The C/OH Instruction	Guide explains how to con	nplete this form.	1 Filer ID (Ethics Commi 00084092		2 Total pages fi	led: 5
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE	USE ONLY
OFFICEHOLDER NAME	The Honorable	Suzanne J.			Date Received  ELECTRONIC	ΔLLY EIL ED
					07/15/2021	ALL I I ILLD
	NICKNAME	LAST West		SUFFIX	07/15/2021	
4 CANDIDATE /	ADDRESS / PO BOX; A	PT / SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered o	or Date Postmarked
OFFICEHOLDER MAILING ADDRESS	103 Khoury Cir.				Receipt #	Amount
Change of Address	Del Rio, TX 78840				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	-	
TREASURER NAME	Mrs.	Claudia E.				
	NICKNAME	LAST		SUFFIX		
		Cervantes				
6 CAMPAIGN	STREET ADDRESS (NO	PO BOX DI EASE):	ΔΡ	Γ / SUITE #; CITY	· ST	ATE; ZIP CODE
TREASURER ADDRESS	209 N. Orbit	i o box i eenoe),	7 11	7.00112 11, 01111	, 31,	(TE, 211 CODE
(Residence or Business)	Del Rio, TX 78840					
7 CAMPAIGN TREASURER PHONE	AREA CODE PH (830) 719-0310	ONE NUMBER E	EXTENSION			
8 REPORT TYPE	January 15	30th day before	e election	Runoff	15th day after ca appointment (offi	mpaign treasurer ceholder only)
	X July 15	8th day before	election	Exceeded modified reporting limit	Final Report (Atta	
9 PERIOD	Month Day Yea	ar		Month Day	Year	
COVERED	01/01/2021	T⊦	IROUGH	06/30/202	21	
10 ELECTION	ELECTION DATE Month Day Yea		rim on .	ELECTION TYPE	Othor	
	Month Day Yea		rimary	Runon	Other	
		G	Seneral	Special		
11 OFFICE	OFFICE HELD (if any)	<u> </u>		12 OFFICE SOUGH	Γ (if known)	
	District Attorney (Multi- Kinney, & Terrell	county) District 63	Val Verde,			
	1			1		
		GO T	O PAGE 2			

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

13 C / OH NAME	West, Suzanne J. (Th	e Honorable)	<b>14</b> Filer ID 00084092	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	olitical contributions accepted or political ex These expenditures may have been made of officeholders are required to report this info	vithout the candidate's or offic	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER N	IAME	
		COMMITTEE CAMPAIGN TREASURER A	DDRESS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHE ES OF LOANS, OR CONTRIBUTIONS MAD		\$ 0.00
		<b>AL CONTRIBUTIONS</b> PLEDGES, LOANS, OR GUARANTEES OF	LOANS)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES			\$ 0.00
	4. TOTAL POLITIC	\$ 0.00		
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	<b>\$</b> 562.06		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOATING PERIOD	NS AS OF THE LAST DAY	\$ 0.00
<b>17</b> AFFADAVIT			penalty of perjury, that the ac ludes all information required Code.	
		The	e Honorable Suzanne J. W	est
		Sign	ature of Candidate or Officeho	older
AFFIX NO	TARY STAMP / SEAL AB	DVE		
Sworn to and subso	cribed before me, by the s	aid	, this the	day
of	, 20, to co	ertify which, witness my hand and seal of off	ice.	
Signature of office	er administering	Printed name of officer administering	Title of office	er administering oath

### FORM C/OH COVER SHEET PG 3

				3 01 3		
18 FILER NAM		19 Filer ID	(Ethics Commis	ssion Filers)		
West, Suz	anne J. (The Honorable)	00084092	_			
	NAME OF SCHEDULE					
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS					
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00		
3. X	3. X SCHEDULE B: PLEDGED CONTRIBUTIONS					
4. X	4. X SCHEDULE E: LOANS					
5. X	5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS					
6. X SCHEDULE F2: UNPAID INCURRED OBLIGATIONS				0.00		
7. X	7. X SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS					
8. X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD				0.00		
9. X	9. X SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS					
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$			
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTI	ONS	\$			
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$			
			1			

