

**AMENDMENT: APPOINTMENT OF A  
CAMPAIGN TREASURER BY A CANDIDATE**

**FORM ACTA**  
**PG 1**

1 CANDIDATE NAME <b>TROY W. FORBUS</b>	2 FILER ID#	3 Total pages filed: <b>2</b>
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See ACTA Instruction Guide for detailed instructions.  
Use this form for changes to existing information *only*. Do not provide information previously disclosed.

4 CANDIDATE NAME	NEW	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY	
	<b>TROY W. FORBUS</b>					<b>RECEIVED</b> <b>MAR 25 2024</b> <b>Texas Ethics Commission</b>
5 CANDIDATE MAILING ADDRESS	NEW	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	<b>22064 ELLIS DR. CHANDLER, TEXAS 75758</b>					
6 CANDIDATE PHONE	NEW	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Postmarked	
	<b>(903) 849. 3366</b>				Receipt # Amount \$ Date Processed <b>APR 02 2024</b> Date Imaged City Clerks Office	

7 OFFICE HELD (if any)	NEW	
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8 OFFICE SOUGHT (if known)	NEW	<b>CHANDLER CITY COUNCIL</b>
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9 CAMPAIGN TREASURER NAME	NEW	MS / MRS / MR	FIRST	MI	NICKNAME	LAST	SUFFIX
	<b>TROY W. FORBUS</b>						

10 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	NEW	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	<b>22064 ELLIS DR CHANDLER, TX, 75758</b>					

11 CAMPAIGN TREASURER PHONE	NEW	AREA CODE	PHONE NUMBER	EXTENSION
	<b>(903) 849. 3366</b>			

12 CANDIDATE SIGNATURE	I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.					
	I am aware of my responsibility to file timely reports as required by title 15 of the Election Code.					
	I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.					
	<b>Troy W. Forbus</b> Signature of Candidate				<b>14 MAR 2024</b> Date Signed	

**GO TO PAGE 2**

**AMENDMENT:**  
**CANDIDATE MODIFIED REPORTING DECLARATION**

**FORM ACTA**  
**PG 2**

**13 CANDIDATE  
NAME**

**14 MODIFIED  
REPORTING  
DECLARATION**

**NEW**

**COMPLETE THIS SECTION ONLY IF YOU ARE  
CHOOSING MODIFIED REPORTING**

**•• This declaration must be filed no later than the 30th day before  
the first election to which the declaration applies. ••**

**•• The modified reporting option is valid for one election cycle only. ••**  
(An election cycle includes a primary election, a general election, and any related runoffs.)

**•• Candidates for the office of state chair of a political party  
may NOT choose modified reporting. ••**

I do not intend to accept more than \$1,080 in political contributions  
or make more than \$1,080 in political expenditures (excluding  
filing fees) in connection with any future election within the election  
cycle. I understand that if either one of those limits is exceeded, I  
will be required to file pre-election reports and, if necessary, a  
runoff report.

\_\_\_\_\_  
Year of election(s) or election cycle to  
which declaration applies

\_\_\_\_\_  
Signature of Candidate

**This appointment is effective on the date it is filed with the appropriate filing authority.**

TEC Filers may send this form to the TEC electronically at [treasappoint@ethics.state.tx.us](mailto:treasappoint@ethics.state.tx.us)  
or mail to

Texas Ethics Commission  
P.O. Box 12070  
Austin, TX 78711-2070

Non-TEC Filers must file this form with the local filing authority  
**DO NOT SEND TO TEC**

For more information about where to file go to:  
<https://www.ethics.state.tx.us/filinginfo/QuickFileAReport.php>

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <b>4</b>	2 FILER NAME <b>TROY W. FORBUS</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>14 MAR 24</b>	5 Payee name <b>SIGN COUNTRY LLC</b>	
6 Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <b>20249 FM 2493 BULLARD TX 75757</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	(b) Description <b>SIGNS</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		
Date <b>14 MAR 24</b>	Payee name <b>VISTA PRINT</b>	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>275 WYMAN ST. WALTHAM, MA. 02451</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>AD. EXPENSE</b>	Description <b>EMAIL INK STAMP</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Candidate / Officeholder name Office sought Office held		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date <b>14 MAR 24</b>	Payee name <b>INSTA PRINT LLC</b>	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>3101 W. THOMAS RD. SUITE 1001 PHX., AZ 85017</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>AD. EXPENSE</b>	Description <b>BUSINESS CARDS</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Candidate / Officeholder name Office sought Office held		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Sign Country, LLC  
20249 FM 2493  
Bullard, TX 75757  
(903) 894-9666  
info@signcountry.net  
signcountry.net

