

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
	BOE		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	NICKNAME	LAST	SUFFIX
	REEVES		
Address / PO BOX:		APT / SUITE #:	CITY: STATE: ZIP CODE
300 SOUTH EXCHANGE		WEIMAR TX	78962
Change of Address			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(979)	733-4173	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	VICKI		
7 CAMPAIGN TREASURER ADDRESS	NICKNAME	LAST	SUFFIX
	REEVES		
STREET ADDRESS (NO PO BOX PLEASE):		APT / SUITE #:	CITY: STATE: ZIP CODE
300 SOUTH EXCHANGE		WEIMAR	TX 78962
(Residence or Business)			
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(979)	732-7349	
9 REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff
	<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit
15th day after campaign treasurer appointment (Officeholder Only)		Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month	Day	Year
	1	1	21
THROUGH		Month	Day
		11	12
		21	
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
11 / 2 / 21		<input checked="" type="checkbox"/> General	<input type="checkbox"/> Runoff
		<input type="checkbox"/> Special	Other Description
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)
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.		
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
Additional Pages			

OFFICE USE ONLY

Date Received
RECEIVED
NOV 12 2021
BY: *SOH*

Date Hand-delivered or Date Postmarked
Hand delivered

Receipt # Amount \$

Date Processed

Date Imaged

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME BOE REEVES		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)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

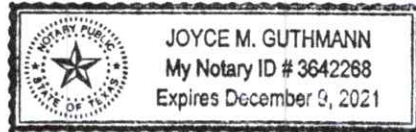
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Boe Reeves/Joyce Guthmann this the 12th day of November, 2021, 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)

APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA
PG 1

See CTA Instruction Guide for detailed instructions.						1 Total pages filed:		
2 CANDIDATE NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY				
	BOE		Filer ID #					
	NICKNAME	LAST	SUFFIX	Date Received				
	REEVES		NOV 12 2021					
3 CANDIDATE MAILING ADDRESS	ADDRESS / PO BOX:	APT / SUITE #:	CITY:	STATE:	ZIP CODE			
	300 SOUTH EXCHANGE		WEIMAR	TX	78962			
4 CANDIDATE PHONE	AREA CODE	PHONE NUMBER	EXTENSION					
	(979)	733-4173	Date Hand-delivered or Postmarked					
5 OFFICE HELD (if any)	JUSTICE OF THE PEACE, PCT. #2						Receipt #	Amount \$
							Date Processed	
6 OFFICE SOUGHT (if known)								
7 CAMPAIGN TREASURER NAME	MS/MRS/MR	FIRST	MI	NICKNAME	LAST	SUFFIX		
	VICKI		REEVES					
8 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	STREET ADDRESS:		APT / SUITE #:	CITY:	STATE:	ZIP CODE		
	300 SOUTH EXCHANGE			WEIMAR	TX	78962		
9 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION					
	(979)	732-7349						
10 CANDIDATE SIGNATURE	<p>I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.</p> <p>I am aware of my responsibility to file timely reports as required by title 15 of the Election Code.</p> <p>I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.</p> <p> _____ Signature of Candidate</p> <p>11-12-2021 Date Signed</p>							
GO TO PAGE 2								

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="radio"/> MR FIRST: Boe MI: S NICKNAME: Reeves LAST: Reeves SUFFIX:	OFFICE USE ONLY Date Received FILED FOR RECORD COLORADO COUNTY, TX 2018 FEB 26 AM 11:39 KIMBERLY MENKE COUNTY CLERK Date Hand Delivered by: _____ Date Postmarked: _____ Receipt # _____ Amount \$ _____ Date Processed _____ Date Imaged _____	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 1032 Springtime Ln Weimar Tx 78962		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: PHONE NUMBER: EXTENSION: (979) 733-4173		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <input checked="" type="radio"/> MR FIRST: Vicki MI: L NICKNAME: Reeves LAST: Reeves SUFFIX:		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE 1032 Springtime Ln Weimar Tx 78962		
8 CAMPAIGN TREASURER PHONE	AREA CODE: PHONE NUMBER: EXTENSION: (979) 732-7349		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 2 / 5 / 2018 THROUGH 2 / 26 / 2018		
11 ELECTION	ELECTION DATE: Month Day Year ELECTION TYPE: 3 / 6 / 2018 <input checked="" 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) None	13 OFFICE SOUGHT (if known) Justice of the Peace Colorado County Precinct 2	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

14 C/OH NAME Boe Scott Reeves **15 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.

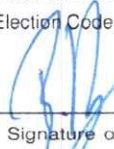
<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
	COMMITTEE ADDRESS	
	COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS	

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>1152.32</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>1302.32</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>0</u>
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 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

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Boe Scott Reeves, this the 26th day of February, 2018, to certify which, witness my hand and seal of office.

 Kimberly Menke County Clerk
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The 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

Phillip & Nanci Hadash

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

100.00

6 Contributor address:

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2-16-18

Full name of contributor

Gerald Hill

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

75.00

Contributor address;

1713 CR 2103

City; State; Zip Code

Weimar TX 78962

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-16-18

Full name of contributor

George & Lana Miller

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

50.00

Contributor address;

1946 CR 215

City; State; Zip Code

Weimar TX 78962

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-16-18

Full name of contributor

Geraldine Hoegeneyer

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

50.00

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

2-19-18

Boe Reeves

1032 Springtime Ln Weimar Tx 78966

232.00

200.00

225.32

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The 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 (ID#: _____)
Dennis Poppe

7 Amount of contribution (\$)
50.00

6 Contributor address; City; State; Zip Code
1654 CR 230 Weimar TX 78962

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
2-16-18

Full name of contributor out-of-state PAC (ID#: _____)
David & Barbara Mitchem

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
1848 Oak Ridge Rd Weimar TX 78962

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
2-16-18

Full name of contributor out-of-state PAC (ID#: _____)
Paul & Peggy Jurica

Amount of contribution (\$)
20.00

Contributor address; City; State; Zip Code
PO Box 874 Columbus TX 78534

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
2-16-18

Full name of contributor out-of-state PAC (ID#: _____)
Lawrence Addicks

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
1736 CR 240 Weimar TX 78962

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Bookkeeping	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expenses	Food/Beverage Expense	Printing 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>Boe Scott Reeves</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>2-19-18</i>	5 Payee name <i>B&B Graphics</i>	
6 Amount (\$) <i>318.49</i>	7 Payee address; City; State; Zip Code <i>731 Walnut St. Columbus Tx 78934</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Invites, Postcards, reply cards</i>	(b) Description <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 <i>Boe Scott Reeves</i>	Office sought <i>Justice of the Peace Colorado Co. Pct 2</i>
	Office held	
Date <i>2-19-18</i>	Payee name <i>The Weimar Mercury</i>	
Amount (\$) <i>216.83</i>	Payee address; City; State; Zip Code <i>200 W. Main Weimar Tx 78962</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Political Ad.</i>	Description <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 <i>Boe Scott Reeves</i>	Office sought <i>Justice of the Peace Colorado Co. Pct. 2</i>
	Office held	
Date <i>2-23-18</i>	Payee name <i>Kulm Radio</i>	
Amount (\$) <i>232.00</i>	Payee address; City; State; Zip Code <i>325 Radio Ln Columbus Tx 78934</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Radio adv. Political</i>	Description <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 <i>Boe Scott Reeves</i>	Office sought <i>Justice of the Peace Colorado Co Pct 2</i>
	Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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			

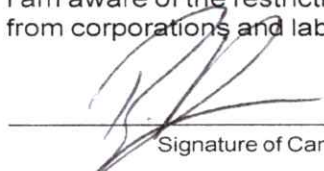
The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1	2 FILER NAME Boe Scott Reeves	3 Filer ID (Ethics Commission Filers)		
4 Date 2-15-18	5 Payee name City of Weimar			
6 Amount (\$) 200.00	7 Payee address; City; State; Zip Code 106 E. Main St Weimar Tx 78962			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Hall Rental	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	<table border="0" style="width:100%;"> <tr> <td style="width:33%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:33%;">Candidate / Officeholder name Boe Scott Reeves</td> <td style="width:33%;">Office sought Justice of the Peace Colorado Co. Ret 2</td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Boe Scott Reeves
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Boe Scott Reeves	Office sought Justice of the Peace Colorado Co. Ret 2		
Date 2-9-18	Payee name United States Postal Service			
Amount (\$) 335.00	Payee address; City; State; Zip Code 1221 Walnut Columbus Tx 78934			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Stamps	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	<table border="0" style="width:100%;"> <tr> <td style="width:33%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:33%;">Candidate / Officeholder name Boe Scott Reeves</td> <td style="width:33%;">Office sought Justice of the Peace Colorado Co. Ret 2</td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Boe Scott Reeves
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Boe Scott Reeves	Office sought Justice of the Peace Colorado Co. Ret 2		
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		
	<table border="0" style="width:100%;"> <tr> <td style="width:33%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:33%;">Candidate / Officeholder name Boe Scott Reeves</td> <td style="width:33%;">Office sought Justice of the Peace Colorado Co. Ret 2</td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Boe Scott Reeves
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Boe Scott Reeves	Office sought Justice of the Peace Colorado Co. Ret 2		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FILED FOR RECORD
 COLORADO COUNTY, TX
 FORM CTA
 PG 1
 2017 NOV -3 PM 1:30

See CTA Instruction Guide for detailed instructions.						1 Total pages filed: KIMBERLY MENKE COUNTY CLERK	
2 CANDIDATE NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY			
	NICKNAME	LAST	SUFFIX	Acct. #	Date Received		
3 CANDIDATE MAILING ADDRESS	ADDRESS / PO BOX:	APT / SUITE #:	CITY:	STATE:	ZIP CODE		
4 CANDIDATE PHONE	AREA CODE	PHONE NUMBER	EXTENSION		Date Hand-delivered or Postmarked		
5 OFFICE HELD (if any)	none						Date Processed
6 OFFICE SOUGHT (if known)	Justice of the Peace Precinct 2						
7 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	NICKNAME	LAST	SUFFIX	
	Vicki L Reeves						
8 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE):		APT / SUITE #:	CITY:	STATE:	ZIP CODE	
	1032 Springtime Ln Weimar Tx 78962						
9 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		Date Imaged		
10 CANDIDATE SIGNATURE	<p>I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.</p> <p>I am aware of my responsibility to file timely reports as required by title 15 of the Election Code.</p> <p>I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.</p> <p> Signature of Candidate</p> <p>11-3-17 Date Signed</p>						
GO TO PAGE 2							

CANDIDATE MODIFIED REPORTING DECLARATION

FORM CTA
PG 2

11 CANDIDATE
NAME

Boe S. Reeves

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.

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 / <u>MR</u>	FIRST <u>Boe</u>	MI <u>S</u>	<div style="border: 1px solid black; padding: 5px;"> <p align="center">OFFICE USE ONLY</p> <p>Date Received: <u>2018 JAN 18 AM 9:27</u></p> <p align="center">COLORADO COUNTY, TX</p> <p align="center">KIMBERLY MENKE COUNTY CLERK</p> <p>Date Hand-delivered or Late Marked: _____</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Receipt #</td> <td style="width:50%;">Amount \$</td> </tr> <tr> <td>Date Processed</td> <td></td> </tr> <tr> <td>Date Imaged</td> <td></td> </tr> </table> </div>	Receipt #	Amount \$	Date Processed		Date Imaged	
	Receipt #	Amount \$								
Date Processed										
Date Imaged										
NICKNAME		LAST <u>Peeves</u>	SUFFIX							
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #;	CITY;	STATE; ZIP CODE							
<input type="checkbox"/> Change of Address	<u>1032 SpringTime Ln.</u>	<u>Weimar, TX</u>	<u>78962</u>							
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION							
	<u>(979)</u>	<u>733-4173</u>								
6 CAMPAIGN TREASURER NAME	MS / <u>MRS</u> / MR	FIRST <u>Vicki</u>	MI <u>L</u>							
	NICKNAME	LAST <u>Peeves</u>	SUFFIX							
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;									
(Residence or Business)	<u>1032 SpringTime Ln. Weimar, TX 78962</u>									
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION							
	<u>(979)</u>	<u>732-7349</u>								
9 REPORT TYPE	<input checked="" 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 \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)									
10 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year			
	/	/			<u>12</u>	<u>31</u>	<u>2017</u>			
11 ELECTION	ELECTION DATE		ELECTION TYPE							
	Month	Day	Year	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description				
	<u>03</u>	<u>06</u>	<u>2018</u>	<input type="checkbox"/> General	<input type="checkbox"/> Special					
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)						
	<u>None</u>			<u>Justice of the Peace Colorado County Precinct 2</u>						

COLORADO COUNTY, TX
 2018 JAN 18 AM 9:27
 KIMBERLY MENKE
 COUNTY CLERK

FILED
 COLOR
 2018 JAN
 KIMBE
 COUN

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Boe Reeves 15 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.

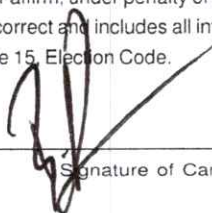
COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,002.16
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,892.23
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 109.93
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

18 AFFIDAVIT

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

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Boe Reeves, this the 18th day of January, 2018, to certify which, witness my hand and seal of office.

Jan Perkins Signature of officer administering oath
Jan Perkins Printed name of officer administering oath
Chief Deputy/Early Voting CLK Title of officer administering oath

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The 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

11/29/17

5 Full name of contributor

Boe Scott Reeves

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$100.00

6 Contributor address;

1032 Spring Time Ln.

City; State; Zip Code

Weimar, TX 78962

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

11/29/17

Full name of contributor

Kenneth N. Bigham, JR.

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$200.00

Contributor address;

5425 W. County Line Rd. Schulenburg, TX 78956

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/8/17

Full name of contributor

Tracy Hadash

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$500.00

Contributor address;

1032 Spring Time Ln.

City; State; Zip Code

Weimar TX 78962

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/8/17

Full name of contributor

Boe Scott Reeves

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$1600.00

Contributor address;

1032 Spring Time Ln. Weimar, TX, 78962

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/18/17

Full name of contributor

Boe Scott Reeves B&B Fence Co.

Amount of contribution.

\$1,602.16

Contributor Address;

1032 Spring Time Ln.

City; State; Zip Code

Weimar, TX 78962

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking Expense	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: **1** 2 FILER NAME: **Boe Scott Reeves** 3 Filer ID (Ethics Commission Filers)

4 Date: **12/13/2017** 5 Payee name: **Weimar Trophies**

6 Amount (\$): **\$1,289.39** 7 Payee address; City; State; Zip Code: **PO Box 155 Weimar, TX 78962**

8 PURPOSE OF EXPENDITURE: **Advestising Expense (pers, emony boards, koozies & yard signs)**

(a) Category (See Categories listed at the top of this schedule)

(b) Description
 Check if travel outside of Texas. Complete Schedule T.
 Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name: **Boe Scott Reeves** Office sought: **Justice of the Peace Colorado County Pct 2** Office held:

Date: **12/19/2017** Payee name: **Weimar Trophies**

Amount (\$): **\$1,602.84** Payee address; City; State; Zip Code: **PO Box 155 Weimar, TX 78962**

PURPOSE OF EXPENDITURE: **Printing Expense (door hangers & large signs)**

Category (See Categories listed at the top of this schedule)

Description
 Check if travel outside of Texas. Complete Schedule T.
 Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name: **Boe Scott Reeves** Office sought: **Justice of the Peace Colorado County Pct 2** 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
 Check if travel outside of Texas. Complete Schedule T.
 Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name: Office sought: Office held:

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR C	FIRST Bee	MI S	OFFICE USE ONLY Date Received FILED FOR RECORD COLORADO COUNTY, TX 2018 FEB -6 AM 8: 14 KIMBERLY MENKE COUNTY CLERK Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged							
	NICKNAME LAST SUFFIX	Reeves									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE	1032 Springtime Ln Weimar Tx 78962									
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION	(979) 733-4173									
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Vicki	MI L								
	NICKNAME LAST SUFFIX	Reeves									
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE	1032 Springtime Ln Weimar Tx 78962									
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION	(979) 732-7349									
9 REPORT TYPE	<table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<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 \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)
<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 \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)								
10 PERIOD COVERED	Month Day Year / / /	THROUGH	Month Day Year / / /								
11 ELECTION	ELECTION DATE Month Day Year / / /	ELECTION TYPE <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)	13 OFFICE SOUGHT (if known)									
None		Justice of the Peace Colorado County Precinct 2									
GO TO PAGE 2											

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

Boe Reeves

15 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

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

0

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

4408.79

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$

0

4. TOTAL POLITICAL EXPENDITURES

\$

1258.79

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$

150.00

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

0

18 AFFIDAVIT

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

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *BOE REEVES*, this the *6th* day of *February*, 20 *18*, 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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Bce Reeves

3 Filer ID (Ethics Commission Filers)

4 Date

2-3-18

5 Full name of contributor

out-of-state PAC (ID#: _____)

Tracy Hadash

7 Amount of contribution (\$)

\$400.00

6 Contributor address:

City: State: Zip Code

1032 Spring Time Ln Weimar Tx 78962

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2-3-18

Full name of contributor

out-of-state PAC (ID#: _____)

Scotty Reeves

Amount of contribution (\$)

\$250.00

Contributor address:

City: State: Zip Code

402 W. Ave Schulenburg Tx 78956

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-3-18

Full name of contributor

out-of-state PAC (ID#: _____)

Eugenia Reeves

Amount of contribution (\$)

\$250.00

Contributor address:

City: State: Zip Code

811 Paulas Schulenburg Tx 78956

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1-20-18

Full name of contributor

out-of-state PAC (ID#: _____)

Bce Reeves

Amount of contribution (\$)

\$508.79

Contributor address:

City: State: Zip Code

1032 Spring Time Ln Weimar Tx 78962

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
1	Boe Scott Reeves		
4 Date	5 Payee name		
	Weimar Trophies		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
	PO Box 155 Weimar, TX 78966		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description
	Advertising Expense Hard Signs		<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
	Boe Scott Reeves	Justice of the Peace	Colorado County Pct 2
Date	Payee name		
2-5-2018	United States Postal Service		
Amount (\$)	Payee address; City; State; Zip Code		
\$750.00	100 E Main St Weimar TX 78962		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description
	Postal Stamps		<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
	Boe Scott Reeves	Justice of the Peace	Colorado County Pct 2
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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED