# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR Mr	FIRST Stephen	мі Forrest	OFFICE USE ONLY
LAVIALE	NICKNAME Forrest	LAST Collins	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address	ADDRESS / PO BOX PO Box 1838	•	CITY; STATE; ZIP CODE Aledo, TX 76008	APR 3 2025
5 CANDIDATE/ OFFICEHOLDER	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked
PHONE	(817)	437-1273		Receipt #   Amount \$
6 CAMPAIGN TREASURER	MS/MRS/MR Mrs	FIRST Stefanie	M M	Date Processed
NAME	NICKNAME	LAST	SUFFIX	
		Collins		Date Imaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS ( 148 Samantha Li	NO PO BOX PLEASE); APT / S	SUITE #; CITY; Aledo, TX 76008	STATE; ZIP CODE
(Residence or Business)				
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION  (817 ) 437-1273			
9 REPORT TYPE	January 15 X 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)			
	July 15	8th day before ek	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month 01	Day Year	Month	Day Year
01 / 01 / 2025 THROUGH 4 / 3 / 2025				
11 ELECTION ELECTION DATE ELECTION TYPE  Maple Day Year Primary Runoff Other				
Month Day Year Description				
5 / 3 / 2025 X General Special				
12 OFFICE	OFFICE HELD (if any) Aledo ISD Tru		13 OFFICE SOUGHT (# known Aledo ISD Trustee	
14 NOTICE FROM POLITICAL  THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO THE CANDIDATE OF OFFICEHOLDER'S KNOWL CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPEN			DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR	
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TRE	EASURER NAME	
		COMMITTEE CAMPAIGN TR	EASURER ADDRESS	
	1	GO TO	PAGE 2	

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 2

15 C/OH NAME Collin	ns, Forrest	16 Filer ID (Ethics Commission Filers)			
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0			
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2400			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0			
	4. TOTAL POLITICAL EXPENDITURES	\$ 2179.11			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	TDAY \$ 220.89			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$ 0			
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  Please complete either option below:					
	before me by this the	day of,			
Signature of officer administe	ring oath Printed name of officer administering oath	Title of officer administering oath			
	OR				
(2) Unsworn Declarati	on				
My name isF0	REST COLLINS, and my date of birth is	12-11-1980			
My address is 148	SAMAMTHA LM ALEDO T	L 70000 USA			
Executed in PARKER		ate) (zip code) (country)			
	Signature of Candida	ate/Officeholder (Declarant)			

# **SUBTOTALS - C/OH**

# FORM C/OH COVER SHEET PG 3

19	mmission Filers)		
	Collins, Forrest		
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 2400
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 2179.11
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7,	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	NDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11.	SCHEDULE I, NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	IONS RETURNED	\$
		·	

#### MONETARY POLITICAL CONTRIBUTIONS

#### SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

	The	Instruction Guide explains how to complete th	is form.	1 Total pages Schedule A1:
2	FILER NAME	Collins, Forrest		3 Filer ID (Ethics Commission Filers)
4	Date	5 Full name of contributor out-of-state P. Adams, Tory	AC (ID#:)	7 Amount of contribution (\$)
		6 Contributor address; City;	State; Zip Code	\$10.00
		Aledo, TX	76008	
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc NA	tions)
	Date		AC (ID#:)	Amount of contribution (\$)
		Cox, Robert  Contributor address; City;	State; Zip Code	\$200.00
	Aledo, TX 76008			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	tions)
	Retired		Retired	
	Date		AC (ID#:)	Amount of contribution (\$)
	Ford, Shawna		#20.00	
		Contributor address; City,	State; Zip Code	\$20.00
		Aledo	, TX 76008	
			Employer (See Instruc	tions)
Librarian Retired				
	Date		AC (ID#:)	Amount of contribution (\$)
		Flowers, Lisa  Contributor address; City;	State; Zip Code	\$20.00
	Aledo, TX 76008			
	Principal occup CEO	ation / Job title (See Instructions)	Employer (See Instruct	tions)
_				

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

If the requested information is not applicable, DO NOT include this page in the report.