PLEDGED CONTRIBUTIONS	SCHEDULE B
The Instruction Guide explains how to complete this form.	1 Total pages Schedule B: Sch: 1/1 Rpt: 4/5
2 FILER NAME West, Suzanne J. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00084092
TOTAL OF UNITEMIZED PLEDGES	\$ 0.00
5 Date 6 Full name of pledgorout-of-state PAC (ID#:)  7 Pledgor Address; City; State; Zip Code	8 Amount of pledge (\$) 9 In-kind description (If applicable)
10 Principal occupation / Job title (See Instructions) 11 Employer (See Instru	

LO	ANS					SCHEDULE E
The	The Instruction Guide explains how to complete this form.					ages Schedule E: '1 Rpt: 5/5
2 FILER		J. (The Honorable)			3 Filer ID 000840	(Ethics Commission Filers)
<sup>4</sup> TOT	AL OF UN	IITEMIZED LOANS			<u>'</u>	\$ 0.00
5 Date	of loan	7 Name of lender	out-of-state F	PAC (ID#:	)	9 Loan Amount (\$)
6 Is len financ institu		8 Lender address;	City; State;	Zip Code		10 Interest Rate
						11 Maturity Date
12 Princ	ipal occupatio	on / Job title (See Instruct	ions)	13 Employer (See Inst	ructions)	
_	ription of Coll lone	ateral		15 Check if personal for	unds were deposited	d into political account (See Instructions)
	RANTOR RMATION	17 Name of guarantor				19 Amount Guaranteed (\$)
☐ n	ot applicable	<b>18</b> Guarantor address;	City; State;			
20 Princ	ipal occupatio	on		21 Employer (See Inst	ructions)	

The C/OH Instruction Guide explains how to complete this form.    The C/OH Instruction Guide explains how to complete this form.	
OFFICEHOLDER NAME  The Honorable  Suzanne J.  The Honorable  Suzanne J.  The Honorable  Suzanne J.  Date Received  ELECTRONICALLY FILE  01/18/2022  4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE  OFFICEHOLDER MAILING ADDRESS  Change of Address  Del Rio, TX 78840  Date Imaged  TREASURER NAME  MS / MRS / MR  MI  TREASURER NAME  MI  NICKNAME  LAST  Claudia E.  NICKNAME  LAST  SUFFIX  SUFFIX  SUFFIX  SUFFIX  SUFFIX  Date Processed  Date Imaged	
NAME  Ine Honorable  Suzanne J.  Date Received ELECTRONICALLY FILE  O1/18/2022  4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address  Del Rio, TX 78840  Date Processed  Date Imaged  Date Hand-delivered or Date Postmari  Receipt # Amount  Date Processed  Date Imaged  Date Imaged	Υ
West  West  ADDRESS / PO BOX; APT / SUITE #; CITY; JO3 Khoury Cir.  Change of Address  Del Rio, TX 78840  Del Rio, TX 78840  Del Rio, TX 78840  TREASURER NAME  MS / MRS / MR FIRST MI  Mrs. Claudia E.  NICKNAME  MICKNAME  MS / MRS / MR SUFFIX  SUFFIX  SUP CODE  Date Hand-delivered or Date Postmari  CITY; Date Processed  Date Imaged  MI  MI  NICKNAME  LAST SUFFIX	
West  West  ADDRESS / PO BOX; APT / SUITE #; CITY; JUB CODE  ADDRESS  Change of Address  Del Rio, TX 78840  Del Rio, TX 78840  Del Rio, TX 78840  TREASURER NAME  MS / MRS / MR Mrs.  Claudia E.  NICKNAME  LAST  Cervantes  CANDIDATE / OFFICEHOLDER ADDRESS / PO BOX; APT / SUITE #; CITY; JUB CODE  Date Hand-delivered or Date Postmari  Receipt # Amount  Date Processed  Date Imaged  MI  MI  NICKNAME  LAST  Cervantes	
OFFICEHOLDER MAILING ADDRESS Change of Address Del Rio, TX 78840  Date Processed Date Imaged  TREASURER NAME  MS / MRS / MR FIRST NAME  MI Mrs. Claudia E.  NICKNAME  LAST Cervantes  Date ST  Receipt # Amount  MI MRS / MRS / MR FIRST MI MI MS / MRS / MRS / MR  MI SUFFIX Cervantes	
MAILING ADDRESS  Change of Address  Del Rio, TX 78840  Date Processed  Date Imaged  TREASURER NAME  MS / MRS / MR FIRST MI  Mrs. Claudia E.  NICKNAME  LAST SUFFIX  Cervantes	æd
Date Processed  Date Imaged  5 CAMPAIGN TREASURER NAME  Mrs. Claudia E.  NICKNAME  LAST SUFFIX  Cervantes	
Date Processed  Date Imaged  5 CAMPAIGN TREASURER NAME  Mrs. Claudia E.  NICKNAME  LAST SUFFIX  Cervantes	
5 CAMPAIGN MS / MRS / MR FIRST MI TREASURER NAME Mrs. Claudia E.  NICKNAME LAST SUFFIX Cervantes	
TREASURER NAME  Mrs.  Claudia E.  NICKNAME  LAST  Cervantes	
NAME MIS. Claudia E.  NICKNAME LAST SUFFIX  Cervantes	
Cervantes	
Cervantes	
6 CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIF	CODE
TREASURER ADDRESS 209 N. Orbit	
(Residence or Business) Del Rio, TX 78840	
Bernio, 17 70040	
7 CAMPAIGN AREA CODE PHONE NUMBER EXTENSION	
TREASURER (830) 719-0310 PHONE	
8 REPORT	
TYPE January 15 30th day before election Runoff 15th day after campaign treasu	
appointment (officeholder only  July 15  8th day before election  Exceeded modified  Final Report (Attach C/OH-FR	
July 15 Land 8th day before election Land Exceeded modified Land Final Report (Attach C/OH-FR) reporting limit	
9 PERIOD Month Day Year Month Day Year	
COVERED 07/01/2021 THROUGH 12/31/2021	
10 ELECTION ELECTION DATE ELECTION TYPE	
Month Day Year Primary Runoff Other	
General Special	
11 OFFICE OFFICE HELD (if any) 12 OFFICE SOUGHT (if known)	
District Attorney (Multi-county) District 63 Val Verde,	
Kinney, & Terrell	
GO TO PAGE 2	

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

13 C / OH NAME	West, Suzanne J. (Th	e Honorable)	14 Filer ID 00084092	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political ex These expenditures may have been made w I officeholders are required to report this info	ithout the candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
ш°	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER N	AME	
		COMMITTEE CAMPAIGN TREASURER A	DDRESS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHE ES OF LOANS, OR CONTRIBUTIONS MAD		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF	LOANS)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	\$ 0.00		
	4. TOTAL POLITIC	\$ 0.00		
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	<b>\$</b> 561.57		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOA TING PERIOD	NS AS OF THE LAST DAY	\$ 0.00
<b>17</b> AFFIDAVIT			penalty of perjury, that the accudes all information required t	
		The	Honorable Suzanne J. We	est
		Signa	ature of Candidate or Officeho	lder
AFFIX NO	TARY STAMP / SEAL ABO	DVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
of	, 20, to ce	ertify which, witness my hand and seal of offi	ce.	
Signature of office	cer administering	Printed name of officer administering	Title of office	r administering oath

### FORM C/OH COVER SHEET PG 3

				3 01 5	
<b>18</b> FILER NAME West, Suzann	(Ethics Commis	sion Filers)			
	0 SCHEDULE SUBTOTALS  NAME OF SCHEDULE				
1. X SC	CHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	0.00	
2. X SC	CHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00	
3. X SC	CHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00	
4. X SC	4. X SCHEDULE E: LOANS				
5. X SC	5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS				
6. X SC	6. X SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			0.00	
7. X SC	7. X SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS			0.00	
8. X SC	8. X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD				
9. X SC	9. X SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS			0.00	
10. SC	CHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$		
11. SC	CHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$		
	CHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I	RETURNED	\$		
			•		

PLEC	OGED CONTRIBU	ΓIONS			SCHEDULE B
The Instruction Guide explains how to complete this form.				1	. Total pages Schedule B: Sch: 1/1 Rpt: 4/5
2 FILER NA	AME uzanne J. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00084092
4 TOTAL OF UNITEMIZED PLEDGES				+	\$ 0.0
5 Date	6 Full name of pledgor  7 Pledgor Address;	out-of-state PAC (ID#  City; State; Zip Code		_) 8	Amount of pledge (\$)
10 Dringing	occupation / Job title (See Instru	otiono)	111 - 1 (0 )	<u> </u>	Check if travel outside of Texas. Complete Schedule
10 Fillicipal	occupation / 30b title (See Institu	Clions)	11 Employer (See Ins	structi	ions)

	LOANS					SCHEDULE E	Ξ
	The Instruction Guide explains how to complete this form.					ages Schedule E: /1 Rpt: 5/5	
2	FILER NAME West, Suzanne	J. (The Honorable)			3 Filer ID 00084	(Ethics Commission Filers)	١
4	TOTAL OF UN	IITEMIZED LOANS			I	<b>\$</b> 0	.00
5	Date of loan	7 Name of lender	out-of-state PA	C (ID#:		9 Loan Amount (\$)	
6	Is lender a financial institution?	8 Lender address; Ci	ty; State;	Zip Code		10 Interest Rate	
						11 Maturity Date	
12	Principal occupati	on / Job title (See Instructions)		13 Employer (See Instru	ictions)		
14	Description of Col	lateral		15 Check if personal fur	nds were deposite	ed into political account (See Instructions)	
16	GUARANTOR INFORMATION	17 Name of guarantor				19 Amount Guaranteed (\$)	
	not applicable	18 Guarantor address; Ci	ty; State;	Zip Code			
20	Principal occupati	on		21 Employer (See Instru	actions)		

The C/OH Instruction	Guide explains how to com	plete this form.	1 Filer ID (Ethics Commi 00084092		2 Total pages fi	led: 5
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE	USE ONLY
OFFICEHOLDER NAME	The Honorable	Suzanne J.			Date Received	
					ELECTRONIC	ALLY FILED
	NICKNAME	LAST		SUFFIX	07/08/2022	
		West				
4 CANDIDATE /	ADDRESS / PO BOX; A	PT / SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered	or Date Postmarked
OFFICEHOLDER MAILING ADDRESS	103 Khoury Cir.				Receipt #	Amount
Change of Address	Del Rio, TX 78840					
🖰					Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER NAME	Mrs.	Claudia E.				
	NICKNAME	LAST		SUFFIX		
		Cervantes				
6 CAMPAIGN	STREET ADDRESS (NO I	DO BOY DI EASE):	ΛD <sup>-</sup>	Γ / SUITE #; CITY		ATE; ZIP CODE
TREASURER ADDRESS	209 N. Orbit	O BOX FLEAGE),	ΛI	1730IIL#, CITT	317	ATE, ZIF CODE
(Residence or Business)	Del Rio, TX 78840					
7 CAMPAIGN	AREA CODE PH	ONE NUMBER E	EXTENSION			
TREASURER PHONE	(830) 719-0310					
8 REPORT TYPE	January 15	30th day before	election	Runoff	15th day after ca	mpaign treasurer
					appointment (off	
	X July 15	8th day before 6	election	Exceeded modified reporting limit	Final Report (Att	ach C/OH-FR)
9 PERIOD	Month Day Yea	r		Month Day	Year	
COVERED	01/01/2022	TH	IROUGH	06/30/202	22	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Yea	r P	rimary	Runoff	Other	
		G	eneral	Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	(if known)	
LI OTTIOL	District Attorney (Multi-	county) District 63	Val Verde,		(ii kilowii)	
	Kinney, & Terrell	,,	,			
		GO T	O PAGE 2			

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

13 C / OH NAME	West, Suzanne J. (Th	ne Honorable)	<b>14</b> Filer ID (00084092	Ethics Commission Filers)	
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without I officeholders are required to report this information	the candidate's or office	holder's knowledge or	
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
Ш	GENERAL				
		COMMITTEE ADDRESS			
	SPECIFIC				
		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS		
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  \$				
EXPENDITURE TOTALS	3. TOTAL UNITEM		\$ 0.00		
	4. TOTAL POLITIC		\$ 0.00		
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	<b>\$</b> 562.57			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.00	
17 AFFIDAVIT					
		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.			
		<b>T</b> I <b>1</b> 1			
			rable Suzanne J. We		
		Signature of	Candidate of Officerion	uo:	
AFFIX NO	TARY STAMP / SEAL AB	OVE			
		aid	, this the	day	
of	, 20, to ce	ertify which, witness my hand and seal of office.			
Signature of office	cer administering	Printed name of officer administering	Title of officer	administering oath	

### FORM C/OH COVER SHEET PG 3

				3 01 3
18 FILER NAM		19 Filer ID	(Ethics Commis	ssion Filers)
West, Suz	anne J. (The Honorable)	00084092	_	
20 SCHEDULE NAME OF S			SUBTOTA	AL AMOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	0.00
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00
3. X	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00
4. X	SCHEDULE E: LOANS		\$	0.00
5. X	5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS			
6. X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00
7. X	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUT	ONS	\$	0.00
8. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00
9. X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	0.00
10.	10. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH			
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTI	ONS	\$	
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER				
			1	

PLEC	OGED CONTRIBU	ΓIONS			SCHEDULE B
TI	he Instruction Guide exp	lains how to comple	ete this form.	1	. Total pages Schedule B: Sch: 1/1 Rpt: 4/5
2 FILER NAME West, Suzanne J. (The Honorable)  4 TOTAL OF UNITEMIZED PLEDGES				3	Filer ID (Ethics Commission Filers) 00084092
				+	\$ 0.0
5 Date	6 Full name of pledgor  7 Pledgor Address;	out-of-state PAC (ID#  City; State; Zip Code		_) 8	Amount of pledge (\$)
10 Dringing	occupation / Job title (See Instru	otiono)	111 - 1 (0 )	<u> </u>	Check if travel outside of Texas. Complete Schedule
10 Fillicipal	occupation / 30b title (See Institu	Clions)	11 Employer (See Ins	structi	ions)

LO	ANS					SCHEDULE E
The	Instructio	on Guide explains h	low to complete this	form.		ages Schedule E: '1 Rpt: 5/5
2 FILER		J. (The Honorable)			3 Filer ID 000840	(Ethics Commission Filers)
<sup>4</sup> TOT	AL OF UN	IITEMIZED LOANS			<u>'</u>	\$ 0.00
5 Date	of loan	7 Name of lender	out-of-state F	PAC (ID#:	)	9 Loan Amount (\$)
6 Is len financ institu		8 Lender address;	City; State;	Zip Code		10 Interest Rate
						11 Maturity Date
12 Princ	ipal occupatio	on / Job title (See Instruct	ions)	13 Employer (See Inst	ructions)	
_	ription of Coll lone	ateral		15 Check if personal for	unds were deposited	d into political account (See Instructions)
	RANTOR RMATION	17 Name of guarantor				19 Amount Guaranteed (\$)
☐ n	ot applicable	<b>18</b> Guarantor address;	City; State;			
20 Princ	ipal occupatio	on		21 Employer (See Inst	ructions)	

The C/OH Instruction (	Guide explains how to com	plete this form.	1 Filer ID (Ethics Commit 00084092		2 Total pages fil	ed: 4
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE U	JSE ONLY
OFFICEHOLDER NAME	The Honorable	Suzanne J.			Date Received  ELECTRONICA	ALLY FILED
	NICKNAME	LAST			01/21/2023	
	NICKNAME	West		SUFFIX	01/21/2020	
4 CANDIDATE /	ADDRESS / PO BOX; AF	PT / SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered o	r Date Postmarked
OFFICEHOLDER MAILING ADDRESS	103 Khoury Cir.				Receipt #	Amount
Change of Address	Del Rio, TX 78840					
	Bernie, 17, 766-76				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER NAME	Mrs.	Claudia E.				
	NICKNAME	LAST		SUFFIX		
	THOIR WILL	Cervantes		001117		
6 CAMPAIGN	STREET ADDRESS (NO F	PO BOX PLEASE):	AP <sup>-</sup>	/ SUITE #; CITY		ATE; ZIP CODE
TREASURER ADDRESS	209 N. Orbit	,		•		,
(Residence or Business)	Dol Dio TV 70040					
	Del Rio, TX 78840					
7 CAMPAIGN	AREA CODE PH	ONE NUMBER E	EXTENSION			
TREASURER	(830) 719-0310					
PHONE						
8 REPORT TYPE	X January 15	30th day before	election	Runoff	15th day after car	
				_	appointment (office	
	July 15	8th day before 6	election	Exceeded modified reporting limit	Final Report (Atta	ach C/OH-FR)
9 PERIOD	Month Day Yea	r		Month Day	Year	
COVERED	07/01/2022	TH	IROUGH	12/31/202	22	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Yea	r P	rimary	Runoff	Other	
		│ □G	eneral	Special		
11 OFFICE	OFFICE HELD (if any)	l		12 OFFICE SOUGHT	Γ (if known)	
	District Attorney (Multi-c	county) District 63	Val Verde,			
	Kinney, & Terrell					
		GO T	O PAGE 2			

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

13 C / OH NAME	West, Suzanne J. (Th	(Ethics Commission Filers)			
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	ommittees to support the sholder's knowledge or tice of such expenditures.			
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
<b>—</b>	GENERAL				
		COMMITTEE ADDRESS			
	SPECIFIC				
		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS		
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00	
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN	S)	\$ 0.00	
EXPENDITURE TOTALS	3. TOTAL UNITEM		\$ 0.00		
	4. TOTAL POLITIC	4. TOTAL POLITICAL EXPENDITURES			
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE I	AST DAY OF THE	<b>\$</b> 557.93	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.00	
<b>17</b> AFFIDAVIT		I swear, or affirm, under penal true and correct and includes a under Title 15, Election Code.			
		The Hono	orable Suzanne J. We	est	
		Signature o	f Candidate or Officehol	der	
AFFIX NO	TARY STAMP / SEAL AB	OVE			
Sworn to and subso	cribed before me, by the s	aid	, this the	day	
of	, 20, to co	ertify which, witness my hand and seal of office.			
Signature of office	cer administering	Printed name of officer administering	Title of office	r administering oath	

### FORM C/OH COVER SHEET PG 3

				3 01 4
<b>18</b> FILER NAME West, Suzann	(Ethics Commis	sion Filers)		
20 SCHEDULE SUNAME OF SCH			SUBTOTA	L AMOUNT
1. X SC	CHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	0.00
2. X SC	CHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00
3. X SC	CHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00
4. SC	CHEDULE E: LOANS		\$	
5. X SC	5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS			0.00
6. X SC	CHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00
7. X SC	CHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	0.00
8. X SC	CHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00
9. X SC	CHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	0.00
10. SC	CHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11. SC	CHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER			\$	

