

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:

4

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

Robert

MI

NICKNAME

LAST

Senior Chief Duwn

SUFFIX

Sr.

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX:

APT / SUITE #:

CITY:

STATE:

ZIP CODE

6340 Durango Dr.
Beaumont, Texas 77708

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(409) 553-1310

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

Michael

MI

NICKNAME

LAST

Ryals

SUFFIX

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE):

APT / SUITE #:

CITY:

STATE:

ZIP CODE

3250 Timberwood Ln.
Beaumont, Texas 77703

(Residence or Business)

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(409) 658-8500

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 Modified Reporting Limit

Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month

Day

Year

01 / 17 / 2023

THROUGH

Month

Day

Year

04 / 06 / 2023

11 ELECTION

ELECTION DATE

Month

Day

Year

05 / 06 / 2023

Primary

Runoff

Other Description

General

Special

School District

12 OFFICE

OFFICE HELD (if any)

BISD At-Large Trustee

13 OFFICE SOUGHT (if known)

BISD At-Large Trustee

14 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

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

OFFICE USE ONLY

Date Received

RECEIVED

APR 6 2023

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

4-6-2023

Date Imaged

4-6-2023

GO TO PAGE 2

RECEIVED BY THE DIRECTOR OF THE BUREAU OF THE ARMY AND AIR FORCE

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 30,745. ²³
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 4,189. ⁴⁸
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 24,555. ⁷⁵
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

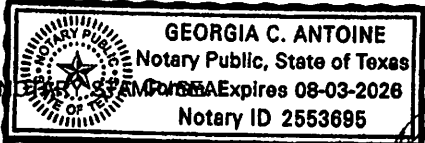
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Robert C. Dunn Sr.

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



Sworn to and subscribed before me by Robert C. Dunn Sr. this the 6 day of April, 2023, to certify which, witness my hand and seal of office.

Georgia C. Antoine Georgia C. Antoine Coordinator/Board Affairs
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>Robert C. Dunn Sr.</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>30,745.23</i>
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 type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>6,189.48</i>
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	\$ <i>6,189.48</i>
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 type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

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 this form.		1 Total pages Schedule A1:
2 FILER NAME Robert C. Dunnsr.		3 Filer ID (Ethics Commission Filers)
4 Date 3-8-23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark McEllan	7 Amount of contribution (\$)
6 Contributor address; City; State; Zip Code 1270 Nottingham Beaumont TX 77706		\$ 100.⁰⁰
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William Doggett	Amount of contribution (\$)
Contributor address; City; State; Zip Code 9111 North Freeway Houston, TX 77037		\$ 30,000.⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> 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.

Acct# S/L ID	Posting Date	Effective Date	Category	Source	Tran/Adj	Description	Gross Amount	New Balance
0007028755 S 0009	04/05/2023	04/05/2023	Withdrawal	Debit card		81000019 BEAUMONT TX 100 BLACK MEN OF GR 8398	-200.00	24,555.75
0007028755 S 0009	04/01/2023	04/01/2023	Withdrawal	POS		6950 COLLEGE ST STE 002 BEAUMONT TX IN STILLWATER V 7399	-1,030.00	24,755.75
0007028755 S 0009	04/01/2023	04/01/2023	Deposit	Dividend			1.01	25,785.75
0007028755 S 0009	03/31/2023	03/31/2023	Withdrawal	Debit card		89007581 BEAUMONT TX ALPHAGRAPHS US809 2741	-142.01	25,784.74
0007028755 S 0009	03/31/2023	03/31/2023	Withdrawal	Debit card		89007664 BEAUMONT TX ALPHAGRAPHS US809 2741	-283.62	25,926.75
0007028755 S 0009	03/25/2023	03/25/2023	Withdrawal	Cash			-1,441.76	26,210.37
0007028755 S 0009	03/21/2023	03/21/2023	Withdrawal	Cash			-294.00	27,652.13
0007028755 S 0009	03/21/2023	03/21/2023	Withdrawal	ATM		7505 EASTEX FREEWAY M606590 BEAUMONT TX DUGOOD FCU-E- 606 6011	-200.00	27,946.13
0007028755 S 0009	03/16/2023	03/16/2023	Withdrawal	Cash			-1,515.00	28,146.13
0007028755 S 0009	03/16/2023	03/16/2023	Deposit	Check			100.00	29,661.13
0007028755 S 0009	03/16/2023	03/16/2023	Withdrawal	POS		8055 EASTEX FWY 33000300 BEAUMONT TX TRACTOR SUPPLY # 5599	-684.10	29,561.13
0007028755 S 0009	03/13/2023	03/13/2023	Withdrawal	Cash			-500.00	30,245.23
0007028755 S 0009	03/06/2023	03/06/2023	Deposit	Check			30,000.00	30,745.23

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:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI	<div style="text-align: center; border: 1px solid blue; padding: 5px;"> OFFICE USE ONLY Date Received <div style="border: 1px solid blue; padding: 5px; display: inline-block;"> RECEIVE APR 30 2023 ga </div> </div>	
	NICKNAME LAST SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI	Receipt #	Amount \$
NICKNAME LAST SUFFIX	"Ed" Sigeo Jr.	Date Processed	4/21/2023
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE	Date Imaged	4/21/2023
(Residence or Business)	2625 Burgundy Place Beaumont Texas 77705		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION		
	(409) 842-3660		
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 Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year 01 / 01 / 2023 THROUGH 04 / 06 / 2023		
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year 05 / 06 / 2023	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
		BISD Trustee 4	
14 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	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL	Committee to elect Thomas P. Sigeo	
	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS	
		3460 Blossom Drive Beaumont, Texas 77705	
	COMMITTEE CAMPAIGN TREASURER NAME		
	Edward J. Sigeo Jr,		
	COMMITTEE CAMPAIGN TREASURER ADDRESS		
	2625 Burgundy Place Beaumont, Texas 77705		

GO TO PAGE 2

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

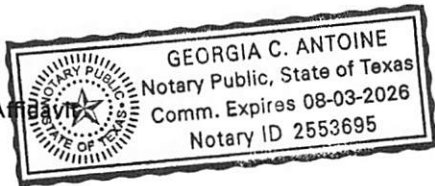
15 C/OH NAME Thomas P. Sigeo Sr.		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,685 ⁰⁰
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 5,246 ⁰⁰
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 SIGNATURE 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.

Thomas P. Sigeo Sr.

Signature of Candidate or Officeholder

Please complete either option below:



(1) Affirm

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Thomas P. Sigeo this the 21 day of April, 2023, to certify which, witness my hand and seal of office.

Georgia C. Antoine Signature of officer administering oath
Georgia C. Antoine Printed name of officer administering oath
Coordinator-Board Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____ (street) _____ (city) _____ (state) _____ (zip code) _____ (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____ (month) _____ (year).

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME THOMAS P. SIGEE SR		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	4,685 ⁰⁰
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$0
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$0
4.	<input type="checkbox"/> SCHEDULE E: LOANS	1,000 ⁰⁰
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	4,383 ⁰⁰
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$0
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$0
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	5,023 ⁰⁰
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$0
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$0
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$0
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$0

CODE OF FAIR CAMPAIGN PRACTICES

FORM CFCP
COVER SHEET

Pursuant to chapter 258 of the Election Code, every candidate and political committee is encouraged to subscribe to the Code of Fair Campaign Practices. The Code may be filed with the proper filing authority upon submission of a campaign treasurer appointment form. Candidates or political committees that already have a current campaign treasurer appointment on file as of September 1, 1997, may subscribe to the code at any time.

Subscription to the Code of Fair Campaign Practices is voluntary.

OFFICE USE ONLY

Date Received

Date Hand-delivered or Postmarked

Date Processed

Date Imaged



1 ACCOUNT NUMBER
(Ethics Commission Filers)

2 TYPE OF FILER

CANDIDATE

POLITICAL COMMITTEE

If filing as a candidate, complete boxes 3 - 6, then read and sign page 2.

If filing for a political committee, complete boxes 7 and 8, then read and sign page 2.

3 NAME OF CANDIDATE
(PLEASE TYPE OR PRINT)

TITLE (Dr., Mr., Ms., etc.)	FIRST	MI
Mr.	Thomas	P.

NICKNAME	LAST	SUFFIX (SR., JR., III, etc.)
	Sigee	Sr.

4 TELEPHONE NUMBER OF CANDIDATE
(PLEASE TYPE OR PRINT)

AREA CODE	PHONE NUMBER	EXTENSION
(409)	344-3239	

5 ADDRESS OF CANDIDATE
(PLEASE TYPE OR PRINT)

STREET / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE
3460 Blossom		Beaumont	TX	77705

6 OFFICE SOUGHT BY CANDIDATE
(PLEASE TYPE OR PRINT)

BISD Trustee District 4

7 NAME OF COMMITTEE
(PLEASE TYPE OR PRINT)

8 NAME OF CAMPAIGN TREASURER
(PLEASE TYPE OR PRINT)

TITLE (Dr., Mr., Ms., etc.)	FIRST	MI
Mr.	Edward	J.

NICKNAME	LAST	SUFFIX (SR., JR., III, etc.)
"Ed"	Sigee	Jr.

GO TO PAGE 2

CODE OF FAIR CAMPAIGN PRACTICES

There are basic principles of decency, honesty, and fair play that every candidate and political committee in this state has a moral obligation to observe and uphold, in order that, after vigorously contested but fairly conducted campaigns, our citizens may exercise their constitutional rights to a free and untrammelled choice and the will of the people may be fully and clearly expressed on the issues.

THEREFORE:

- (1) I will conduct the campaign openly and publicly and limit attacks on my opponent to legitimate challenges to my opponent's record and stated positions on issues.
- (2) I will not use or permit the use of character defamation, whispering campaigns, libel, slander, or scurrilous attacks on any candidate or the candidate's personal or family life.
- (3) I will not use or permit any appeal to negative prejudice based on race, sex, religion, or national origin.
- (4) I will not use campaign material of any sort that misrepresents, distorts, or otherwise falsifies the facts, nor will I use malicious or unfounded accusations that aim at creating or exploiting doubts, without justification, as to the personal integrity or patriotism of my opponent.
- (5) I will not undertake or condone any dishonest or unethical practice that tends to corrupt or undermine our system of free elections or that hampers or prevents the full and free expression of the will of the voters, including any activity aimed at intimidating voters or discouraging them from voting.
- (6) I will defend and uphold the right of every qualified voter to full and equal participation in the electoral process, and will not engage in any activity aimed at intimidating voters or discouraging them from voting.
- (7) I will immediately and publicly repudiate methods and tactics that may come from others that I have pledged not to use or condone. I shall take firm action against any subordinate who violates any provision of this code or the laws governing elections.

I, the undersigned, candidate for election to public office in the State of Texas or campaign treasurer of a political committee, hereby voluntarily endorse, subscribe to, and solemnly pledge myself to conduct the campaign in accordance with the above principles and practices.

Thomas P. Syce Jr

Signature

Jan 30 2023

Date

QUALIFICATIONS FOR BEAUMONT ISD SCHOOL BOARD APPLICANT ELECTION DATE: MAY 6, 2023

THE FOLLOWING ELIGIBILITY REQUIREMENTS ARE OUTLINED FOR THE BENEFIT OF THE CANDIDATE. THE ELIGIBILITY REQUIREMENTS MAY CHANGE FROM TIME TO TIME, AND IT IS THE CANDIDATE'S RESPONSIBILITY TO ENSURE THAT HE/SHE HAS MET ALL OF THE APPLICABLE REQUIREMENTS EXISTING AT THE TIME THE CANDIDATE FILES HIS/HER APPLICATION.

FROM the ELIGIBILITY SECTION 141.001 of the TEXAS ELECTION CODE

To be eligible to be a candidate for, or elected or appointed to, the office of school board member, a person must:

1. Be a United States citizen.
2. Be 18 years of age or older on the first day of the term to be filled at the election or on the date of appointment, as applicable.
3. Have not been determined by a final judgment of a court exercising probate jurisdiction to be totally mentally incapacitated or partially mentally incapacitated without the right to vote.
4. Have not been finally convicted of a felony from which the person has not been pardoned or otherwise released from the resulting disabilities [but see Ineligibility below].
5. Have resided continuously in the state for 12 months and in the territory from which the office is elected for six months immediately preceding the following date:
 - a. For an independent candidate, the date of the regular filing deadline for a candidate's application for a place on the ballot.
 - b. For a write-in candidate, the date of the election at which the candidate's name is written in.
 - c. For an appointee to an office, the date the appointment is made.
6. Be registered to vote in the territory from which the office is elected on the date described at item 5, above.

Election Code 1.020, 141.001(a); Gov't Code 601.009; Tex. Const. Art. XVI, Sec. 14

7. Candidate must file his/her completed application to be placed on the ballot with the *Office of Board Affairs*, Beaumont Independent School District, 3395 Harrison Avenue, Beaumont, Texas, 77706, no earlier than 8:00 a.m. Wednesday, January 18, 2023, and no later than 5:00 p.m. Friday, February 17, 2023. **Applications must be received no later than 5:00 P.M. February 17, 2023. (If application is mailed/emailed, it must be notarized and received in the office no later than 5:00 p.m. February 17, 2023.)**
8. *Form CTA (Campaign Treasurer Appointment or STA (appointment of a Treasurer by a Specific Purpose Committee) must be filed in the, Office of Board Affairs on or before the date candidate files his/her application to be placed on the ballot.*

I HAVE READ THE ABOVE QUALIFICATIONS FOR CANDIDATE ELIGIBILITY REQUIREMENTS IN ORDER TO APPLY FOR APPLICATION FOR ELECTION TO THE BEAUMONT INDEPENDENT SCHOOL DISTRICT BOARD, AND I HEREBY FILE MY APPLICATION TO HAVE MY NAME PLACED ON THE BALLOT FOR THE MAY 6, 2023 ELECTION.

I CERTIFY THAT I HAVE MET THE LEGAL QUALIFICATIONS FOR ELECTION TO THE BEAUMONT INDEPENDENT SCHOOL DISTRICT BOARD OF TRUSTEES.

DATED: Jan 30, 2023 SIGNED: Thomas P. Sygel Sr

Please refer to the following link of [Election Code, Subchapter B, Section 52.031 FORM OF NAME ON BALLOT](#)

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

**FORM ACTA
PG 1**

1 CANDIDATE NAME Thomas P. Sigeo Sr.	2 FILER ID#	3 Total pages filed:
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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	
		Mr.	Thomas	P.	Date Received	JAN 30 2023
		NICKNAME	LAST	SUFFIX	Date Hand-delivered or Postmarked	
			Sigeo	Sr.	Receipt #	Amount \$
5 CANDIDATE MAILING ADDRESS	NEW	ADDRESS / PO BOX:	APT / SUITE #:	CITY:	STATE:	ZIP CODE
		3460 Blossom Drive		Beaumont	Texas	77705
6 CANDIDATE PHONE	NEW	AREA CODE	PHONE NUMBER	EXTENSION	Date Processed	
		(409)	344-3239	N/A	Date Imaged	

7 OFFICE HELD (if any)	NEW	
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8 OFFICE SOUGHT (if known)	NEW	School Board Trustee District 4
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9 CAMPAIGN TREASURER NAME	NEW	MS / MRS / MR	FIRST	MI	NICKNAME	LAST	SUFFIX
		Mr.	Edward J.		Sigeo Jr, "Ed"		

10 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	NEW	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #:	CITY:	STATE:	ZIP CODE
		2625 Burgundy Place		Beaumont	Texas	77705

11 CAMPAIGN TREASURER PHONE	NEW	AREA CODE	PHONE NUMBER	EXTENSION
		(409)	842-3660	

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.	
	<u>Thomas P Sigeo Sr</u>	<u>Jan 30, 2023</u>
	Signature of Candidate	Date Signed

GO TO PAGE 2



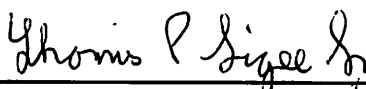
CODE OF FAIR CAMPAIGN PRACTICES

There are basic principles of decency, honesty, and fair play that every candidate and political committee in this state has a moral obligation to observe and uphold, in order that, after vigorously contested but fairly conducted campaigns, our citizens may exercise their constitutional rights to a free and untrammelled choice and the will of the people may be fully and clearly expressed on the issues.

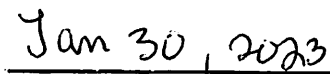
THEREFORE:

- (1) I will conduct the campaign openly and publicly and limit attacks on my opponent to legitimate challenges to my opponent's record and stated positions on issues.
- (2) I will not use or permit the use of character defamation, whispering campaigns, libel, slander, or scurrilous attacks on any candidate or the candidate's personal or family life.
- (3) I will not use or permit any appeal to negative prejudice based on race, sex, religion, or national origin.
- (4) I will not use campaign material of any sort that misrepresents, distorts, or otherwise falsifies the facts, nor will I use malicious or unfounded accusations that aim at creating or exploiting doubts, without justification, as to the personal integrity or patriotism of my opponent.
- (5) I will not undertake or condone any dishonest or unethical practice that tends to corrupt or undermine our system of free elections or that hampers or prevents the full and free expression of the will of the voters, including any activity aimed at intimidating voters or discouraging them from voting.
- (6) I will defend and uphold the right of every qualified voter to full and equal participation in the electoral process, and will not engage in any activity aimed at intimidating voters or discouraging them from voting.
- (7) I will immediately and publicly repudiate methods and tactics that may come from others that I have pledged not to use or condone. I shall take firm action against any subordinate who violates any provision of this code or the laws governing elections.

I, the undersigned, candidate for election to public office in the State of Texas or campaign treasurer of a political committee, hereby voluntarily endorse, subscribe to, and solemnly pledge myself to conduct the campaign in accordance with the above principles and practices.



Signature



Date

AMENDMENT:
CANDIDATE MODIFIED REPORTING DECLARATION

FORM ACTA
PG 2

13 CANDIDATE
NAME

THOMAS P. SIGEE SR.

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 \$940 in political contributions or make more than \$940 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.

2023

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

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>

**FORM CFCP
COVER SHEET**

**CODE OF FAIR CAMPAIGN
PRACTICES**

Pursuant to chapter 258 of the Election Code, every candidate and political committee is encouraged to subscribe to the Code of Fair Campaign Practices. The Code may be filed with the proper filing authority upon submission of a campaign treasurer appointment form. Candidates or political committees that already have a current campaign treasurer appointment on file as of September 1, 1997, may subscribe to the code at any time.

Subscription to the Code of Fair Campaign Practices is voluntary.

OFFICE USE ONLY

Date Received

Date Forwarded or Postmarked

Date Processed

Date Mailed

1 ACCOUNT NUMBER
(Ethics Commission Files)

2 TYPE OF FILER
 CANDIDATE
 POLITICAL COMMITTEE

If filing as a candidate, complete boxes 3 - 5.
If filing for a political committee, complete boxes 7 and 8. Then read and sign page 2.

3 NAME OF CANDIDATE

TITLE (OR MR, MRS, ETC.) FIRST MI
MR THOMAS P.
NICKNAME LAST SUFFIX (SR, JR, III, ETC.)
SIGEE SR.

4 TELEPHONE NUMBER
OF CANDIDATE
(PLEASE TYPE OR PRINT)

AREA CODE PHONE NUMBER EXTENSION
(409) 344 3239 N/A

5 ADDRESS OF CANDIDATE
(PLEASE TYPE OR PRINT)

STREET/PO BOX APT./SUITE# CITY STATE ZIP CODE
3460 BLOSSOM DR. BEADMONT TX 77705

6 OFFICE SOUGHT
BY CANDIDATE
(PLEASE TYPE OR PRINT)

TRUSTEE DISTRICT 4

7 NAME OF COMMITTEE
(PLEASE TYPE OR PRINT)

COMMITTEE TO ELECT THOMAS P. SIGEE

8 NAME OF CAMPAIGN
TREASURER
(PLEASE TYPE OR PRINT)

TITLE (OR MR, MRS, ETC.) FIRST MI
MR EDWARD J.
NICKNAME LAST SUFFIX (SR, JR, III, ETC.)
"ED" SIGEE JR.

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:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address		ADDRESS / PO BOX;	APT / SUITE #; CITY; STATE; ZIP CODE
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS (MR)	FIRST	MI
	NICKNAME	LAST	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
9 REPORT TYPE	<input 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 checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 04 / 06 / 2023 THROUGH 04 / 26 / 2023		
11 ELECTION	ELECTION DATE Month Day Year 05 / 06 / 2023		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
14 NOTICE FROM POLITICAL COMMITTEE(S) <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.		
	COMMITTEE TYPE	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	



GO TO PAGE 2

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 this form.		1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 4/28/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRYAN S. BROWN	7 Amount of contribution (\$) \$ 1,000 ⁰⁰
6 Contributor address; City; State; Zip Code 6050 BARRINGTON AVE BMT, TX 77706		
8 Principal occupation / Job title (See Instructions) -		9 Employer (See Instructions)
Date 4/28/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AL VINCENT BERNARD	Amount of contribution (\$) \$ 500 ⁰⁰
Contributor address; City; State; Zip Code 4520 CARTWRIGHT BMT, TX 77707		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

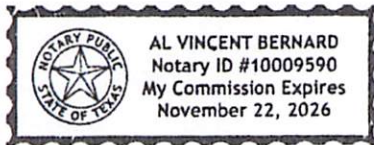
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 100 ⁰⁰
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1500 ⁰⁰
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 0
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1600 ⁰⁰
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

18 SIGNATURE 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.



Denise W. Spooner
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by DENISE W. SPOONER this the 28th day of APRIL, 2023, to certify which, witness my hand and seal of office.

Al Vincent Bernard AL VINCENT BERNARD Notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

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:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: _____ FIRST: <u>DENISE</u> MI: <u>W</u> NICKNAME: _____ LAST: <u>SPOONER</u> SUFFIX: _____	OFFICE USE ONLY <div style="border: 2px solid blue; padding: 5px; display: inline-block;"> RECEIVED APR 28 2023 <i>ja</i> </div>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: _____ APT / SUITE #: _____ CITY: _____ STATE: _____ ZIP CODE: _____ <u>7475 COLONIAL DRIVE</u> <u>BEAUMONT, TX 77707</u>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: _____ PHONE NUMBER: _____ EXTENSION: _____ <u>(409) 273-0638</u>		
6 CAMPAIGN TREASURER NAME	MS / MRS (MR): _____ FIRST: <u>AL</u> MI: _____ NICKNAME: _____ LAST: <u>VINCENT</u> SUFFIX: _____ <u>BERNARD</u>		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): _____ APT / SUITE #: _____ CITY: _____ <u>4520 CARTWRIGHT ST.</u> <u>BEAUMONT, TX 77707</u>	Date Hand-delivered or Date Postmarked: _____ Receipt # _____ Amount \$ _____ Date Processed: <u>4/28/2023</u> Date Imaged: <u>4/28/2023</u>	
8 CAMPAIGN TREASURER PHONE	AREA CODE: _____ PHONE NUMBER: _____ EXTENSION: _____ <u>(409) 982-1716</u>		
9 REPORT TYPE	<input 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 checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year <u>04 / 06 / 2023</u> THROUGH <u>04 / 26 / 2023</u>		
11 ELECTION	ELECTION DATE: _____ ELECTION TYPE: _____ Month Day Year <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <u>05 / 06 / 2023</u> <input type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any) <u>BISD TRUSTEE - AT - LARGE</u>	13 OFFICE SOUGHT (if known)	
14 NOTICE FROM POLITICAL COMMITTEE(S) <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 TYPE	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2