Collins, Forrest    Date	es Schedule A1:
Hansen, Mitch 6 Contributor address; City; State; Zip Code Aledo, TX 76008  Principal occupation / Job title (See Instructions) Self Employed  Date  Full name of contributor Lawler, Patrick Contributor address; City: State; Zip Code Hudson Oaks, TX  Principal occupation / Job title (See Instructions) Self Employed  Date  Full name of contributor Lynch, Stacy Contributor address; City: State; Zip Code Aledo, TX 76008  Principal occupation / Job title (See Instructions) Self Employed  Date  Full name of contributor Lynch, Stacy Contributor address; City: State; Zip Code Aledo, TX 76008  Principal occupation / Job title (See Instructions) Self Employed  Date  Full name of contributor Contributor address; City: State; Zip Code Aledo, TX 76008  Principal occupation / Job title (See Instructions) City: State: Zip Code Aledo, TX 76008  Principal occupation / Job title (See Instructions) Self Employed  Amount of Robbins, Haley Contributor address; City: State: Zip Code Aledo, TX 76008  Principal occupation / Job title (See Instructions)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)	(Ethics Commission Filers)
City;   State;   Zip Code   State   Aledo, TX 76008	of contribution (\$)
Principal occupation / Job title (See Instructions)  Self Employed  Pull name of contributor	1000.00
Self Employed    Date	
Lawler, Patrick  Contributor address; City; State; Zip Code  Hudson Oaks, TX  Principal occupation / Job title (See Instructions)  Self Employed  Date  Full name of contributor Lynch, Stacy Contributor address; City; State; Zip Code Aledo, TX 76008  Principal occupation / Job title (See Instructions)  Real Estate Broker  Date  Full name of contributor Out-of-state PAC (ID# Self Employed  Amount of Self Employed  Amount of Self Employed  Principal occupation / Job title (See Instructions)  Real Estate Broker  Contributor address; City; State; Zip Code Aledo, TX 76008  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Employer (See Instructions)	
Contributor address:  City: State: Zip Code \$2  Hudson Oaks, TX  Principal occupation / Job title (See Instructions)  Self Employed  Date Full name of contributor out-of-state PAC (ID#:	of contribution (\$)
Principal occupation / Job title (See Instructions)  Self Employed  Date  Full name of contributor  Lynch, Stacy  Contributor address;  City:  State; Zip Code  Aledo, TX 76008  Principal occupation / Job title (See Instructions)  Real Estate Broker  Date  Full name of contributor  Robbins, Haley  Contributor address;  City:  State:  City:  Ci	200.00
Self Employed  Date  Full name of contributor   out-of-state PAC (ID#:	
Lynch, Stacy  Contributor address; City; State; Zip Code  Aledo, TX 76008  Principal occupation / Job title (See Instructions)  Real Estate Broker  Date  Full name of contributor  Robbins, Haley  Contributor address; City; State; Zip Code  Aledo, TX 76008  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of Robbins, Haley  State; Zip Code  Aledo, TX 76008  Principal occupation / Job title (See Instructions)  Employer (See Instructions)	
Contributor address; City: State; Zip Code Aledo, TX 76008  Principal occupation / Job title (See Instructions) Real Estate Broker  Date Full name of contributor Robbins, Haley Contributor address; City: State; Zip Code Aledo, TX 76008  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  \$5  Amount of the contributor address; City: State; Zip Code Aledo, TX 76008  Employer (See Instructions)	of contribution (\$)
Principal occupation / Job title (See Instructions)  Real Estate Broker   Self Employed  Participal occupation / Job title (See Instructions)  Self Employed  Amount of Robbins, Haley  Contributor address;  City: State: Zip Code  Aledo, TX 76008  Principal occupation / Job title (See Instructions)  Employer (See Instructions)	500.00
Date   Full name of contributor   out-of-state PAC (ID#	
Robbins, Haley  Contributor address; City; State; Zip Code  Aledo, TX 76008  Principal occupation / Job title (See Instructions)  Employer (See Instructions)	
Contributor address; City; State; Zip Code  Aledo, TX 76008  Principal occupation / Job title (See Instructions)  Employer (See Instructions)	of contribution (\$)
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	650.00

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

If the requested information is not applicable, DO NOT include this page in the report.

The	Instruction Guide explains ho	w to complete th	nis form.	1 Total pages Schedule A1:
2 FILER NAME	Collins, Forrest			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	out-of-state P	AC (ID#)	7 Amount of contribution (\$)
	Schneider, Corey  6 Contributor address;	City;	State; Zip Code	\$200.00
			Aledo, TX 76008	
8 Principal occu Sales	pation / Job title (See Instructions	3)	9 Employer (See Instruction Self Employed	tions)
Date	Full name of contributor		Amount of contribution (\$)	
	Stasey, Mary Beth	City;	Shator Zin Cada	\$100.00
	Contributor address,	Oity,	State; Zíp Code Aledo, TX 76008	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired		
Date	Full name of contributor Tracy, Jan	_	AC (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	\$50.00
			Aledo, TX 76008	
Principal occupation / Job title (See Instructions)			Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state P	AC (ID#:)	Amount of contribution (\$)
				\$50.00
	Contributor address;	City;	State; Zip Code Aledo, TX 76008	
			Aleu0, 1A 70000	

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

If the requested information is not applicable, DO NOT include this page in the report.

#### **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)

Crandidate/Officeholder/Politica Credit Card Payment	a Committee Legal Services Salaries A  The Instruction Guide explains how to	Wages/Contract Labor complete this form.	Other (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME Collins, Forrest		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name Aledo Branding		I	
\$2,179.11	7 Payee address;	City;	State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Advertising	(b) Description Signs		
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Рауее пате			
Amount (\$)	Payee address;	City,	State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas, Complete Schedule T.	Check if Austi	ustin, TX, officeholder living expense	
Complete ONLY 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		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	in, TX, officeholder living expense	
l l				