(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
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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
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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
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

**SCHEDULE K**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K: **1**

2 FILER NAME  
**CLAUDIO FOREST**

3 Filer ID (Ethics Commission Filers)

4 Date  
**10/05/20**

5 Name of person from whom amount is received  
**TEXAS TRUST**

8 Amount (\$)

6 Address of person from whom amount is received; City; State; Zip Code  
**2501 FLOWER MOUND RD., FLOWER MOUND, TX 75028**

**\$0.39**

7 Purpose for which amount is received  Check if political contribution returned to filer  
**CHECKING INTEREST**

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received  Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received  Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received  Check if political contribution returned to filer

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**