

ALL INFORMATION IS REQUIRED TO BE PROVIDED UNLESS INDICATED OPTIONAL

APPLICATION FOR A PLACE ON THE City of Beaumont GENERAL ELECTION BALLOT  
 TO: City Secretary/Secretary of Board

I request that my name be placed on the above-named official ballot as a candidate for the office indicated below.

OFFICE SOUGHT (Include any place number or other distinguishing number, if any.) <u>Ward 4</u>	INDICATE TERM <input checked="" type="checkbox"/> FULL <input type="checkbox"/> UNEXPIRED
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FULL NAME (First, Middle, Last) <u>Kevin Wayne Reece</u>	PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT <sup>1</sup> <u>Kevin W. Reece</u>
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PERMANENT RESIDENCE ADDRESS (Do not include a P.O. Box or Rural Route. If you do not have a residence address, describe the address at which you receive personal mail and location of residence.) <u>3345 Elindor St Beaumont, TX 77705</u>	PUBLIC MAILING ADDRESS (Campaign mailing address, if available.) <u>3345 Elindor St Beaumont, TX 77705</u>
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CITY <u>Beaumont</u>	STATE <u>TX</u>	ZIP <u>77705</u>	CITY <u>Beaumont</u>	STATE <u>TX</u>	ZIP <u>77705</u>
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PUBLIC EMAIL ADDRESS (If available) <u>Greenearthclub@hotmail.com</u>	OCCUPATION (Do not leave blank) <u>UPS Driver</u>	DATE OF BIRTH <u>07/20/75</u>	VOTER REGISTRATION VOID NUMBER (Optional) <sup>2</sup>
--	--	----------------------------------	--

TELEPHONE CONTACT INFORMATION (Optional) Home: <u>407 444 9379</u> Work: Cell: <u>409 757 0308</u>	LENGTH OF CONTINUOUS RESIDENCE AS OF DATE APPLICATION SWORN	
	IN STATE <u>40</u> year (s) month(s)	IN TERRITORY FROM WHICH THE OFFICE SOUGHT IS ELECTED <sup>3</sup> <u>3</u> year (s) month(s)

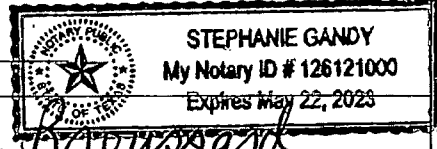
If using a nickname as part of your name to appear on the ballot, you are also signing and swearing to the following statements: I further swear that my nickname does not constitute a slogan nor does it indicate a political, economic, social, or religious view or affiliation. I have been commonly known by this nickname for at least three years prior to this election.

Before me, the undersigned authority, on this day personally appeared (name) KEVIN REECE, who being by me here and now duly sworn, upon oath says:

"I, (name) Kevin Reece of Jefferson County, Texas, being a candidate for the office of City Council Ward 4, swear that I will support and defend the Constitution and laws of the United States and of the State of Texas. I am a citizen of the United States eligible to hold such office under the constitution and laws of this state. I have not been finally convicted of a felony for which I have not been pardoned or had my full rights of citizenship restored by other official action. I 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. I am aware of the nepotism law, Chapter 573, Government Code.

I further swear that the foregoing statements included in my application are in all things true and correct."  
X Kevin W. Reece  
 SIGNATURE OF CANDIDATE

Sworn to and subscribed before me at 3:41 pm, this the 1st day of FEBRUARY 2021.

Signature of Officer Administering Oath <sup>4</sup> <u>Stephanie Gandy</u>	Title of Officer Administering Oath <u>Notary</u>	SEAL 
TO BE COMPLETED BY CITY SECRETARY OR SECRETARY OF BOARD: (See Section 1.007)		
Date Received <u>2.1.21</u>	Signature of Secretary <u>Inia Broussard</u>	
Voter Registration Status Verified <input type="checkbox"/>		



**CANDIDATE MODIFIED  
REPORTING DECLARATION**

**FORM CTA  
PG 2**

**11 CANDIDATE  
NAME**

**12 MODIFIED  
REPORTING  
DECLARATION**

**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. ••**

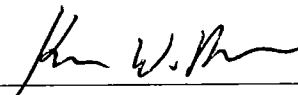
**•• The modified reporting option is valid for one election cycle only. ••**  
(An election cycle includes a primary election, a general election, and any related runoffs.)

