

# 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: <span style="font-size: 2em; margin-left: 20px;">18</span>																																				
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: 8px;">MS / MRS / MR</td> <td style="width:40%; font-size: 8px;">FIRST</td> <td style="width:20%; font-size: 8px;">MI</td> <td style="width:20%;"></td> </tr> <tr> <td></td> <td style="text-align: center; font-size: 1.5em;">Jon</td> <td style="text-align: center; font-size: 1.5em;">W.</td> <td></td> </tr> <tr> <td style="font-size: 8px;">NICKNAME</td> <td style="text-align: center; font-size: 8px;">LAST</td> <td style="font-size: 8px;">SUFFIX</td> <td></td> </tr> <tr> <td></td> <td style="text-align: center; font-size: 1.5em;">West</td> <td></td> <td></td> </tr> </table>	MS / MRS / MR	FIRST	MI			Jon	W.		NICKNAME	LAST	SUFFIX			West			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center; padding: 5px;">OFFICE USE ONLY</th> </tr> <tr> <td colspan="2" style="padding: 5px;">Date Received</td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 5px;">FILED FOR RECORD AT 8:48 AM</td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 5px;">JUL 12 2019</td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 5px;">KARA SANDS CLERK, COUNTY COURT, NUECES COUNTY, TEXAS</td> </tr> <tr> <td style="padding: 5px;">BY </td> <td style="text-align: right; padding: 5px;">DEPUTY</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Date Hand-delivered or Date Postmarked</td> </tr> <tr> <td style="padding: 5px;">Receipt #</td> <td style="padding: 5px;">Amount \$</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Date Processed</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Date Imaged</td> </tr> </table>		OFFICE USE ONLY		Date Received		FILED FOR RECORD AT 8:48 AM		JUL 12 2019		KARA SANDS CLERK, COUNTY COURT, NUECES COUNTY, TEXAS		BY	DEPUTY	Date Hand-delivered or Date Postmarked		Receipt #	Amount \$	Date Processed		Date Imaged	
MS / MRS / MR	FIRST	MI																																					
	Jon	W.																																					
NICKNAME	LAST	SUFFIX																																					
	West																																						
OFFICE USE ONLY																																							
Date Received																																							
FILED FOR RECORD AT 8:48 AM																																							
JUL 12 2019																																							
KARA SANDS CLERK, COUNTY COURT, NUECES COUNTY, TEXAS																																							
BY	DEPUTY																																						
Date Hand-delivered or Date Postmarked																																							
Receipt #	Amount \$																																						
Date Processed																																							
Date Imaged																																							
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; font-size: 8px;">ADDRESS / PO BOX;</td> <td style="width:25%; font-size: 8px;">APT / SUITE #;</td> <td style="width:25%; font-size: 8px;">CITY;</td> <td style="width:25%; font-size: 8px;">STATE;</td> <td style="width:20%; font-size: 8px;">ZIP CODE</td> </tr> <tr> <td colspan="5" style="padding: 5px;">5769 Grand Lake Circle Rdstown Tx. 78380</td> </tr> </table>			ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	5769 Grand Lake Circle Rdstown Tx. 78380																														
ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE																																			
5769 Grand Lake Circle Rdstown Tx. 78380																																							
<b>5</b> CANDIDATE / OFFICEHOLDER PHONE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; font-size: 8px;">AREA CODE</td> <td style="width:40%; font-size: 8px;">PHONE NUMBER</td> <td style="width:35%; font-size: 8px;">EXTENSION</td> </tr> <tr> <td style="padding: 5px;">(956)</td> <td style="padding: 5px;">453-6707</td> <td></td> </tr> </table>			AREA CODE	PHONE NUMBER	EXTENSION	(956)	453-6707																															
AREA CODE	PHONE NUMBER	EXTENSION																																					
(956)	453-6707																																						
<b>6</b> CAMPAIGN TREASURER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: 8px;">MS / MRS / MR</td> <td style="width:40%; font-size: 8px;">FIRST</td> <td style="width:20%; font-size: 8px;">MI</td> <td style="width:20%;"></td> </tr> <tr> <td></td> <td style="text-align: center; font-size: 1.5em;">Margie</td> <td style="text-align: center; font-size: 1.5em;">S.</td> <td></td> </tr> <tr> <td style="font-size: 8px;">NICKNAME</td> <td style="text-align: center; font-size: 8px;">LAST</td> <td style="font-size: 8px;">SUFFIX</td> <td></td> </tr> <tr> <td></td> <td style="text-align: center; font-size: 1.5em;">Flores</td> <td></td> <td></td> </tr> </table>	MS / MRS / MR	FIRST	MI			Margie	S.		NICKNAME	LAST	SUFFIX			Flores			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">Receipt #</td> <td style="padding: 5px;">Amount \$</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Date Processed</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Date Imaged</td> </tr> </table>		Receipt #	Amount \$	Date Processed		Date Imaged															
MS / MRS / MR	FIRST	MI																																					
	Margie	S.																																					
NICKNAME	LAST	SUFFIX																																					
	Flores																																						
Receipt #	Amount \$																																						
Date Processed																																							
Date Imaged																																							
<b>7</b> CAMPAIGN TREASURER ADDRESS (Residence or <u>Business</u> )	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; font-size: 8px;">STREET ADDRESS (NO PO BOX PLEASE);</td> <td style="width:10%; font-size: 8px;">APT / SUITE #;</td> <td style="width:15%; font-size: 8px;">CITY;</td> <td style="width:10%; font-size: 8px;">STATE;</td> <td style="width:15%; font-size: 8px;">ZIP CODE</td> </tr> <tr> <td colspan="5" style="padding: 5px;">200 N. Almond, Alice Tx 78332.</td> </tr> </table>			STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE	200 N. Almond, Alice Tx 78332.																														
STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE																																			
200 N. Almond, Alice Tx 78332.																																							
<b>8</b> CAMPAIGN TREASURER PHONE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; font-size: 8px;">AREA CODE</td> <td style="width:40%; font-size: 8px;">PHONE NUMBER</td> <td style="width:35%; font-size: 8px;">EXTENSION</td> </tr> <tr> <td style="padding: 5px;">(361)</td> <td style="padding: 5px;">960-5078</td> <td></td> </tr> </table>			AREA CODE	PHONE NUMBER	EXTENSION	(361)	960-5078																															
AREA CODE	PHONE NUMBER	EXTENSION																																					
(361)	960-5078																																						
<b>9</b> REPORT TYPE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;"><input type="checkbox"/> January 15</td> <td style="width:25%;"><input type="checkbox"/> 30th day before election</td> <td style="width:25%;"><input type="checkbox"/> Runoff</td> <td style="width:25%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input checked="" 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 checked="" 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 checked="" 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)																																				
<b>10</b> PERIOD COVERED	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; font-size: 8px;">Month</td> <td style="width:10%; font-size: 8px;">Day</td> <td style="width:15%; font-size: 8px;">Year</td> <td style="width:10%; font-size: 8px;">THROUGH</td> <td style="width:10%; font-size: 8px;">Month</td> <td style="width:10%; font-size: 8px;">Day</td> <td style="width:15%; font-size: 8px;">Year</td> </tr> <tr> <td style="text-align: center; font-size: 1.5em;">1</td> <td style="text-align: center; font-size: 1.5em;">/</td> <td style="text-align: center; font-size: 1.5em;">1</td> <td></td> <td style="text-align: center; font-size: 1.5em;">6</td> <td style="text-align: center; font-size: 1.5em;">/</td> <td style="text-align: center; font-size: 1.5em;">30</td> </tr> <tr> <td colspan="2"></td> <td style="text-align: center; font-size: 1.5em;">2019</td> <td></td> <td colspan="2"></td> <td style="text-align: center; font-size: 1.5em;">2019</td> </tr> </table>			Month	Day	Year	THROUGH	Month	Day	Year	1	/	1		6	/	30			2019				2019															
Month	Day	Year	THROUGH	Month	Day	Year																																	
1	/	1		6	/	30																																	
		2019				2019																																	
<b>11</b> ELECTION	<table style="width:100%; border-collapse: collapse;"> <tr> <td colspan="3" style="font-size: 8px;">ELECTION DATE</td> <td colspan="3" style="font-size: 8px;">ELECTION TYPE</td> </tr> <tr> <td style="width:20%; font-size: 8px;">Month</td> <td style="width:20%; font-size: 8px;">Day</td> <td style="width:20%; font-size: 8px;">Year</td> <td style="width:20%;"><input checked="" type="checkbox"/> Primary</td> <td style="width:20%;"><input type="checkbox"/> Runoff</td> <td style="width:20%;"><input type="checkbox"/> Other Description</td> </tr> <tr> <td colspan="3" style="padding: 5px;">03/03/2020</td> <td><input type="checkbox"/> General</td> <td><input type="checkbox"/> Special</td> <td></td> </tr> </table>	ELECTION DATE			ELECTION TYPE			Month	Day	Year	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description	03/03/2020			<input type="checkbox"/> General	<input type="checkbox"/> Special																					
ELECTION DATE			ELECTION TYPE																																				
Month	Day	Year	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description																																		
03/03/2020			<input type="checkbox"/> General	<input type="checkbox"/> Special																																			
<b>12</b> OFFICE	OFFICE HELD (if any)  none	<b>13</b> OFFICE SOUGHT (if known)  Nueces County District Attorney																																					

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME  
Jon W West

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

GENERAL

N/A

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

\$ 25<sup>00</sup>

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

\$ 2525<sup>60</sup>

EXPENDITURE  
TOTALS

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

\$ ~~205.82~~

4. TOTAL POLITICAL EXPENDITURES

\$ 796.53

CONTRIBUTION  
BALANCE

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

\$ 1728.47

OUTSTANDING  
LOAN TOTALS

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

\$ 1500.<sup>00</sup>

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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

Sworn to and subscribed before me, by the said Jon W West, this the 11th day of July, 2019, to certify which, witness my hand and seal of office.

Sylvia E. Elizondo  
Signature of officer administering oath

Sylvia E. Elizondo  
Printed name of officer administering oath

Title of officer administering oath

11/15/2021

11/15/2021

11/15/2021

11/15/2021

11/15/2021

11/15/2021

11/15/2021

11/15/2021

11/15/2021

11/15/2021

11/15/2021

11/15/2021

11/15/2021

11/15/2021

11/15/2021

11/15/2021

11/15/2021

11/15/2021

11/15/2021

11/15/2021

11/15/2021

11/15/2021

11/15/2021

