CANDIDATE / OFFICEHOLDER FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. 3 CANDIDATE / MS / MRS / MR FIRST OFFICE USE ONLY **OFFICEHOLDER** BOE NAME Date Received NICKNAME LAST SUFFIX REEVES 4 CANDIDATE / ADDRESS / PO BOX: APT / SUITE #: STATE: ZIP CODE **OFFICEHOLDER** MAILING 300 SOUTH EXCHANGE WEIMAR TX 78962 **ADDRESS** Change of Address PHONE NUMBER AREA CODE EXTENSION 5 CANDIDATE/ Date Hand-delivered or Date Postmarked OFFICEHOLDER (979)733-4173 Cliver Rd PHONE Receipt # FIRST MS / MRS / MR MI 6 CAMPAIGN TREASURER VICKI Date Processed NAME LAST NICKNAME SUFFIX Date Imaged REEVES STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; STATE ZIP CODE 7 CAMPAIGN TREASURER **ADDRESS** WEIMAR TX 78962 300 SOUTH EXCHANGE (Residence or Business) 8 CAMPAIGN AREA CODE PHONE NUMBER EXTENSION **TREASURER** PHONE (979 732-7349 9 REPORT TYPE 15th day after campaign January 15 30th day before election Runoff treasurer appointment (Officeholder Only) Exceeded Modified July 15 Final Report (Attach C/OH - FR) 8th day before election Reporting Limit 10 PERIOD Year Month Day Month Day COVERED 12 / 21 11 21 1 THROUGH ELECTION TYPE ELECTION DATE 11 ELECTION Primary Runoff Month Day Description ■ General 2 11 / 21 OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM THE CANDIDATE / DEFICENCY DER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR DEFICENCY SKNOWLEDGE OR POLITICAL CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS

15 C/OH NAME BOE	E REEVES 16	Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	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)	\$ 0.00
EXPENDITURE TOTALS	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DO	s 0.00
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH LAST DAY OF THE REPORTING PERIOD	s 0.00
(1) Affidavit NOTARY STAMP/SEA Sworn to and subscribed	My N Expire	CE M. GUTHMANN lotary ID # 3642268 is December 9, 2021
Signature of officer administe	rring oath Printed name of officer administering oath	Title of officer administering oath
(2) Unsworn Declarati	on on	
My name is	, and my date of birth is	
My address is		
Executed in	(street) (city) (state County, State of , on the day of (month)	e) (zip code) (country) , 20 (year)
	Signature of Candidate	/Officeholder (Declarant)

APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA PG 1

	See	CTA Instruction Guide for c	letailed instructior	ıs.	1 Total pages fil	ed:
2	CANDIDATE	MS / MRS / MR FIRS	ST	MI	OFFIC	E USE ONLY
	NAME	BOE			Filer ID #	E GOL ONE!
		NICKNAME LAS	,	SUFFIX	T IICT ID W	
		The second secon		331111	Date Received	ENVE
		REEV	ES			
3	CANDIDATE MAILING	ADDRESS / PO BOX; APT / SUITE	#: CITY;	STATE: ZIP CODE	NON	1 2 2021
	ADDRESS	300 SOUTH EXCHANGE	WEIMAR	TX 78962	00	1-1
					Date Hand-delivered	d or Postmarked
		And the second s			HArd	delivered
4	CANDIDATE PHONE	AREA CODE PHONE NUM	MBER	EXTENSION	Receipt#	Amount \$
		(979) 733-4173			Date Processed	
5	OFFICE HELD	HICTIOF OF THE BEACE	DOT 412		Date Imaged	
	(if any)	JUSTICE OF THE PEACE,	PC1.#2			
6	OFFICE SOUGHT					
	(if known)					
7	CAMPAIGN TREASURER	MS/MRS/MR FIRST	MI	NICKNAME	LAST	SUFFIX
	NAME	VICKI			REEVES	
					112.25	
8	CAMPAIGN	STREET ADDRESS;	APT / SUITE #:	CITY;	STATE;	ZIP CODE
	TREASURER STREET	300 SOUTH EXCHANGE		WEIMAR	TX	78962
	ADDRESS	Soo Soo III Bacilla (GE		WEIMAIC	1.4	76702
(residence or business)					
9	CAMPAIGN	AREA CODE PHONE NUM	IBER	EXTENSION		THE RESERVE OF THE PARTY OF THE
	TREASURER PHONE	(979) 732-7349				
		1 717 1 152-1549				
10	CANDIDATE					
	SIGNATURE	I am aware of the Ne	potism Law, Ch	apter 573 of the Te	exas Govern	ment Code.
		I am aware of my res	sponsibility to fil	e timely reports as	s required by	title 15 of
		the Election Code.	- For ions into the	c initially reports as		,
		I am aware of the res	trictions in title 1	5 of the Election (Code on cont	tributions
		from corporations and			222 5.7 5571	na anto na 2010 il 1870.
					11-10-	-2021
		Signature of	of Candidate		Date Sign	
		L	GO TO PAGE	2		

