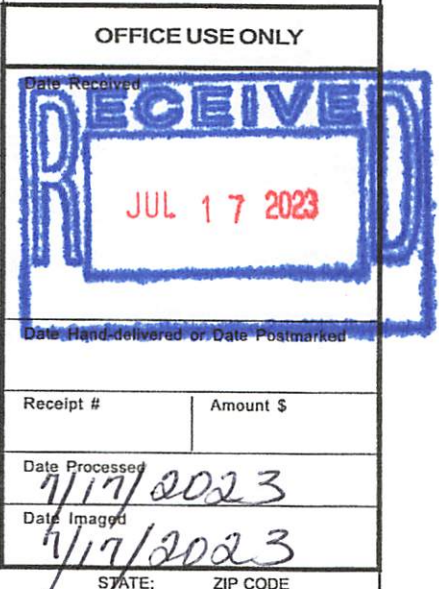


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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 C.
	NICKNAME Senior Chief	LAST	SUFFIX Sr.
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 6340 Durango Dr. Beaumont, TX. 77708		
	5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (409)	PHONE NUMBER 553-1310
6 CAMPAIGN TREASURER NAME	MS / MRS (MR) <input checked="" type="checkbox"/>	FIRST Michael	MI L.
	NICKNAME Ryals	LAST	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3250 Timberwood Ln. Beaumont, TX. 77703		
	8 CAMPAIGN TREASURER PHONE	AREA CODE (409)	PHONE NUMBER 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 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 / 2023 THROUGH 07 / 17 / 2023		
11 ELECTION	ELECTION DATE Month Day Year 05 / 06 / 2023		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> 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) <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

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

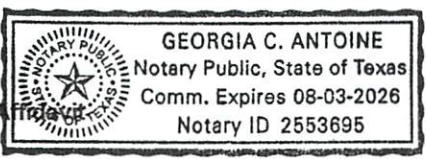
15 C/OH NAME _____ 16 Filer ID (Ethics Commission Filers) _____

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)	\$ 21,305.45
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 4,199.47
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD <i>Dividends</i>	\$ 17,103.61 + 2.37
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) Affirm

NOTARY STAMP / SEAL

Sworn to and subscribed before me by *Robert C. Dunn, Sr* this the *19th* day of *July*, 20*23*, to certify which, witness my hand and seal of office.

Georgia C. Antoine *Georgia C. Antoine* *Coordinator for 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	Entered Date	Category	Source	Tran/Adj	Description	Amount	New Balance
0007028755 S 0009	07/01/2023	07/01/2023	Deposit	Dividend			0.70	17,103.61
0007028755 S 0009	06/01/2023	06/01/2023	Deposit	Dividend			0.74	17,102.91
0007028755 S 0009	05/09/2023	05/09/2023	Withdrawal	Cash		See Attached Statement #1	-400.00	17,102.17
0007028755 S 0009	05/05/2023	05/05/2023	Withdrawal	Debit card		25261864 BEAUMONT TX MCM ELEGANTE BEAUMO 7011	-1,289.26	17,502.17
0007028755 S 0009	05/04/2023	05/04/2023	Withdrawal	Debit card		00692727 BEAUMONT TX GERARD S BARBECUE D 5812	-58.25	18,791.43
0007028755 S 0009	05/02/2023	05/02/2023	Withdrawal	Cash		See Attached Statement #1	-2,410.00	18,849.68
0007028755 S 0009	05/01/2023	05/01/2023	Deposit	Dividend			0.93	21,259.68
0007028755 S 0009	04/30/2023	04/30/2023	Withdrawal	Debit card		83000159 BEAUMONT TX BROUSSARD'S LINKS + 5812	-46.70	21,258.75
0007028755 S 0009	04/26/2023	04/26/2023	Withdrawal	Debit card		90552557 BEAUMONT TX ALPHAGRAPHICS 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

SCHEDULE F-1

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

- Advertising Expense
- Accounting/Bookkeeping Expense
- Consulting Expense
- Contributions/Donations Made By Candidates/Officeholders/Political Committee
- Credit Card Payment
- Event Expense
- Fees
- Food/Beverage Expense
- Gift/Awards/Memorabilia Expense
- Legal Services
- Loan Repayment/Reimbursement
- Office Overhead/Rental Expense
- Printing Expense
- Salaries/Wages/Contract Labor
- Solicitation/Underwriting 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 F-1: 2 FILER NAME: Robert E. Davis 3 Filer ID (Ethics Commission Filer)

4 Date: 5/9/2023 5 Payee name: Steven W. McDaniel

6 Amount (\$): \$60.00 7 Payee address: 2180 Rumpke St. Beaumont, TX 77703

8 (a) Category (See Categories listed at the top of this schedule) (b) Description: Campaign worker

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: Office sought: Office held: (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

Date: 5/9/2023 Payee name: Steven W. McDaniel

Amount (\$): \$60.00 Payee address: 2180 Rumpke St. Beaumont, TX 77703

PURPOSE OF EXPENDITURE: Campaign worker

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: Office sought: Office held: Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

Date: 5/9/2023 Payee name: Steven W. McDaniel

Amount (\$): \$50.00 Payee address: 4310 Linn St. Beaumont, TX 77703

PURPOSE OF EXPENDITURE: Campaign worker

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: Office sought: Office held: Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

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 | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | 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 F1:	2 FILER NAME <i>Robert L. Dunn</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>5/9/2023</i>	5 Payee name <i>Jocelyn Liedy</i>	
6 Amount (\$) <i>\$ 30.00</i>	7 Payee address; City; State; Zip Code <i>4555 Roberts Ave. Beaumont, TX 77707</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <i>Campaign Worker</i>
	(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

Date <i>5/9/2023</i>	Payee name <i>Markon Liedy</i>		
Amount (\$) <i>\$ 30.00</i>	Payee address; City; State; Zip Code <i>4555 Roberts Ave. Beaumont, TX 77707</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <i>Campaign Worker</i>	
	<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

Date <i>5/9/2023</i>	Payee name <i>Mariah Liedy</i>		
Amount (\$) <i>\$ 30.00</i>	Payee address; City; State; Zip Code <i>4555 Roberts Ave. Beaumont, TX 77707</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <i>Campaign Worker</i>	
	<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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME Robert C. Dunn		3 Filer ID (Ethics Commission Filers)	
4 Date 5/9/2023		5 Payee name Mitzi Curtis			
6 Amount (\$) \$140.00		7 Payee address: 3705 E. Lucas Dr. Apt #244 Beaumont, Texas 77703		City:	State:
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description Campaign Worker		
	(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
Date 5/2/2023		Payee name Beulah Norman			
Amount (\$) \$100.00		Payee address: 4545 Buffalo St. Beaumont, TX. 77703		City:	State:
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description Campaign Worker		
	<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
Date 5/2/2023		Payee name Robert Norman			
Amount (\$) \$30.00		Payee address: 4545 Buffalo St. Beaumont, TX 77703		City:	State:
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description Campaign Worker		
	<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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME: Robert C. Dunn	3 Filer ID (Ethics Commission Filers)
4 Date: 5/2/2023	5 Payee name: Verlie M. McDaniels	
6 Amount (\$): \$530. ⁰⁰	7 Payee address: 2180 Rampart St. Beaumont, Texas 77705 City: State: Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description: Campaign Worker
	(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
Date: 5/2/2023	Payee name: Stewart McDaniels	
Amount (\$): \$530. ⁰⁰	Payee address: 2180 Rampart St. Beaumont, TX. 77705 City: State: Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description: Campaign Worker
	<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
Date: 5/2/2023	Payee name: Rhonda Crain	
Amount (\$): \$50. ⁰⁰	Payee address: 860 Schwarner St. Beaumont, TX. 77701 City: State: Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description: Campaign Worker
	<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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Robert C. Dunn</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>5/2/2023</i>	5 Payee name <i>Mitzi Curtis</i>	
6 Amount (\$) <i>\$550.⁰⁰</i>	7 Payee address; City; State; Zip Code <i>3705 E. Lucas Dr. Apt #244 Beaumont, Texas 77708</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <i>Campaign Worker</i>
	(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 <i>5/2/2023</i>	Payee name <i>D'Juna Leblance</i>		
Amount (\$) <i>\$620.⁰⁰</i>	Payee address; City; State; Zip Code <i>2265 Rampart St. Beaumont, TX 77705</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <i>Campaign Worker</i>	
	<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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

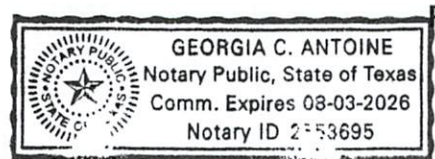
15 C/OH NAME THOMAS P. SIGEE SR	16 Filer ID (Ethics Commission Filers)
--	---

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 650.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 475.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 5,570.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 550.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

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. Sigeer 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. Sigeer, Sr this the 17th day of July

2023, to certify which, witness my hand and seal of office.

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

OR

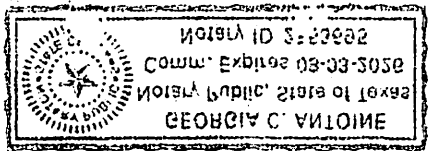
(2) Unsworn Declaration

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 THOMAS P. SIGEE SR.		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 650.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 5,570.00
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input 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

THOMAS P. SIGER SR

3 Filer ID (Ethics Commission Filers)

4 Date

05/16/23

5 Full name of contributor

RENE LEBEAU

7 Amount of contribution (\$)

\$50.00

6 Contributor address:

6430 DOWNS ROAD

BEAUMONT

State: TX Zip Code: 7705

8 Principal occupation / Job title (See instructions)

N/A

9 Employer (See instructions)

RETIRED

Date

05/18/23

Full name of contributor

EMILE G. SIGEE

Amount of contribution (\$)

\$100.00

Contributor address:

4480 BENNETTWOOD

KILLINGTON

TN.

State: Zip Code

Principal occupation / Job title (See instructions)

N/A

Employer (See instructions)

RETIRED

Date

06/03/23

Full name of contributor

JOHN STARFORD

Amount of contribution (\$)

\$500.00

Contributor address:

6885 SHAHABAND DRIVE

BEAUMONT

TX

State: Zip Code: 7706

Principal occupation / Job title (See instructions)

BUSINESSMAN

Employer (See instructions)

SELFEMPLOYED

Date

Full name of contributor

out-of-state PAC ID#: _____

Amount of contribution (\$)

Contributor address:

City:

State: Zip Code

Principal occupation / Job title (See instructions)

Employer (See instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME THOMAS P. SIGEE SR.		3 Filer ID (Ethics Commission Filers)	
4 Date 06/29/23		5 Payee name PENTAGON FEDERAL CREDIT UNION			
6 Amount (\$) \$4,370.00		7 Payee address; 13230 FORT ST		City; OMAHA	State; NE
				Zip Code 68124	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PAYMENT ON CREDIT CARD		(b) Description YARD SIGNS, CAR MAGNETS, PUSH CARDS T-POLES		
	(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 THOMAS P. SIGEE SR		Office sought	Office held
Date 07/07/23		Payee name HOME DEPOT CREDIT CARD			
Amount (\$) \$200.00		Payee address; P.O. BOX 9001010		City; LOUISVILLE	State; KY
				Zip Code 402910-1010	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PAYMENT ON CREDIT CARD		Description POLE DRIVER, T-POLES, ZIP TIES MISC		
	<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 THOMAS P. SIGEE SR.		Office sought	Office held
Date 07/13/23		Payee name THOMAS P. SIGEE SR.			
Amount (\$) \$1,000.00		Payee address; 3460 BLOSSOM DR.		City; BEAUMONT	State; TX
				Zip Code 77705	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) LOAN REPAYMENT/REIMBURSEMENT		Description REIMBURSE MYSELF THE MONY I USE TO GET MY CAMPAIGN STARTED.		
	<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

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 DENISE W	<div style="border: 2px solid blue; padding: 5px; display: inline-block;"> OFFICE USE ONLY RECEIVED JUL 17 2023 </div>	
	NICKNAME LAST SUFFIX SPOONER		
ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 7475 COLONIAL DRIVE BEAUMONT, TX 77707			
<input type="checkbox"/> Change of Address			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 7475 COLONIAL DRIVE BEAUMONT, TX 77707		Date Received
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (409) 273-0638		Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI AL VINCENT		Receipt # Amount \$
	NICKNAME LAST SUFFIX BERNARD		Date Processed 7/19/23 Date Imaged 7/19/23
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 4520 CARTWRIGHT BMT TX 77707		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (409) 782-1716		
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 type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input checked="" type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 04 / 28 / 2023 THROUGH 07 / 17 / 2023		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <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) BIRD Trustee - At-Large	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

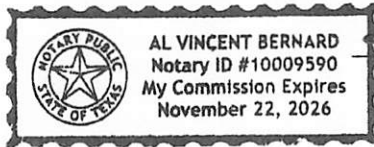


**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

15 C/OH NAME <i>DENISE W. SPOONER</i>		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)	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$
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.



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 *16th* day of *July*, 20*23*, to certify which, witness my hand and seal of office.

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)