

# 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>36</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: _____ FIRST: <b>Jon</b> MI: <b>W</b> NICKNAME: _____ LAST: <b>West</b> SUFFIX: _____	<b>OFFICE USE ONLY</b> Date Received: <b>FILED FOR RECORD AT 8:42 AM 2020</b> <b>JAN 14 REC'D</b> KARA SANDS CLERK COUNTY CLERK, NUECES COUNTY TEXAS BY: <i>[Signature]</i>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: _____ APT / SUITE #: _____ CITY: _____ STATE: _____ ZIP CODE: _____		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: <b>(956)</b> PHONE NUMBER: <b>453-6707</b> EXTENSION: _____		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: _____ FIRST: <b>Margie</b> MI: <b>Silva</b> NICKNAME: _____ LAST: <b>Flores</b> SUFFIX: _____		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): _____ APT / SUITE #: _____ CITY: _____ STATE: <b>Tx.</b> ZIP CODE: <b>78413</b> <b>4506 Oso Parkway Ce.</b>		
8 CAMPAIGN TREASURER PHONE	AREA CODE: <b>(361)</b> PHONE NUMBER: <b>960-5078</b> EXTENSION: <b>-</b>		
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    Month Day Year <b>7 / 1 / 2019</b> THROUGH <b>12 / 31 / 2019</b>		
11 ELECTION	ELECTION DATE Month Day Year <b>3 / 3 / 2020</b>	ELECTION TYPE <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)  <b>none</b>	13 OFFICE SOUGHT (if known)  <b>Nueces County District Attorney</b>	

GO TO PAGE :



# 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	\$ 8450 <sup>00</sup>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 738 <sup>00</sup>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 18,500 <sup>00</sup>
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 24,209 <sup>65</sup>
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 type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Jon W. West</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>7/24/19</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Eugene J. Slaman</i>	7 Amount of contribution (\$) <i>\$500<sup>00</sup></i>
6 Contributor address; City; State; Zip Code <i>55 Lakeshore Dr., ec. Tx. 78413</i>		
8 Principal occupation / Job title (See Instructions) <i>Retired</i>		9 Employer (See Instructions) <i>Retired</i>
Date <i>7/26/19</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Margie Silva Flores</i>	Amount of contribution (\$) <i>\$250<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>4506 OSD Parkway CCTx 78413</i>		
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>79th Judicial District Attorney's office.</i>
Date <i>8/13/19</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Aaron Van Pelt</i>	Amount of contribution (\$) <i>\$100<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>4136 Creechdale Dr. Dallas 75229</i>		
Principal occupation / Job title (See Instructions) <i>SW Test Manager</i>		Employer (See Instructions) <i>Westscout Co.</i>
Date <i>8/19/19</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Joseph West</i>	Amount of contribution (\$) <i>\$50<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>785 Washington St. #302 Norwood MA 2062</i>		
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions) <i>Retired</i>
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Jon W. West</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>8/19/19</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Jon Machek</i>	7 Amount of contribution (\$) <i>\$50<sup>00</sup></i>
6 Contributor address; City; State; Zip Code <i>9671 Maple Tree Kenosha WI 53040</i>		
8 Principal occupation / Job title (See Instructions) <i>Truck Driver</i>		9 Employer (See Instructions) <i>J. Machek Trucking Co.</i>
Date <i>9/12/19</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Natalie Olsson</i>	Amount of contribution (\$) <i>\$50<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>4518 Hogan CC TX. 78413</i>		
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions) <i>Retired</i>
Date <i>9/17/19</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Sandra Vasquez Herrera</i>	Amount of contribution (\$) <i>\$25<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>5278 Wagon Trail Robstown TX. 78380</i>		
Principal occupation / Job title (See Instructions) <i>Substitute Teacher</i>		Employer (See Instructions) <i>CCISD</i>
Date <i>9/17/19</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Ricardo Camillo</i>	Amount of contribution (\$) <i>\$100<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>721 E. King Ave. Kingsville, TX. 78363</i>		
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>Self employed.</i>