## Invoice



BILL TO  
Troy Forbus  
(903) 849-3366

INVOICE #	DATE	TOTAL DUE	DUE DATE	TERMS	ENCLOSED
20240129	02/16/2024	\$487.13	02/16/2024	Due on receipt	

### ACTIVITY

#### Core-Plas

18" x 24" in full color digital print on 2 sides. - Troy Forbus for City Council.

QTY	RATE	AMOUNT
30	15.00	450.00T

Thank you for your business.

Please call us at 903 894 9666 for any of your future needs.

SUBTOTAL	450.00
TAX (8.25%)	37.13
TOTAL	487.13
BALANCE DUE	<b>\$487.13</b>


# PAID

BY: VISA DATE: 2/16/24

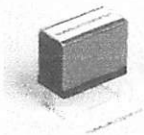
Order Details

troyforbus4ccc@gmail.com

Order Date: February 8th 2024  
Order #: VP\_TNCBMW3D  
Status: Completed

Shipping Method	Shipping Address	Billing Address	Payment Method	
Standard Estimated Arrival Feb 21st	Troy Forbus 22064 Ellis Drive Chandler, Texas 75758-5704 United States of America 9038493366	Troy Forbus 22064 Ellis Drive Chandler, Texas 75758-5704 United States of America 9038493366	 Visa **** 1770	\$22.71

Items



**Rectangular Self-Inking Stamps**  
Shipped  
Track: 92748901042741583796851794  
Expected Delivery: Feb 21st  
Quantity: 1



Selected Options



Item Total **\$14.99**

Order Summary

Product Total	<b>\$14.99</b>
Shipping: Standard	<b>\$5.99</b>
Tax	<b>\$1.73</b>
Total paid	<b>\$22.71</b>

# Your InstaPrint order has been received!

1 message

**INSTAPRINT LLC** <am@instaprintaz.com>

Wed, Feb 7, 2024 at 7:20 PM

Reply-To: INSTAPRINT LLC <orders@instaprintaz.com>

To: troyforbus4ccc@gmail.com

Thank you for your order

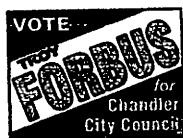
Hi Troy,

Thanks for your order. It's on-hold until we confirm that payment has been received.

**[Order #20241865] (February 7, 2024)**

Product	Quantity	Price
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	1	\$43.98
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**Business Cards**

**Selected Quantity: 1000**

**Size: 3.5in x 2in**

**Color: Full color Front /  
Blank Back**

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

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

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee

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 F4: <b>2</b>	2 FILER NAME <b>TROY W. FORBES</b>	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ <b>41.20</b>
5 Date <b>14 MAR 24</b>	6 Payee name <b>CHANDLER PRINTING</b>	
7 Amount (\$) <b>\$ 41.20</b>	8 Payee address; <b>625 STATE HIGHWAY 31 E. CHANDLER TX 75758</b>	City; State; Zip Code
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	(b) Description <b>STICKERS FOR SIGNS/ AD IN 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	
11 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	
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
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		

**CHANDLER PRINTIN  
G**

625 STATE HIGHWAY 31 EAST

Suite 1

CHANDLER, TX, 75758

(903) 571-6777

Server: JAMIE  
Receipt: ZL1G

Mar 14 2024  
04:30 PM

**Items:**

Custom Item	\$5.00
Custom Item	\$35.00

Total	\$40.00
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**Payment Details**

Transaction Type	Sale
Cardholder Name	TROY W FORBUS
Card #	*****3503
Card Type	MasterCard CREDIT
Auth Code	60251Z

TSI	E000
TVR	0000000000
ARC	00
AID	A0000000041010
AC	N/A
Amount Paid	\$41.20



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**OFFICE USE ONLY**

**RECEIVED**  
**MAR 25 2024**  
**Texas Ethics Commission**

Date Hand-delivered or Postmarked  
Received By

Receipt # Amount \$

Date Processed

Date Imaged **APR 02 2024**

City Clerks Office

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**FORM ACTA**  
**PG 2**

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2024

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Signature of Candidate

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