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

I do not intend to accept more than \$900 in political contributions or  
make more than \$900 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.

2021

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



Signature of Candidate

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

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

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

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

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

# 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

CITY OF BEAUMONT  
 CITY OF BEAUMONT  
 2021 FEB - 1 PM 3:43

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.

Kevin

W

NICKNAME

LAST

SUFFIX (SR., JR., III, etc.)

Reece

4 TELEPHONE NUMBER  
OF CANDIDATE  
(PLEASE TYPE OR PRINT)

AREA CODE

PHONE NUMBER

EXTENSION

(409) 757 0308

5 ADDRESS OF CANDIDATE  
(PLEASE TYPE OR PRINT)

STREET / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

3345 Elmore

Beaumont

Texas

77705

6 OFFICE SOUGHT  
BY CANDIDATE  
(PLEASE TYPE OR PRINT)

City Council Seat Ward 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

Mrs.

Cheryl

L

NICKNAME

LAST

SUFFIX (SR., JR., III, etc.)

Reece

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.

Kenneth M. Rice  
Signature

2/1/21  
Date

# 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: <b>6</b>	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <b>Mr</b>	FIRST <b>Kevin</b>	MI <b>W</b>	
	NICKNAME	LAST <b>Reece</b>	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>3345 Elinor Beaumont TX 77705</b>		CITY CLERK'S OFFICE CITY OF BEAUMONT 2021 APR - APR 9:46	
	5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <b>(409)</b>		PHONE NUMBER <b>899-9379</b>
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <b>MRS</b>	FIRST <b>Cheryl</b>		MI <b>Lynn</b>
	NICKNAME	LAST <b>Reece</b>		SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>3345 Elinor Beaumont Texas 77705</b>		Date Received	
8 CAMPAIGN TREASURER PHONE	AREA CODE <b>(409)</b>	PHONE NUMBER <b>434</b>	EXTENSION <b>9721</b>	
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)		Date Hand-delivered or Date Postmarked	
	<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)		Receipt # Amount <b>9:46</b>	
10 PERIOD COVERED	Month Day Year <b>2 / 1 / 21</b>	THROUGH	Month Day Year <b>4 / 1 / 21</b>	
11 ELECTION	ELECTION DATE Month Day Year <b>5 / 1 / 21</b>		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) <b>School Board trustee Dist 24B</b>	13 OFFICE SOUGHT (if known) <b>city council ward 4</b>	
14 NOTICE FROM POLITICAL COMMITTEE(S)  <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**

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

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

15 C/OH NAME <u>Kevin Wayne Reece</u>		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)	\$ <u>605.<sup>00</sup>/<sub>100</sub></u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>0.00</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>308.99</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>1226.31</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>0.00</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0.00</u>

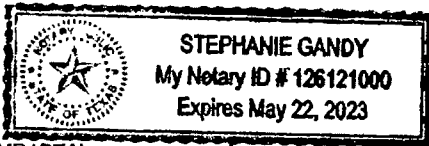
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Kevin W. Reece

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by KEVIN W. REECE this the 1 day of APRIL

20 21, to certify which, witness my hand and seal of office.

Stephanie Gandy  
Signature of officer administering oath

STEPHANIE GANDY  
Printed name of officer administering oath

NOTARY  
Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Kevin W. Reece and my date of birth is 7/20/73

My address is 3345 Elmore Beaumont TX 77705 Jefferson  
(street) (city) (state) (zip code) (country)

Executed in Jefferson County, State of Texas, on the 30 day of March, 20 21.  
(month) (year)