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Jon W. West</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>9/18/19</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Greg Hood</i>	7 Amount of contribution (\$) <i>\$200<sup>00</sup></i>
6 Contributor address; City; State; Zip Code <i>4942 Valley Stream CC TX. 78413</i>		
8 Principal occupation / Job title (See Instructions) <i>Executive Director</i>		9 Employer (See Instructions) <i>Reach Ministries</i>
Date <i>9/18/19</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Debra Perrin</i>	Amount of contribution (\$) <i>\$150<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>738 Crown HBR CC TX. 78402-1715</i>		
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions) <i>Retired</i>
Date <i>9/18/19</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Sam Dalton</i>	Amount of contribution (\$) <i>\$100<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>8002 Villefranch Dr. CC TX 78414</i>		
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions) <i>Retired</i>
Date <i>9/18/19</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Andrew B Taubman</i>	Amount of contribution (\$) <i>\$50<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>5601 SPID # D-204 CC TX. 78412.</i>		
Principal occupation / Job title (See Instructions) <i>Investor</i>		Employer (See Instructions) <i>self employed.</i>

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Jon W. West</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>9/18/19</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>David Towler</i>	7 Amount of contribution (\$) <i>\$500<sup>00</sup></i>
	6 Contributor address; City; State; Zip Code <i>410 E. Collins San Diego TX 78384</i>	
8 Principal occupation / Job title (See Instructions) <i>Attorney</i>		9 Employer (See Instructions) <i>self employed.</i>
Date <i>9/18/19</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Richard Milby</i>	Amount of contribution (\$) <i>\$200<sup>00</sup></i>
	Contributor address; City; State; Zip Code <i>4412 High Ridge CC Tx. 78410</i>	
Principal occupation / Job title (See Instructions) <i>Pastor</i>		Employer (See Instructions)
Date <i>9/18/19</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Debby Honda</i>	Amount of contribution (\$) <i>\$200<sup>00</sup></i>
	Contributor address; City; State; Zip Code <i>8106 Douglas Dr. CC. TX 78409</i>	
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions) <i>Retired</i>
Date <i>9/18/19</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Laura Ballew</i>	Amount of contribution (\$) <i>\$200<sup>00</sup></i>
	Contributor address; City; State; Zip Code <i>10730 Atlanta CC. Tx. 78410</i>	
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions) <i>Retired.</i>

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Jon W. West</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>9/18/19</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Bill Mulroy</i>	7 Amount of contribution (\$) <i>\$25<sup>00</sup></i>
6 Contributor address; City; State; Zip Code <i>1354 Peseta Ct Ce Tx. 78418</i>		
8 Principal occupation / Job title (See Instructions) <i>Retired</i>		9 Employer (See Instructions) <i>Retired.</i>
Date <i>9/23/19</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Olivia Varnell</i>	Amount of contribution (\$) <del><i>\$59.95</i></del> <i>200<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>1102 Nelbrook Dr. N Little Rock AR 72118</i>		
Principal occupation / Job title (See Instructions) <i>president</i>		Employer (See Instructions) <i>RTM</i>
Date <i>9/23/19</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Lauren Stephens.</i>	Amount of contribution (\$) <i>\$100<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>4443 Ocean Dr. #247 Ce TX. 78412</i>		
Principal occupation / Job title (See Instructions) <i>consultant</i>		Employer (See Instructions) <i>Election Day Strategies</i>
Date <i>9/27/19</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Terry Green</i>	Amount of contribution (\$) <i>\$300<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>P.O. Box 950 Goddard Tx 77903-0950</i>		
Principal occupation / Job title (See Instructions) <i>Owner</i>		Employer (See Instructions) <i>Green Door Mini Storage</i>

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Jon W. West

3 Filer ID (Ethics Commission Filers)

4 Date

10/17/19

5 Full name of contributor

Travis Pinkston

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

\$100<sup>00</sup>

6 Contributor address;

City;

State;

Zip Code

8630 Westbrook Forest Dr. Sugarland TX. 77479

8 Principal occupation / Job title (See Instructions)

dentist

9 Employer (See Instructions)

self employed.

Date

10/18/19

Full name of contributor

Roger + Suzette Bellows

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$500<sup>00</sup>

Contributor address;

City;

State;

Zip Code

P.O. Box 1047 Three Rivers Tx. 78071

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

Date

10/21/19

Full name of contributor

Mary Turner

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$50<sup>00</sup>

Contributor address;

City;

State;

Zip Code

2802 Cimarron Blvd Apt 120 CCTX. 78414

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

Date

10/22/19

Full name of contributor

Armando Garza

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$100<sup>00</sup>

Contributor address;

City;

State;

Zip Code

314 San Felipe St. Edinburg TX. 78541

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Jon W. West</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>9/27/19</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Cesar Perez</i>	7 Amount of contribution (\$) <i>\$500<sup>00</sup></i>
6 Contributor address; City; State; Zip Code <i>1616 E. Griffin Parkway Pmb 500 Mission TX. 78352</i>		
8 Principal occupation / Job title (See Instructions) <i>Attorney</i>		9 Employer (See Instructions) <i>self</i>
Date <i>9/28/19</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>John &amp; Menta Moore</i>	Amount of contribution (\$) <i>\$200<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>2801 Buffalo St. Ce Tx. 78408</i>		
Principal occupation / Job title (See Instructions) <i>President</i>		Employer (See Instructions) <i>Jim Supply</i>
Date <i>10/4/19</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Dawn Hart</i>	Amount of contribution (\$) <i>\$50<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>17003 Crampton Lane Spring TX. 77379</i>		
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions) <i>Retired</i>
Date <i>10/17/19</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jay Masters</i>	Amount of contribution (\$) <i>\$50<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>120 Misty Lane Aransas Pass Tx. 78336</i>		
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions) <i>Retired.</i>

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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 <i>Jon W. West</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>11/7/19</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Cesar Perez</i>	7 Amount of contribution (\$) <i>\$500<sup>00</sup></i>
6 Contributor address; City; State; Zip Code <i>1616 E. Griffin Parkway pmB 500 Mission TX. 78512</i>		
8 Principal occupation / Job title (See Instructions) <i>attorney</i>		9 Employer (See Instructions) <i>self.</i>
Date <i>11/7/19</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Sadowsky + Ellis</i>	Amount of contribution (\$) <i>\$300<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>8546 Broadway ste 140 SA, Tx. 78217</i>		
Principal occupation / Job title (See Instructions) <i>attorneys.</i>		Employer (See Instructions)
Date <i>11/14/19</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Michael Bergsma</i>	Amount of contribution (\$) <i>\$1250<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>4117 Acushnet ce TX. 78413</i>		
Principal occupation / Job title (See Instructions) <i>oil + gas consultant</i>		Employer (See Instructions) <i>Bergsma Consulting.</i>
Date <i>11/21/19</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Eugene Seaman</i>	Amount of contribution (\$) <i>\$750<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>55 Lakeshore Dr. ce TX. 78413</i>		
Principal occupation / Job title (See Instructions) <i>Retired.</i>		Employer (See Instructions) <i>Retired.</i>

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Jon W. West</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>12/6/19</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Cardyn Vaughn</i>	7 Amount of contribution (\$) <i>\$200<sup>00</sup></i>
6 Contributor address; City; State; Zip Code <i>P.O. Box 261025 CC TX. 78246</i>		
8 Principal occupation / Job title (See Instructions) <i>Commissioner</i>		9 Employer (See Instructions) <i>Nueces County</i>
Date <i>12/6/19</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ruth A. Love</i>	Amount of contribution (\$) <i>\$50<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>15517 Cruiser St. Unit B CCTx. 78418</i>		
Principal occupation / Job title (See Instructions) <i>Homemaker</i>		Employer (See Instructions) <i>Homemaker</i>
Date <i>12/31/19</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Cindy Brockwell</i>	Amount of contribution (\$) <i>\$500<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>274 English Oaks Circle Boerne Tx. 78006</i>		
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions) <i>Retired.</i>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME <i>Jon W. West</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <i>11/19/19</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Dan Leyendecker</i>	8 Amount of Contribution \$ <i>\$ 738<sup>00</sup></i>	9 In-kind contribution description <i>Food for campaign fundraising event</i>
7 Contributor address; City; State; Zip Code <i>801 Navigation CC TX. 78408</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>Engineer</i>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <i>LNV Engineering</i>	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# PLEGGED CONTRIBUTIONS

# SCHEDULE B

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B:	
2 FILER NAME <i>Jon W. West</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES		\$	
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	8 Amount of Pledge \$	9 In-kind contribution description
	7 Pledgor address; City; State; Zip Code	<i>0</i>	
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			

10 Principal occupation / Job title (See Instructions)	11 Employer (See Instructions)
--	--------------------------------

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Zip Code		
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Zip Code		
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Zip Code		
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			

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.

**LOANS**

**SCHEDULE E**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E:
2 FILER NAME <i>Jon w. West</i>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan <i>7/12/19</i>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____ ) <i>Jon w. West</i>	9 Loan Amount (\$) <i>\$15000<sup>00</sup></i>
6 Is lender a financial Institution?  Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code  <i>5769 Grand Lake Circle Robstown Tx 78380</i>	10 Interest rate <i>Ø</i>
		11 Maturity date
12 Principal occupation / Job title (See Instructions) <i>Attorney</i>		13 Employer (See Instructions) <i>19th Judicial District Atty's office</i>
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	17 Name of guarantor <i>none</i>	19 Amount Guaranteed (\$)
18 Guarantor address; City; State; Zip Code		
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)

  

Date of loan <i>7/20/19</i>	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____ ) <i>Jon w. West</i>	Loan Amount (\$) <i>\$2000<sup>00</sup></i>
Is lender a financial Institution?  Y <input checked="" type="radio"/> N	Lender address; City; State; Zip Code  <i>5769 Grand Lake Circle Robstown Tx. 78380</i>	Interest rate <i>Ø</i>
		Maturity date
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>19th Judicial District Attorneys office</i>
Description of Collateral <input checked="" type="checkbox"/> none		<input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor <i>none</i>	Amount Guaranteed (\$)
Guarantor address; City; State; Zip Code		
Principal Occupation (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.

**LOANS**

**SCHEDULE E**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E:
2 FILER NAME <i>Jon W. West</i>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan <i>9/4/19</i>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____ ) <i>Jon W. West</i>	9 Loan Amount (\$) <i>\$5000<sup>00</sup></i>
6 Is lender a financial Institution?  Y <input checked="" type="radio"/> N <input type="radio"/>	8 Lender address; City; State; Zip Code  <i>5769 Grand Lake Circle Robstown Tx. 78380</i>	10 Interest rate <i>0</i>
		11 Maturity date
12 Principal occupation / Job title (See Instructions) <i>Attorney</i>		13 Employer (See Instructions) <i>79th Judicial District Atty's office</i>
14 Description of Collateral <input checked="" type="checkbox"/> none	15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)	
16 GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	17 Name of guarantor <i>none.</i>	19 Amount Guaranteed (\$)
18 Guarantor address; City; State; Zip Code		
20 Principal Occupation (See Instructions)	21 Employer (See Instructions)	
Date of loan <i>10/3/19</i>	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____ ) <i>Jon W. West</i>	Loan Amount (\$) <i>\$5000<sup>00</sup></i>
Is lender a financial Institution?  Y <input checked="" type="radio"/> N <input type="radio"/>	Lender address; City; State; Zip Code  <i>5769 Grand Lake Circle Robstown Tx. 78380</i>	Interest rate <i>0</i>
		Maturity date
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>79th Judicial District Atty's office</i>
Description of Collateral <input checked="" type="checkbox"/> none	<input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)	
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor <i>none</i>	Amount Guaranteed (\$)
Guarantor address; City; State; Zip Code		
Principal Occupation (See Instructions)	Employer (See Instructions)	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# LOANS

# SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E:
2 FILER NAME <i>Jon W. West</i>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ <del>1500</del> <sup>00</sup>
5 Date of loan <i>4/2/19</i>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____ ) <i>Jon W. West</i>	9 Loan Amount (\$) <i>1500<sup>00</sup></i>
6 Is lender a financial Institution? Y <input type="radio"/> N <input checked="" type="radio"/>	8 Lender address; City; State; Zip Code <i>5769 Grand Lake Circle Robstown Tx 78380</i>	10 Interest rate <i>0</i>
12 Principal occupation / Job title (See Instructions) <i>attorney</i>		11 Maturity date
14 Description of Collateral <input checked="" type="checkbox"/> none		13 Employer (See Instructions) <i>79th Judicial District Atty's Office.</i>
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor <i>none</i>	15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
18 Guarantor address; City; State; Zip Code		19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____ )	Loan Amount (\$)
Is lender a financial Institution? Y N	Lender address; City; State; Zip Code	Interest rate
Principal occupation / Job title (See Instructions)		Maturity date
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
Guarantor address; City; State; Zip Code		
Principal Occupation (See Instructions)	Employer (See Instructions)	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If lender 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                         | 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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME <i>Jon W. West</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>7/12/19</i>	<b>5</b> Payee name <i>Dreamers + Walkers Consulting</i>	
<b>6</b> Amount (\$) <i>\$4000<sup>00</sup></i>	<b>7</b> Payee address; City; State; Zip Code <i>622 Bermuda Place ce. Tx. 78411</i>	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>consulting expense</i>	<b>(b)</b> Description <i>Campaign manager .</i>
	<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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <i>7/23/19</i>	Payee name <i>Harland Clark</i>	
Amount (\$) <i>\$20<sup>00</sup></i>	Payee address; City; State; Zip Code <i>5800 Northwest Pkwy San Antonio TX.. 78249</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>fees for campaign checks</i>	Description <i>checks for campaign account</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <i>8/5/19</i>	Payee name <i>Dreamers + Walkers Consulting</i>	
Amount (\$) <i>\$4000<sup>00</sup></i>	Payee address; City; State; Zip Code <i>622 Bermuda Place CC Tx. 78411</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>consulting expense</i>	Description <i>Campaign manager</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Jon W. West	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 8/12/19	<b>5</b> Payee name Vista Print	
<b>6</b> Amount (\$) 173.19	<b>7</b> Payee address; City; State; Zip Code 95 Hayden Avenue Lexington MA 02421	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description Brochures for campaign
	<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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
<b>Date</b> 9/5/19	<b>Payee name</b> Dreamer + Walkers Consulting	
<b>Amount (\$)</b> \$4000 <sup>00</sup>	<b>Payee address; City; State; Zip Code</b> 622 Bermuda Pl CC. TX. 78411	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Consulting expense	<b>Description</b> Campaign manager.
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
<b>Date</b> 9/5/19	<b>Payee name</b> The Bay Jewel	
<b>Amount (\$)</b> \$463 <sup>00</sup>	<b>Payee address; City; State; Zip Code</b> 624. W. Mesquite CC TX. 78401	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Event Expense	<b>Description</b> Campaign launch event.
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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:	2 FILER NAME <i>Jon W West</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>9/18/19</i>	5 Payee name <i>Charles Clark</i>	
6 Amount (\$) <i>\$ 500.00</i>	7 Payee address; <i>133 Seaview Lane</i>	City; State; Zip Code <i>CC TX 78411</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	(b) Description <i>music for campaign launch event</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>10/31/19</i>	Payee name <i>Dreanew &amp; Walkers Consulting</i>	
Amount (\$) <i>\$ 4000.00</i>	Payee address; <i>422 Bermuda Pl</i>	City; State; Zip Code <i>CC TX. 78411</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>consulting expense</i>	Description <i>campaign manager</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>10/23/19</i>	Payee name <i>Clearwater Inventory</i>	
Amount (\$) <i>\$ 733.83</i>	Payee address; <i>14421 Myerlake Circle</i>	City; State; Zip Code <i>Clearwater FL 33760</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing</i>	Description <i>campaign kiosks and thank you cards</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# 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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME <i>Jon W. West</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>11/12/19</i>	<b>5</b> Payee name <i>Super Cheap Signs.</i>	
<b>6</b> Amount (\$) <i>1602.<sup>00</sup></i>	<b>7</b> Payee address; City; State; Zip Code <i>9200 Waterford Centre Blvd Ste 100 Austin TX. 78378</i>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Printing</i>	<b>(b)</b> Description <i>Campaign yard signs.</i>
	<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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <i>11/25/19</i>	Payee name <i>Postal Service</i>	
Amount (\$) <i>22.<sup>00</sup></i>	Payee address; City; State; Zip Code <i>401 E. 2nd St. Alice TX. 78332.</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Fundraising expense</i>	Description <i>stamps for campaign mailing</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <i>12/2/19</i>	Payee name <i>Wueces County Republican Party</i>	
Amount (\$) <i>\$1250.<sup>00</sup></i>	Payee address; City; State; Zip Code <i>5151 Flynn Parkway Ste 103 CC. TX. 78411</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Fees</i>	Description <i>Filing fee for place on ballot</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