The C/OH Instruction G	auide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER NAME	MS/MRS (MR) FIRST Soe	S	OFFICE USE ONLY Date Received
	NICKNAME LAST Reese		COLORADO ARIELDAD
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX: APT / SUITE #: 1032 Spring time	Ln Weimar Tx 7890	COLORADO COUNTY, TX
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (979) 733-4173	EXTENSION	Date Gand delivered of Date Postmarked
6 CAMPAIGN TREASURER	MS/MR FIRST	MI I	Receipt # Amount \$
NAME	NICKNAME LAST Reeves	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT 15 1032 Spring time Ln		zip code 5 le 2
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (979) 732-7349	EXTENSION	
9 REPORT TYPE	January 15 30th day before of July 15 8th day before ele		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 2 /5 / 2018	THROUGH 2	Day Year / 16 / 2018
11 ELECTION	Month Day Year Primary 3 / 6 / 2018 General	Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any)	Justice of	the Peace
			ty Precinct 2
	GO ТО	PAGE 2	

14 C/OH NAME	30° Scott	Reeves 15	Filer ID (E	thics Commission Filers)		
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CANE	OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURE SIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS IN URES.	UT THE CAN	DIDATE'S OR OFFICEHOLDER'S		
	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL					
	SPECIFIC	COMMITTEE ADDRESS				
		COMMITTEE CAMPAIGN TREASURER NAME				
Additional Pages						
		COMMITTEE CAMPAIGN TREASURER ADDRESS				
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$			
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	1/52.32		
EXPENDITURE TOTALS	3. TOTAL F	\$	0			
	4. TOTAL POLITICAL EXPENDITURES \$ 1302.32					
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 0 F REPORTING PERIOD					
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$					
18 AFFIDAVIT						
		I swear, or affirm, under penalty of perjutrue and correct and includes all informunder Title 15, Election Code. Signature of Candida	ation requi	red to be reported by me		
AFFIX NOTARY STAM	P/SEALABOVE	1//				
Sworn to and subsc	ribed before me, b	by the said Boe Grott Records	, this	the 26th		
day of Februa	W.20 18.	to certify which, witness my hand and seal of office.	^			
- Soulsold	Mealso	Kimberley Menke	Cerce	He Clerk		
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath						

MONE	TARY POLITICAL CONTRI	SCHEDULE A1		
The	e Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1;	
2 FILER NAME	Boe Scott Reeves		3 Filer ID (Ethics Commission Filers)	
4 Date 2-16-18	5 Full name of contributor Out-of-state PAC (PA: Nip # Nanc: Hadash 6 Contributor address: City; State;	7 Amount of contribution (\$)		
8 Principal occ	upation / Job title (See Instructions)	9 Employer (See Instruct	ions)	
Date 2-16-18	Full name of contributor Gerald Hill Contributor address; 1313 CR 2103 Weimar Tx	Zip Code 78442	Amount of contribution (\$)	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)	
Date 2-16-18	Full name of contributor out-of-state PAC (George 4 lana Miller Contributor address; City; State; 1944 CR 215 Weimar TK		Amount of contribution (\$)	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)	
Date 2-16-18	Full name of contributor out-of-state PAC (Geraldine Hoegeneyer Contributor address; City: State;	/ID#:) Zip Code	Amount of contribution (\$)	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)	
2-19-18	Boe Reeves 1032 Springtime Ln Weiman	-Ty 7894	232.co 200,00 225,32	
	ATTACH ADDITIONAL COPIES OF			

MONE	TARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The	s instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Boe Reeves	3 Filer ID (Ethics Commission Filers)
4 Date 2-16-18	5 Full name of contributor out-of-state PAC (108:) Den n's Poppe 6 Contributor address; City; State; Zip Code 16 54 CR 230	7 Amount of contribution (\$)
8 Principal occu	upation / Job title (See Instructions) 9 Employer (See Instruc	tions)
Date 2-16-18	Full name of contributor out-of-state PAC (IDE:) David & Barbare Mitchem Contributor eddress; City; State; Zip Code 1848 Oak Ridge Rd Weimar Tr 78962	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions) Employer (See Instruct	tions)
Date 2-16-18	Full name of contributor cut-of-state PAC (IDE:) Paul & Peggy Jurica Contributor address; City; State; Zip Code PO Box 874 Culumbus Tx 78584	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions) Employer (See Instruct	tions)
2-16-18	Full name of contributor [] out-of-state PAC (IDN:	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions) Employer (See Instruct	dons)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE If contributor is out-of-state PAC, please see instruction guide for additional	

	EXPENDITURE CATEG	ORIES FOR BOX 8(a)	
Advertising Expense Accounting/Benting Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics Great Card Payment	Event Expense Fess Food/Severage Expense y Gill/Awards/Memoriels Expense	Loan Reptyment/Reimburgement Office Overhead/Rental Expense Politing Expense Printing Expense Salarise/Wages/Contract Labor	Solicitation/Fundrataing Expense Transportation Equipment & Related Expense Travel out Of District Other (enter a category not lieted above)
1 Total pages Schedule F1:	2 FILER NAME Box Scott Reves		3 Filer ID (Ethics Commission Filers)
4 Date 2-19-18	5 Payee name R&b Graphics 7 Payee address; City; State; Zip		
6 Amount (\$) 3 18.49	7 Payee address; City; State; Zip 731 Walkut St. Colum k	ous Tr 78934	
8 PURPOSE OF EXPENDITURE	(11) Category (See Categories Heled at the top of this soil Invites, Postcards, reply	Cards Check if trevel or	utside of Texes, Complete Schedule 7. n, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Boe Scott Recues	Office sought Justice of the	Office held Reace Colorado Co. Pct2
Date 2-19-18	Payoo namo The Weimar Mercury		
Amount (\$) 216.83	Payee address; City; State; Zip 200 W. Main Weimar Ty 78	Code SE 2	
PURPOSE OF EXPENDITURE	Category (See Casegories listed at the top of this sol Political Ad.	Check It served ou	mide of Texas. Complete Schedule T. , TX, officeholder Rving expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Boe But Reeves	Office sought Justice of the Pa	Office held Parado Co. Pat.2
2-23-18	Peyername Kulm Radio		
232-02	Payee address: City; State: Zip 325 Radio Ln Colombus		·
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this so Radio adv. Polictical	Check if Austin	naide of Taxas. Complete Schedule T. , TX, officehelder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Boe Scott Reeves 3	office sought justice of the Peci	ce Colorado Co 19ct 2
	ATTACH ADDITIONAL COPIES (OF THIS SCHEDULE AS NE	EDED

EXPENDITURE CATEGORIES FOR BOX 8(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committe Credit Card Payment		Event Expense Fees Food/Beverage E Gift/Awards/Men Legal Services The Instructi	norials Expense	Office Overth Polling Expe Printing Expe Salaries/War		Solicitation/Fundraising I Transportation Equipmen Travel In District Travel Out Of District Other (enter a category n	rt & Related I	•
1 Total pages Schedule F1:	Box S	scott Rea	eJe5			3 Filer ID (Ethics Co	mmission	Filers)
4 Date 2-15-18	P Davasa	umo of Wei						
6 Amount (\$) من بين	7 Payee ac		City; State;		78562			
8 PURPOSE OF EXPENDITURE		(See Categories lis Rental	sted at the top of this	schedule)		outside of Texas. Complete Schedin, TX, officeholder living exp		
9 Complete ONLY if direct expenditure to benefit C/OH		ate/Officehold		Justic	Office sought	ace Colotado	ice held	et 2
Date 2-9-18	Payee na	states Pa	stal Seri	/;ce				
Amount (\$) 335. <i>©</i>	Payee ac	idress: Walnut (City; State; Columbus	Zip Code	'43 <i>4</i>			
PURPOSE OF EXPENDITURE	Category S'tan	(See Categories lit	sted at the top of this	schedule)		outside of Texas. Complete Sched		
Complete ONLY if direct expenditure to benefit C/OH		ate/Officehold		Justice	Office sought	on ae Colorado	ice held Co.	Rc+2
Date ·)	Payeeina	arfue						
Amount (\$)	Payee ac	idress;	City; State;	Zip Code				
PURPOSÉ OF EXPENDITURE	Category	(See Categories lit	sted at the top of this	schedule)		outside of Texas. Complete Sched in, TX, officeholder living expr		
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		scott R	der name	Just:	Office sought	Peace Colora	fice held do Co	, Rt2
	ΔT	TACH ADDITION	ONAL COPIES		CHEDULE AS NE			

APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

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			ZUL/NOV -3 PM 1: 30
	See	CTA Instruction Guide for detailed instructions.	1 Total pages filed: KIMBERLY MENKE
2	CANDIDATE NAME	MS/MRS(MR) FIRST MI BOC S NICKNAME LAST SUFFIX	OFFICE USE ONLY Acct. # Date Received
3	CANDIDATE MAILING ADDRESS	Reeves ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 1032 Springtime In Weimar Tx 789	(₆)2
4	CANDIDATE PHONE	AREA CODE PHONE NUMBER EXTENSION (979) 733-4173	Date Hand-delivered or Postmarked Date Processed
5	OFFICE HELD (if any)	none	Date Imaged
6	OFFICE SOUGHT (if known)	Justice of the Peace Precinct 2	
7	CAMPAIGN TREASURER NAME	MSMRS/MR FIRST MI NICKNAME VICKI	Reeves
	CAMPAIGN TREASURER STREET ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT/SUITE #: CITY: STATE: 1032 Springtime Ln Weimar Tx	78962
9	CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (979) 732-7349	
10	CANDIDATE SIGNATURE	I am aware of the Nepotism Law, Chapter 573 of the I am aware of my responsibility to file timely reports the Election Code. I am aware of the restrictions in title 15 of the Election from corporations and labor organizations.	as required by title 15 of
		Signature of Candidate	//- 3 - / 7 Date Signed
		CO TO PAGE 2	

CANDIDATE MODIFIED REPORTING DECLARATION

FORM CTA PG 2

11 CANDIDATE NAME Boe 5. Reeves

P.O. Box 12070

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 \$500 in political contributions or make more than \$500 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.

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.

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filer	s) 2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS/MRS(MR) FIRST BOE	MI C	OFFICE USE ONLY
NAME	NICKNAME LAST	SUFFIX	OCUNTY, TX
	Pieeves		1018 JAN 18 AM 9: 27
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #: 1032 Spring Time Ln. W	ITY: STATE: ZIP CODE VEIMAR TX 78962	
Change of Address			
5 CANDIDATE/ OFFICEHOLDER PHONE	(979) 733-4173	EXTENSION	Date Hand-delivered or Date harks
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST	MI	Receipt # Amount \$
NAME	NICKNAME LAST	SUFFIX	Date Processed
	Reeves		Date Imaged
7 CAMPAIGN TREASURER	street address (NO PO BOX PLEASE); APT / SL 1032 Springtime Ln.	ITE #: CITY: STATE; Weimar, TX	ZIP CODE 78962
ADDRESS (Residence or Business)	1002 spring in the Lit.	v veniral, cr	10102
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (979) 732-7349	EXTENSION	
9 REPORT TYPE	January 15 30th day before el	ection Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 8th day before elec	tion Exceeded \$500 limit	
10 PERIOD COVERED	Month Day Year	Mont	
		THROUGH 12	/ 31 / 2017
11 ELECTION	ELECTION DATE	ELECTION TY	PE
	Month Day Year Primary	Runoff Other Description	1
	03/06/2018 =		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if know	
	None	Justice of the	ounty Precinct 2
		Coordao C	ourly Precinci 2
	go то	PAGE 2	

COLOR 2018 JAI

14 C/OH NAME	oce Reeves	5	15	5 Filer ID	(Ethics Commission Filers)	
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.					
	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL	COMMITTEE ADDRESS		-		
		COMMITTEE CAMPAIGN TREASURER NAME				
Additional Pages		COMMITTEE CAMPAIGN TREASURER ADDRESS				
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (ES, LOANS, OR GUARANTEES OF LOANS), UNL		4	0	
		POLITICAL CONTRIBUTIONS I THAN PLEDGES, LOANS, OR GUARANTEES O	F LOANS)	\$	3,002.16	
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, S ITEMIZED		\$	0	
	4. TOTAL	POLITICAL EXPENDITURES		\$	2,892.23	
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF	F THE LAST [DAY \$	\$109.93	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T LAST DAY OF THE REPORTING PERIOD			HE \$	0	
18 AFFIDAVIT						
			cludes all info		he accompanying report is uired to be reported by me	
		Sphal	ture of Cand	idate or O	fficeholder	
AFFIX NOTARY STAM	MP/SEALABOVE	-				
Sworn to and subsc	ribed before me,	by the said 50 4 46 45		, th	is the	
day of	, 20 8,	to certify which, witness my hand and sea	al of office.			
Junt	relema	- EAN EAKING	chier	Dowl	/ Egyly Veti yCER	
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath						

MONE	TARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The	e instruction Guide explains how to complete this form.	1 Total pages Schedule At:
2 FILER NAME	Bue Scott Reeves	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:) BOC Scott Recves 6 Contributor address; City; State; Zip Code 1032 Spring Time Ln. We IMUR, TX 78962 upation / Job title (See Instructions) 9 Employer (See Instructions)	7 Amount of contribution (\$) \$ 100.00
8 Principal occ	upation / Job title (See Instructions) 9 Employer (See Instructions)	ouris)
Date 11/29/17	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	ions)
Date 12/8 17	Full name of contributor out-of-state PAC (ID#:) Tracy Hadash Contributor address; City; State; Zip Code 1032 Spng Time Ln. Welmar TX 178962	Amount of contribution (\$)
Principal occu	upation / Job title (See Instructions) Employer (See Instruc	tions)
Date 12/8/17	Full name of contributor out-of-state PAC (tD#:) Box Scott Reeves. Contributor address; City; State; Zip Gode 1032 Spring Time Ln. Weimortx, 78962	Amount of contribution (\$) $$\mu00.00$
Principal occi	upation / Job title (See Instructions) Employer (See Instruc	tions)
Date 12/18/17	Full name of contributor Boe Scott Recues BeB Ferre Co. commission Address: Cty; State; Zip Code 1032 Spring Time Ln. Welmar, TX 78962	Amount of Contribution. \$1,602-16
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NI If contributor is out-of-state PAC, please see instruction guide for additional	

EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/Danations Made 8: Candidate/Officeholder/Politica		Event Exper Fees Food/Bevers Gift/Awards/ Legal Service	ige Expense Memorials Expense	Office Over Polling Exp Printing Ex		Solicitation/Fundraising Ex Transportation Equipment & Travel In District Travel Out Of District Other (enter a category not	A Related Expense
Credit Card Payment		The Instr	uction Guide expla	ins how to co	omplete this form.		
1 Total pages Schedule F1:			Reeves			3 Filer ID (Ethics Com	mission Filers)
4 Date	5 Payee na		PERIO				
12/13/2017			rophies				
\$1,289.39	Po Bo		City: State; Welmar, 7	·	ሪ Ľ		
8	(a) Category	/ (See Categor	ies listed at the top of thi	s schedule)	(b) Description		
PURPOSE	Adves	tising	Expense			outside of Texas. Complete Scheduli	
OF EXPENDITURE			ards, Koozies	: e	Check if Austi	In. TX, officeholder living expen	\$ 0
		a sign					
9 Complete ONLY if direct			holder name		Office sought	. t .	e held
expenditure to benefit C/OI	Bue !	Scott R	29099	Justic	e of the Poace	Colorado Count	y Pct Z
Date	Payee na	ame	_				
12/19/2017	Nou	nar T	rophies				
Amount (\$)	(\$) Payee address; City; State; Zip Code						
\$1,602.84 PO BUX 155 WEIMER, TX 78962							
	Categor	y (See Catego	ries listed at the top of th	is schedule)	Description		
PURPOSE	Printi	NO E	(Perse		1 7-5	outside of Texas. Complete Schedule	
OF EXPENDITURE	1	_	z ż large	signs)	Check if Austi	in, TX, officeholder (lving expen	s e
Complete ONLY if direct	Candid	ate / Office	holder name		Office sought	Offic	e held
expenditure to benefit C/O	Box Sc	ott Re	zeves Ji	ustice d	the Peace 1	Colorado Count	y Pct 2
Date	Payeen	ame					
Amount (\$)	Payee a	ddress;	City; State;	Zip Code			
	Categor	y (See Catego	ries listed at the top of th	is schedule)	Description		
PURPOSE				•	· ·	outside of Texas. Complete Schedul	ө Т.
OF EXPENDITURE					Check if Aust	in, TX, officeholder living exper	15 0
EAFERDITORE							
Complete ONLY if direct expenditure to benefit C/O		date / Office	eholder name		Office sought	Off	ice held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

The C/OH Instruction Gu	uide explains how to complete this form. 1 Filer ID (Ethics Commission Filers	2 Total pages filed:
3 CANDIDATE/	MS / MRS MR FIRST MI	OFFICE USE ONLY
OFFICEHOLDER NAME	NICKNAME LAST SUFFIX	Date Received
	Reeves	FILED FOR NECORD COLORADO COUNTY, TX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 1032 Spring time in Weimar Tx 7890	2018 FEB -6 AM 8: 14
Change of Address		KIMBERLY MENKE
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (979) 733-4173	Date Hand-delivered or Date Postmarked
6 CAMPAIGN	MS MRS MR. FIRST MI	Receipt # Amount \$
TREASURER NAME	NICKNAME LAST SUFFIX	Date Processed
	Reeves	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: 1032 Springtime In Weimartx 785	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (979) 732-7349	
9 REPORT TYPE	January 15 30th day before election Runoff July 15 8th day before election Exceeded \$500 lim	15th day after campaign treasurer appointment (Officeholder Only) it Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year Mon	th Day Year / 5 / 2018
11 ELECTION	Month Day Year Primary Runoff Other Description General Special	on
12 OFFICE	OFFICE HELD (if any) 13 OFFICE SOUGHT (if k	of the Peace
	None Colorado (of the Peace County Precinct 2
	GO TO PAGE 2	

4 C/OH NAME	Roe Reev	1 22	5 Filer ID (E	thics Commission Filers)
NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR N	OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITION OF POLITICAL EXPENDITURES MAY HAVE BEEN MADE WIT INSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS	HOUT THE CAN	DIDATE S ON OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
	SPECIFIC	COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME		
Additional Pages				
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS	1. TOTAL PLEDG	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	AN \$	0
	2. TOTAL	POLITICAL CONTRIBUTIONS R THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	41408.79
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED			o
	4. TOTAL	POLITICAL EXPENDITURES	\$	1258.19
CONTRIBUTION BALANCE	5. TOTAL OF RE	DAY \$	\$150,00	
OUTSTANDING LOAN TOTALS	6. TOTAL	THE \$	ь	
18 AFFIDAVIT		I swear, or affirm, under penalty of particles and correct and includes all infunder Title 15, Election Code.	perjury, that the community of the commu	he accompanying report is uired to be reported by me
AFFIXNOTARYSTA	MP/SEALABOVE	Signature of Car	ndidate or O	officeholder
*		, by the said BOE LEEVES	, th	is the bth
Sworn to and subs	cribed before me	, to certify which, witness my hand and seal of office		A COLOR OF THE STATE OF THE STA
Jan	Teraine	JEAN FERKING Chief	Epity!	Early Voting Cla
Signature of officer	administering oath	Printed name of officer administering oath	1 little o	Tomcer administerang oath

MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAME BER Reeves	3 Filer ID (Ethics Commission Filers)
Date 5 Full name of contributor cut-of-state PAC (ID#: 1-3-18 Tracy Hadash 6 Contributor address: City: State; Zip Code 1032 Spring Time Ln Weimar Tx 7896 Principal occupation / Job title (See Instructions) 9 Employer (See Instru	\$ 400.00
Date Full name of contributor Scotty Reeves Contributor address; City: State; Zip Code 402 W. Ave Scholen by 1977 78956 Principal occupation / Job title (See Instructions) Employer (See Inst.	\$250.00
Date Full name of contributor out-of-state PAC (ID#: **Eugenia Reeve** Contributor address: City: State: Zip Code **811 Paulas Schulenburg Tx 78956 **Principal occupation / Job title (See Instructions) Employer (See Instructions)	B250.00
Date Full name of contributor Bace Reeves Contributor address: City: State: Zip Code 1032 Spring Fine In Weimar Tx 78762 Principal occupation / Job title (See Instructions) Employer (See Instructions)	\$ 508.79
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE A	S NEEDED onal reporting requirements.

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)			
Credit Card Payment	The Instruction Guide explain	s how to complete this form.				
1 Total pages Schedule F1:	2 FILER NAME Boe Scott Reeves		3 Filer ID (Ethics Commission Filers)			
4 Date	5 Payee name Weima Trophies					
6 Amount (\$)	PO Box 155 Weiman					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this s Advesting Expense fard Signs	Check if travel of	outside of Texas. Complete Schedule T. in, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Boe Scott Recues	Office sought Tustice of	the Peace Colorado Cronty			
Date	Payee name United States Postal S					
2-5-2018						
4750.00	Payee address: City: State: 2	TX 78961				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this Postal Stamps	Check if travel of	outside of Texas. Complete Schedule T.			
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name Box Scott Reeves 3	Office sought is tice of the Peace	Office held Colorad County Ret 2			
Date	Payee name					
Amount (\$)	Payee address; City: State;	Zip Code				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this	Check if travel	cutside of Texas. Complete Schedule T. tin. TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held			
	ATTACH ADDITIONAL COPIE	S OF THIS SCHEDULE AS N	EEDED			