Kevin W. Reece  
Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <del>15,550.00</del> 605.00
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	\$ 6.00
5.	<input type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1535.10
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
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	\$ 0.00
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 930.10
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:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Paul Brown</i>	7 Amount of contribution (\$)  <i>175.00</i>
6 Contributor address; City; State; Zip Code <i>3270 Conkey Beaumont TX 77705</i>		
8 Principal occupation / Job title (See Instructions) <i>Retired</i>		9 Employer (See Instructions) <i>N/A</i>
Date <i>3/1/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mrs. Paul Brown</i>	Amount of contribution (\$)  <i>50.00</i>
Contributor address; City; State; Zip Code <i>3270 Conkey Beaumont TX 77705</i>		
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions) <i>MTA</i>
Date <i>3/10/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>anonymous donor</i>	Amount of contribution (\$)  <i>\$ 200.00</i>
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/15/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>anonymous donor</i>	Amount of contribution (\$)  <i>\$ 200.00</i>
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 PERSONAL FUNDS

## SCHEDULE G

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | 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 G: <b>1</b>	2 FILER NAME <b>Kevin W. Reece</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>3/30/21</b>	5 Payee name <b>Signs on the cheap. com</b>	
6 Amount (\$) <b>527.99</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; <b>online business</b>	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	(b) Description <b>Signs</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Kevin W. Reece</b>	Office sought <b>City Council Ward 4</b>
		Office held <b>School Board Trustee District 4</b>
Date	Payee name <b>Vistago Print</b>	
Amount (\$) <b>361.32</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; <b>6706 Lohman Forest Rd.</b>	City; State; Zip Code <b>Lago Vista TX 78645</b>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Signs</b>
	<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 <b>Kevin W. Reece</b>	Office sought <b>G.C. Ward 4</b>
		Office held <b>Trustee District 4</b>
Date	Payee name <b>Stillwater Visuals</b>	
Amount (\$) <b>337.00</b> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; <b>6950 College C</b>	City; State; Zip Code <b>Beaumont TX 77705</b>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>T-Shirts</b>
	<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 <b>e.c. ward 4</b>
		Office held <b>School Board Trustee District 4</b>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed:		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	Date Received	
	NICKNAME	LAST	SUFFIX	Date Hand-delivered or Date Postmarked	
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	Other (specify)		
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit	Receipt #		
	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)	Amount		
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report	Date Processed		
5 ORIGINAL PERIOD COVERED	Month	Day	Year	Month	Day
	THROUGH			Date Imaged	

OFFICE USE ONLY  
 APR 23 AM 11:10  
 CITY CLERK'S OFFICE  
 CITY OF BEAUMONT

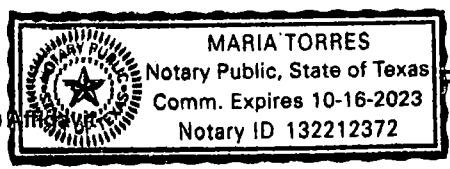
6 EXPLANATION OF CORRECTION  
 mic read instructions and placed purchases on the wrong form and items I paid for out of my pocket I listed as used campaign funds to purchase

7 SIGNATURE I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

- Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.
- Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Kevin Reece  
 Signature of Candidate/Officeholder



Please complete either option below:

(1) NOTARY STAMP/SEAL

Sworn to and subscribed before me by Kevin Reece this the 23 day of April, 2021, to certify which, witness my hand and seal of office.  
Maria Torres MARIA TORRES 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\_\_\_\_.  
 \_\_\_\_\_  
 Signature of Candidate/Officeholder (Declarant)

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

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

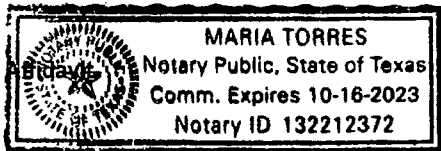
15 C/OH NAME <i>Kevin W. Reece</i>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <i>605.00</i>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>605.00</i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <i>308.99</i>
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>1535.00</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>0.00</i>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>0.00</i>

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.

*Kevin W. Reece*

Signature of Candidate or Officeholder

Please complete either option below:



(1)

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Kevin Reece this the 23 day of April

20 21, to certify which, witness my hand and seal of office.

*Maria Torres*  
Signature of officer administering oath

MARIA TORRES  
Printed name of officer administering oath

NOTARY  
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>Kevin W. Rice</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 605.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 605.00
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	\$ 0
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 930.10
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

# 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:
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR: <u>MR</u> FIRST: <u>Kevin</u> MI: <u>W</u> NICKNAME: _____      LAST: <u>Reece</u> SUFFIX: _____	<b>OFFICE USE ONLY</b>	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>	ADDRESS / PO BOX:      APT / SUITE #:      CITY:      STATE:      ZIP CODE <u>3345 Elinor</u> <u>Beaumont</u> <u>TX</u> <u>77705</u>	Date Received <div style="text-align: center; border: 1px solid black; padding: 5px;">                     2021 APR 23 AM 11:01                      CITY CLERK'S OFFICE                      CITY OF BEAUMONT                 </div>	
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE: <u>(409)</u> PHONE NUMBER: <u>444-9379</u> EXTENSION: _____	Date Hand-delivered or Date Postmarked: _____	
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR: <u>MRS</u> FIRST: <u>Cheryl</u> MI: <u>L</u> NICKNAME: _____      LAST: <u>Reece</u> SUFFIX: _____	Receipt #: _____      Amount \$: _____	Date Processed: _____
<b>7 CAMPAIGN TREASURER ADDRESS</b> <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE):      APT / SUITE #:      CITY:      STATE:      ZIP CODE <u>3345 Elinor</u> _____ <u>Beaumont</u> <u>TX</u> <u>77705</u>	Date Imaged: _____	
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE: <u>(409)</u> PHONE NUMBER: <u>454 9721</u> EXTENSION: _____		
<b>9 REPORT TYPE</b>	<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)		
<b>10 PERIOD COVERED</b>	Month      Day      Year      THROUGH      Month      Day      Year <u>March / 23 / 2021</u> <u>April / 23 / 2021</u>		
<b>11 ELECTION</b>	ELECTION DATE Month      Day      Year <u>5 / 1 / 21</u>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
<b>12 OFFICE</b>	OFFICE HELD (if any) <u>School Board Trustee District 4</u>	OFFICE SOUGHT (if known) <u>City Council Ward 4</u>	
<b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b>	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	<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**

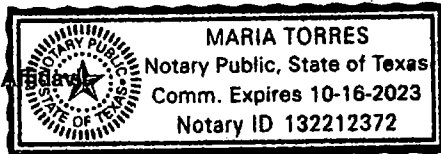
<b>15 C/OH NAME</b> Kevin W. Reece		<b>16 Filer ID (Ethics Commission Filers)</b>
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 40.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 40.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 75.57
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0.00
<b>OUTSTANDING LOAN TOTALS</b>	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.

Kevin W. Reece

Signature of Candidate or Officeholder

Please complete either option below:



(1)

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Kevin Reece this the 23 day of April

2021, to certify which, witness my hand and seal of office.

Maria Torres

MARIA TORRES

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)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 40.00
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 type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
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 checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 75.57
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 <i>Kevin W. Reece</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/12/21</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mack Mitchell</i>	7 Amount of contribution (\$) <i>\$410.00</i>
6 Contributor address; City; State; Zip Code <i>Beaumont TX 77705</i>		
8 Principal occupation / Job title (See Instructions) <i>self-employed</i>		9 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)
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.

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	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.

<b>1</b> Total pages Schedule G: 1	<b>2</b> FILER NAME Kevin W. Keece	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 04/22/21	<b>5</b> Payee name Office depot	
<b>6</b> Amount (\$) \$ 15.16 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; 3825 stagg	City; State; Zip Code Beaumont TX 77705
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description flyers
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Kevin W. Keece	Office sought CC ward 4
		Office held SBT District 4
Date 04/15/21	Payee name Suthorlands	
Amount (\$) \$ 46.14 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; 4545 College st	City; State; Zip Code Beaumont TX 77705
<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising expense	Description zip ties + posts
	<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 Kevin W. Keece	Office sought CC ward 4
		Office held SBT District 4
Date 4/01/21	Payee name	
Amount (\$) \$ 13.47 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; online company	City; State; Zip Code N/A N/A N/A
<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Images
	<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 Kin W. Keece	Office sought CC ward 4
		Office held SBT District 4

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED