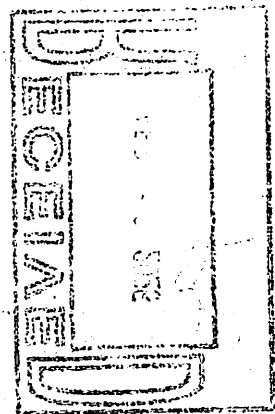


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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 Mr. FIRST Woodrow MI <hr/> NICKNAME LAST Reece, II SUFFIX	<div style="border: 2px solid blue; padding: 5px; text-align: center;"> OFFICE USE ONLY APR - 3 2025 </div> Date Received <hr/> Date Hand delivered or Date Postmarked <hr/> Receipt # Amount \$ <hr/> Date Processed 4/3/2025 <hr/> Date Imaged 4/3/2025	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1969 West Virginia Street Beaumont, TX 77705 <input type="checkbox"/> Change of Address		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (409) 781-9028		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr. FIRST Kevin MI <hr/> NICKNAME LAST Reece SUFFIX		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3345 Elinor Street Beaumont, Texas 77705 (Residence or Business)		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (409) 444-9379		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 01 / 01 / 2025 THROUGH 03 / 24 / 2025		
11 ELECTION	ELECTION DATE Month Day Year 05 / 03 / 2025	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) BIRD Trustee District 3	13 OFFICE SOUGHT (if known) BIRD Trustee District 3	
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 type="checkbox"/> SPECIFIC	COMMITTEE NAME <hr/> COMMITTEE ADDRESS <hr/> COMMITTEE CAMPAIGN TREASURER NAME <hr/> COMMITTEE CAMPAIGN TREASURER ADDRESS	

GO TO PAGE 2



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

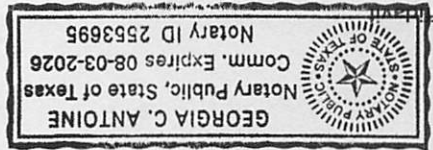
**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

16 Filer ID (Ethics Commission Filers)

15 C/OH NAME
Woodrow Reece, II

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)
3	TOTAL UNITEMIZED POLITICAL EXPENDITURE
4	TOTAL POLITICAL EXPENDITURES
5	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD
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 <i>Woodrow Reece Jr.</i>	

Please complete either option below:



NOTARY STAMP/SEAL

Sworn to and subscribed before me by *Woodrow Reece Jr.* this the *3rd* day of *April* 20*25* to certify which, witness my hand and seal of office

Signature of officer administering oath
Georgia C. Antoine
Printed name of officer administering oath
Title of officer administering oath
Notary Public

(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 _____ (month) _____, 20____ (year)
Signature of Candidate/Officeholder (Declarant)