**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:	2 FILER NAME Joni W. West	3 Filer ID (Ethics Commission Filers)
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4 Date 12/9/19	5 Payee name Arrow Display Signs.
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6 Amount (\$) 675 <sup>00</sup>	7 Payee address: 1343 S. Staples	City: CC. TX.	State: TX.	Zip Code 78404
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Campaign Signs.
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/23/19	Payee name Arrow Display Signs
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Amount (\$) \$678 <sup>13</sup>	Payee address: 1343 S. Staples	City: CC.	State: TX.	Zip Code 78404
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing Expense	Description Campaign Signs.
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/10/19	Payee name Deamus + Walker Consulting
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Amount (\$) \$1343 <sup>34</sup>	Payee address: 622 Bermuda PL	City: CC	State: TX.	Zip Code 78411
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing	Description T-shirts + Invites for Campaign launch event
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Jon. W. West</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>9/17/19</i>	5 Payee name <i>Dreamer &amp; Walker Consulting</i>
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6 Amount (\$) <i>\$161.50</i>	7 Payee address; City; State; Zip Code <i>422 Bermuda Pl CC. TX. 78411</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Food expense</i>	(b) Description <i>Food for Campaign launch event</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>9/10/19</i>	Payee name <i>The Bay Jewel</i>
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Amount (\$) <i>\$37.95</i>	Payee address; City; State; Zip Code <i>424. N. Mesquite CC TX 78401</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event expense</i>	Description <i>Campaign event.</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>9/10/19</i>	Payee name <i>Dreamer &amp; Walker Consulting</i>
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Amount (\$) <i>\$93.19</i>	Payee address; City; State; Zip Code <i>422. Bermuda Pl CC TX 78411</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Office overhead.</i>	Description <i>Stamps/labels for Campaign mailing</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Jon. W West	3 Filer ID (Ethics Commission Filers)
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4 Date 9/11/19	5 Payee name Dreamer & Walker Consulting 7844
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6 Amount (\$) \$100 <sup>00</sup>	7 Payee address; City; State; Zip Code 622 Bermuda Pl Ce Tx. 78411
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) advertising expense.	(b) Description social media fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/11/19	Payee name Dreamer & Walker Consulting. 7
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Amount (\$) \$258.85	Payee address; City; State; Zip Code 622 Bermuda Pl Ce TX. 78411
-------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) consulting expense	Description consulting
	<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
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Date 8/13/19.	Payee name Raise the Money
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Amount (\$) \$5.15	Payee address; City; State; Zip Code P.O. BOX. 20460 Little Rock AR 72211
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) fundraising expense	Description online donation fee
	<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
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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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Jon. W West</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>8/15/19</i>	5 Payee name <i>Raise the Money</i>
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6 Amount (\$) <i>\$2.70</i>	7 Payee address; City; State; Zip Code <i>P.O. BOX 26466 Little Rock AR 72211</i>
--------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Fundraising expense</i>	(b) Description <i>online donation fee</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>8/15/19</i>	Payee name <i>Raise the Money</i>
------------------------	--------------------------------------

Amount (\$) <i>\$2.70</i>	Payee address; City; State; Zip Code <i>P.O. Box 26466 Little Rock AR 72211</i>
------------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>fundraising expense</i>	Description <i>online donation fee</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>9/9/19</i>	Payee name <i>Raise The Money</i>
-----------------------	--------------------------------------

Amount (\$) <i>\$2.70</i>	Payee address; City; State; Zip Code <i>P.O. Box 26466 Little Rock AR 72211</i>
------------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>fundraising expense</i>	Description <i>online donation fee</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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:	2 FILER NAME <i>Jon. W. West</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>9/12/19</i>	5 Payee name <i>Raise the Money</i>	
6 Amount (\$) <i>\$11.47</i>	7 Payee address; <i>P.O. Box 26466</i>	City; State; Zip Code <i>Little Rock AR 72211</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>fundraising expense</i>	(b) Description <i>online donation fee</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>9/13/19</i>	Payee name <i>Raise the Money</i>	
Amount (\$) <i>\$5.15</i>	Payee address; <i>P.O. Box 26466</i>	City; State; Zip Code <i>Little Rock AR 72211</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>fundraising expense</i>	Description <i>online donation fee</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>9/19/19</i>	Payee name <i>Raise the Money</i>	
Amount (\$) <i>\$10.05</i>	Payee address; <i>P.O. Box 26466</i>	City; State; Zip Code <i>Little Rock AR 72211</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>fundraising expense</i>	Description <i>online donation fee</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# 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:	2 FILER NAME <i>Jon W. West</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>10/11/19</i>	5 Payee name <i>Raise The Money</i>	
6 Amount (\$) <i>\$2.70</i>	7 Payee address; City; State; Zip Code <i>P.O. BOX 26446 Little Rock AR 72211</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>fundraising expense</i>	(b) Description <i>online donation fee</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>9/26/19</i>	Payee name <i>Raise The Money</i>	
Amount (\$) <i>\$5.15</i>	Payee address; City; State; Zip Code <i>P.O. BOX 26446 Little Rock AR 72211</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>fundraising expense</i>	Description <i>online donation fee</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>10/15/19</i>	Payee name <i>Raise The Money</i>	
Amount (\$) <i>\$5.15</i>	Payee address; City; State; Zip Code <i>P.O. BOX 26446 Little Rock AR 72211</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>fundraising expense</i>	Description <i>online donation fee</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Jon. W. West</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>10/16/19</i>	5 Payee name <i>Raise the Money</i>
---------------------------	--

6 Amount (\$) <i>\$1 24.75</i>	7 Payee address: <i>p.o. Box 20466</i>	City: <i>Little Rock AR</i>	State: <i>AR</i>	Zip Code <i>72211</i>
-----------------------------------	---	--------------------------------	---------------------	--------------------------

8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <i>fundraising expense</i>	(b) Description <i>online donation fee</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>10/20/19</i>	Payee name <i>Raise the Money</i>
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Amount (\$) <i>\$5.15</i>	Payee address: <i>p.o. Box 20466</i>	City:	State:	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>fundraising expense</i>	Description <i>online donation fee</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>10/27/19</i>	Payee name <i>Raise the Money</i>
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Amount (\$) <i>\$24.75</i>	Payee address: <i>p.o. Box 20466</i>	City: <i>Little Rock</i>	State: <i>AR</i>	Zip Code <i>72211</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>fundraising expense</i>	Description <i>online donation fee</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# UNPAID INCURRED OBLIGATIONS

# SCHEDULE F2

### EXPENDITURE CATEGORIES FOR BOX 10(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<br>Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
|   | 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 F2:	<b>2</b> FILER NAME <i>Jon W. West</i>	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$ <i>0</i>
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<b>5</b> Date	<b>6</b> Payee name
---------------	---------------------

<b>7</b> Amount (\$)	<b>8</b> Payee address; City; State; Zip Code
----------------------	---

<b>9</b> TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
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<b>10</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
---------------------	------------------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F3**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F3:

2 FILER NAME

*Jon w. west*

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom investment is purchased

6 Address of person from whom investment is purchased; City; State; Zip Code

7 Description of investment

8 Amount of investment (\$)

~~0~~ none

Date

Name of person from whom investment is purchased

Address of person from whom investment is purchased; City; State; Zip Code

Description of investment

Amount of investment (\$)

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# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(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)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4:	<b>2</b> FILER NAME <i>Jan w west</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ <i>0</i>
<b>5</b> Date	<b>6</b> Payee name	
<b>7</b> Amount (\$)	<b>8</b> Payee address;	City; State; Zip Code
<b>9</b> TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description
	<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>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
<b>TYPE OF EXPENDITURE</b>	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### 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.

<b>1</b> Total pages Schedule G:	<b>2</b> FILER NAME <i>Jon. W. West</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Payee name	
<b>6</b> Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description
	<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	Office sought Office held

  

Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	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

  

Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	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

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# PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

## SCHEDULE H

### 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.

<b>1</b> Total pages Schedule H:	<b>2</b> FILER NAME <i>Jon W. West</i>	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date	<b>5</b> Business name
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<b>6</b> Amount (\$) <i>0</i>	<b>7</b> Business address; City; State; Zip Code
----------------------------------	--

<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description
	<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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Business name
------	---------------

Amount (\$)	Business address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Business name
------	---------------

Amount (\$)	Business address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE I**

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule I:	<b>2</b> FILER NAME <i>Jon W. West</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Payee name	
<b>6</b> Amount (\$) <i>0</i>	<b>7</b> Payee address;	City                      State                      Zip Code
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories.)	<b>(b)</b> Description (See instructions regarding type of information required.)
	Date                      Payee name	
Amount (\$)	Payee address;	City                      State                      Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
	Date                      Payee name	
Amount (\$)	Payee address;	City                      State                      Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
	Date                      Payee name	
Amount (\$)	Payee address;	City                      State                      Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
	Date                      Payee name	
Amount (\$)	Payee address;	City                      State                      Zip Code

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# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

**SCHEDULE K**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

2 FILER NAME

*Jon. W. West*

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom amount is received

8 Amount (\$)

6 Address of person from whom amount is received; City; State; Zip Code

7 Purpose for which amount is received  Check if political contribution returned to filer

*0*

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received  Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received  Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received  Check if political contribution returned to filer

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# IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

## SCHEDULE T

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T: 1
2 FILER NAME <i>Jon W. West</i>		3 Filer ID (Ethics Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee <i>none.</i>		
5 Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
6 Dates of travel	7 Name of person(s) traveling	
	8 Departure city or name of departure location	
	9 Destination city or name of destination location	
10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
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	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**