

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 <input checked="" type="checkbox"/> FIRST	Robert	MI				
	NICKNAME	Senior Chief	SUFFIX				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	6340 Durango Dr. Beaumont, TX. 77708					
	<input type="checkbox"/> Change of Address						
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	(409)	553-1310					
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <input checked="" type="checkbox"/> FIRST	Michael	MI				
	NICKNAME	Ryals	SUFFIX				
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE						
	3250 Timberwood Ln. Beaumont, TX. 77703						
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	(409)	658-8500					
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	
	04	06	2023	THROUGH	04	28	2023
11 ELECTION	ELECTION DATE			ELECTION TYPE			
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input checked="" type="checkbox"/> Other Description	
	05	06	2023	<input type="checkbox"/> General	<input type="checkbox"/> Special	School District	
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)			
	BISD At-Large Trustee			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.						
	<input type="checkbox"/> Additional Pages	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

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Second line of handwritten text, continuing the document's content.

Third line of handwritten text, appearing as a list or series of notes.

Fourth line of handwritten text, possibly a date or a specific reference.

Fifth line of handwritten text, continuing the list or notes.

Sixth line of handwritten text, possibly a signature or a final note.



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)	\$ 24,555.75
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,250.30
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 21,305.45
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.


Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Robert C. Dunn, Sr. this the 28 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)

Acct# S/L ID	Posting Date	Effective Date	Category	Source	Tran/Adj	Description	Gross Amount	New Balance
0007028755 S 0009	04/26/2023	04/26/2023	Withdrawal	Debit card		90552557 BEAUMONT TX ALPHAGRAPHS US809 2741	-142.01	21,305.45
0007028755 S 0009	04/13/2023	04/13/2023	Withdrawal	Debit card		10362077 225-237-1068 LA LAMAR MEDIA CORP 7311	-2,930.00	21,447.46
0007028755 S 0009	04/07/2023	04/07/2023	Withdrawal	POS		8055 EASTEX FWY 33000200 BEAUMONT TX TRACTOR SUPPLY # 5599	-178.29	24,377.46
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		<i>Sprint 2 Print & Gas</i>	-1,441.76	26,210.37
0007028755 S 0009	03/21/2023	03/21/2023	Withdrawal	Cash		<i>SOC Ad & US Postal Service</i>	-294.00	27,652.13
0007028755 S 0009	03/21/2023	03/21/2023	Withdrawal	ATM		7505 EASTEX FREEWAY M808590 BEAUMONT TX DUGOOD,FCU-E- 608 6011 <i>SOC Ad</i>	-200.00	27,946.13
0007028755 S 0009	03/16/2023	03/16/2023	Withdrawal	Cash		<i>Sprint 2 Print</i>	-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		<i>Creative 2260</i>	-500.00	30,245.23
0007028755 S 0009	03/08/2023	03/08/2023	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 THOMAS P NICKNAME LAST SUFFIX SIGEE SR	OFFICE USE ONLY Date Received <div style="border: 2px solid blue; padding: 5px; text-align: center; color: red; font-weight: bold;">MAY 1 2023</div> Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed 5/1/2023 Date Imaged 5/1/2023	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 3460 Blossom Drive Beaumont, Tx 77705 <input type="checkbox"/> Change of Address		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (409) 344-3239		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Edward J NICKNAME LAST SUFFIX "Ed" SIGEE Jr		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2565 Burgundy Place Beaumont Tx 77705		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (409) 842-3660		
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 / 28 / 23		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> Other Description 05 / 06 / 23 <input type="checkbox"/> General <input type="checkbox"/> Special Local School Board		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) BISD Trustee District 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.		
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input checked="" type="checkbox"/> SPECIFIC	COMMITTEE NAME Elect Thomas P Sigee Sr. COMMITTEE ADDRESS 3460 Blossom Dr, Beaumont, Tx 77705 COMMITTEE CAMPAIGN TREASURER NAME Edward J. Sigee Jr. COMMITTEE CAMPAIGN TREASURER ADDRESS 26 Burgundy Place Beaumont Tx 77705	

GO TO PAGE 2

GO TO PAGE 5

<input type="checkbox"/> YES <input type="checkbox"/> NO COMMUNIST POLITICAL OR POLICE WORK	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	I am a member of the Communist Party of the United States of America. I am a member of the National Student Reliance Party. I am a member of the National Student Reliance Party. I am a member of the National Student Reliance Party.
IS OFFICE		YES <input type="checkbox"/> NO <input type="checkbox"/>
IS SECTION	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
COVERED BY		<input type="checkbox"/> YES <input type="checkbox"/> NO
REFERENCE	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO
HOME ADDRESS		(last) 123-4567
OCCUPATION		Student
HOME TELEPHONE		(last) 123-4567
HOME ADDRESS		(last) 123-4567
HOME ADDRESS		(last) 123-4567
HOME ADDRESS		(last) 123-4567



COMMUNIST POLITICAL OR POLICE WORK

IS OFFICE

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME Thomas P. SIGEE SR 16 Filer ID (Ethics Commission Filers)

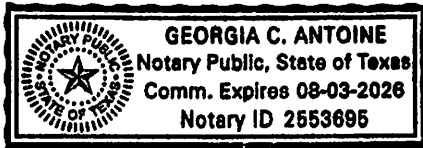
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 190.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,780.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 5,836.59
	4. TOTAL POLITICAL EXPENDITURES	\$ 6,346.59
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 5,650.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1,000.00

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. Sigee Sr

Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Thomas P. Sigee, Sr this the 1 day of May, 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
Board Affairs Title of officer administering oath

OR

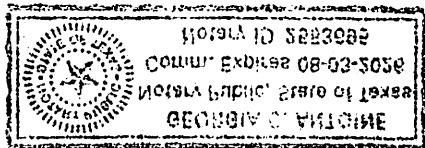
(2) Unsworn Declaration

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)



STATE OF GEORGIA

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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	\$ 4,970 ⁰⁰
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 1,000 ⁰⁰
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 6,346.59
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 1,210 ⁰⁰
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 5,136.59
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	\$ 0.00
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00

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: 3 (1)
2 FILER NAME Thomas P. SIGEE Sr		3 Filer ID (Ethics Commission Filers)
4 Date 3/05/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bruce Johnson	7 Amount of contribution (\$) \$100 ⁰⁰
6 Contributor address; City; State; Zip Code 6175 ADA BEAUMONT TX 7708		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 3/10/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HERMAN GIPSON	Amount of contribution (\$) \$750 ⁰⁰
Contributor address; City; State; Zip Code 2690 Goliad BEAUMONT TX 77705		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/10/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jason Byrd	Amount of contribution (\$) \$750 ⁰⁰
Contributor address; City; State; Zip Code 448 Orleans BEAUMONT TX 77701		
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) Self Employed
Date 3/11/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chuck Guillory	Amount of contribution (\$) \$250 ⁰⁰
Contributor address; City; State; Zip Code 2910 Blanchette BEAUMONT TX 77701		
Principal occupation / Job title (See Instructions) Wrecker Service		Employer (See Instructions) Self Employed
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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: 3 (2)
2 FILER NAME THOMAS P. SIGEE SR		3 Filer ID (Ethics Commission Filers)
4 Date 3/17/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shawn Javed	7 Amount of contribution (\$) \$1250.00
6 Contributor address; City; State; Zip Code 2305 AVALON St BEAUMONT TX 7707		
8 Principal occupation / Job title (See Instructions) Business Owner		9 Employer (See Instructions) Self Employed
Date 3/18/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sohab Jabbar	Amount of contribution (\$) \$600.00
Contributor address; City; State; Zip Code 2310 AVALON BEAUMONT TX 7707		
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Self Employed
Date 3/18/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Muhammab Imran	Amount of contribution (\$) \$600.00
Contributor address; City; State; Zip Code 2230 AVALON		
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Self Employed
Date 3/20/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARK McCallen	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 3030 Chambers BEAUMONT TX 7706		
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) Retired

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 how to complete this form.		1 Total pages Schedule A1: 3 (3)
2 FILER NAME THOMAS P. SIGEE SR		3 Filer ID (Ethics Commission Filers)
4 Date 3/20/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Willie Ester Opelouses	7 Amount of contribution (\$) \$ 50⁰⁰
6 Contributor address; City; State; Zip Code 830 E. 17th St Pt ARTHUR TX 77642		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) NIA
Date 3/20/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Calvin Carrier	Amount of contribution (\$) \$ 350
Contributor address; City; State; Zip Code 3410 CARTWRIGHT BEAUMONT TX 77605		
Principal occupation / Job title (See Instructions) Fire Fighter		Employer (See Instructions) CITY OF BEAUMONT
Date 04/14/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clayton Mayfield	Amount of contribution (\$) \$ 100⁰⁰
Contributor address; City; State; Zip Code 4110 Thomas Rd BEAUMONT TX 77706		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Retired
Date 04/24/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Earl T. Sigee	Amount of contribution (\$) \$ 100⁰⁰
Contributor address; City; State; Zip Code 3690 Lucas # Apt 209 Bmt TX 7703		
Principal occupation / Job title (See Instructions) NIA		Employer (See Instructions) Retired

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 how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME THOMAS P. SIGRE SR		3 Filer ID (Ethics Commission Filers)
4 Date 4/01/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EDWARD MOORE	7 Amount of contribution (\$) \$5000
6 Contributor address; City; State; Zip Code 2040 NORA ST BEAUMONT TX 77105		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) JEFFERSON COUNTY
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
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.

LOANS

SCHEDULE E

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 E: 1
2 FILER NAME Thomas P. SIGEE Sr		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 03/10/23	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas P SIGEE SR.	9 Loan Amount (\$) \$ 1,000⁰⁰
6 Is lender a financial institution? Y (N)	8 Lender address; City; State; Zip Code 3460 Blossom Drive BEAUMONT, TX 77705	10 Interest rate NIA
		11 Maturity date NIA
12 Principal occupation / Job title (See Instructions) Collection Officer		13 Employer (See Instructions) JEFFERSON
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code 3460 Blossom Drive Beaumont, TX 77705	19 Amount Guaranteed (\$) \$ 1,000⁰⁰
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Printing Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services		Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2	2 FILER NAME Thomas P. SIBEE SR	3 Filer ID (Ethics Commission Filers)
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4 Date 03/07/23	5 Payee name Triangle Blue Printing Company
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6 Amount (\$) \$81.68	7 Payee address: 125 Calder St.	City: Beaumont	State: TX	Zip Code 77701
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Car Magnets
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 04/13/23	Payee name Service Foods
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Amount (\$) \$400.00	Payee address: Doucette St	City: Beaumont	State: TX	Zip Code 77701
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food	Description Fundraiser
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 04/17/23	Payee name City of Beaumont
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Amount (\$)	Payee address: 3030 College St.	City: Beaumont	State: TX	Zip Code 77701
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Permit For Fundraiser
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY 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

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

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	Printing Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services		Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2	2 FILER NAME Thomas P. Sigee SR	3 Filer ID (Ethics Commission Filers)
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4 Date 04/18/23	5 Payee name Texas Coffee Company
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6 Amount (\$) \$67.89	7 Payee address: (P.O. Box 11) 3297 SMLK Bmt, TX 77704	City: Beaumont	State: TX	Zip Code 77705
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food	(b) Description Seasoning
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Thomas P. SIGEE SR	Office sought BISD Trustee District 4	Office held
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Date 04/21/23	Payee name Sams Club
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Amount (\$) \$182.40	Payee address: 1615 1-10 South	City: Beaumont,	State: TX	Zip Code 77705
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food / Beverage	Description For Fundraiser
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name THOMAS P SIGEE SR	Office sought BISD Trustee District 4	Office held
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Date 04/29/23	Payee name OFFICE DEPOT / OFFICE MAX
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Amount (\$) \$29.90	Payee address: 3875 Staggy DRIVE	City: Beaumont TX	State: TX	Zip Code 77702
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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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name THOMAS P. SIGEE SR	Office sought BISD Trustee District 4	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 | 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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 2	2 FILER NAME THOMAS P. SIGEE SR	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date 03/17/23	6 Payee name AEADS LLC	
7 Amount (\$) \$ 4,763.46	8 Payee address: 4410 WASHINGTON BLVD City: BEAUMONT State: TX Zip Code: 77705	
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) Advertising	(b) Description SIGNS
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held
Date 03/19/23	Payee name Home Depot	
Amount (\$) \$ 185.35	Payee address: 3910 Eastex Frwy City: BEAUMONT State: TX Zip Code: 77703	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description T-POLES FOR SIGNS
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

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 | 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
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

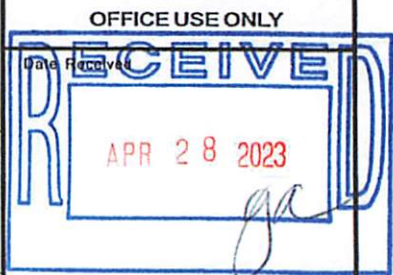
The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 2	2 FILER NAME Thomas P. Siquee	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date 03/30/23	6 Payee name Home Depot	
7 Amount (\$) \$204.26	8 Payee address: 3910 Eastex Frwy Beaumont TX 77703	
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) Advertising	(b) Description T-Poles for Signs
	(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 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
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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

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		ELECTION TYPE
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 <i>4/28/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>BRYAN S. BROWN</i>	7 Amount of contribution (\$) <i>\$ 1,000⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>6050 BARRINGTON AVE BMT, TX 77706</i>		
8 Principal occupation / Job title (See Instructions) <i>-</i>		9 Employer (See Instructions)
Date <i>4/28/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>AL VINCENT BERNARD</i>	Amount of contribution (\$) <i>\$ 500⁰⁰</i>
Contributor address; City; State; Zip Code <i>4520 CARTWRIGHT BMT, TX 77707</i>		
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)

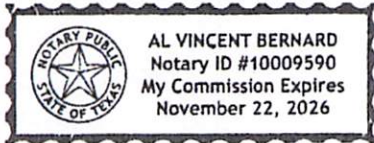
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

**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)