PLEC	OGED CONTRIBUTIO	NS			SCHEDULE B
TI	ne Instruction Guide explains	s how to comple	te this form.	1	Total pages Schedule B: Sch: 1/1 Rpt: 4/4
2 FILER NA	LER NAME /est, Suzanne J. (The Honorable)				Filer ID (Ethics Commission Filers) 00084092
TOTAL OF UNITEMIZED PLEDGES				+	\$ 0.0
5 Date	6 Full name of pledgor  7 Pledgor Address; Cit	out-of-state PAC (ID#:		) 8	Amount of pledge (\$)
10 Dringing	occupation / Job title (See Instructions	<u> </u>	111 - 1 (0 1 1	][	Check if travel outside of Texas. Complete Schedule
10 Philicipal	occupation / Job title (See Instructions	)	11 Employer (See Inst	ructi	ions)

Th	e C/OH Instruction (	Guide explains how to co	mplete this form.	1 Filer ID (Ethics Commis 00084092		2 Total pages	filed:
3	CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE	USE ONLY
	OFFICEHOLDER NAME	The Honorable	Suzanne J.			Date Received	OSE ONL
l						ELECTRONI	CALLY FILED
l		NICKNAME	LAST		SUFFIX	07/16/2023	
		NICRIVAIVIE	West		JOFFIA	0172072020	
4	CANDIDATE /	ADDRESS / PO BOX; A	APT / SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivere	d or Date Postmarked
	OFFICEHOLDER MAILING ADDRESS	103 Khoury Cir.				Receipt #	Amount
	Change of Address	Del Rio, TX 78840					
		Derivio, 17 70040				Date Processed	
						Date Imaged	
5	CAMPAIGN	MS / MRS / MR	FIRST		MI		
	TREASURER NAME	Mrs.	Claudia E.				
		NICKNAME	LAST		SUFFIX		
l		MCKNAME	Cervantes		301117		
			Cervanies				
6	CAMPAIGN	STREET ADDRESS (NO	PO BOX PLEASE):	APT	/ SUITE #; CITY	: S	TATE; ZIP CODE
	TREASURER	209 N. Orbit	,,		,	-	,
	ADDRESS						
	(Residence or Business)	Del Rio, TX 78840					
7	CAMPAIGN	AREA CODE PH	ONE NUMBER E	EXTENSION			
	TREASURER	(830) 719-0310					
	PHONE	(000) 100 0000					
8	REPORT		_			_	
	TYPE	January 15	30th day before	election	Runoff		campaign treasurer officeholder only)
		X July 15	8th day before	election	Exceeded modified	_	Attach C/OH-FR)
					reporting limit		
9	PERIOD	Month Day Ye	ar		Month Day	Year	
	COVERED	01/01/2023	T⊦	HROUGH	06/30/202	23	
10	ELECTION	ELECTION DATE			ELECTION TYPE		
		Month Day Ye	ar LIP	rimary	Runoff	Other	
			G	eneral	Special		
11	OFFICE	OFFICE HELD (if any)	•		12 OFFICE SOUGHT	Γ (if known)	
		District Attorney (Multi-	county) District 63	Val Verde,			
		Kinney, & Terrell					
					•		
			CO T				
			GO I	O PAGE 2			

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

13 C / OH NAME	West, Suzanne J. (T	(Ethics Commission Filers)						
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	This box is for notice of political contributions accepted or political expenditures made by political candidate / officeholder. These expenditures may have been made without the candidate's or officensent. Candidates and officeholders are required to report this information only if they receive						
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME						
ш -	GENERAL							
	-	COMMITTEE ADDRESS						
	SPECIFIC							
		COMMITTEE CAMPAIGN TREASURER NAM	E					
		COMMITTEE CAMPAIGN TREASURER ADD	RESS					
16 CONTRIBUTION TOTALS		IIZED POLITICAL CONTRIBUTIONS (OTHER T		\$ 0.00				
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOA	ANS)	\$ 0.00				
EXPENDITURE TOTALS	3. TOTAL UNITEM	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES						
	4. TOTAL POLITION	4. TOTAL POLITICAL EXPENDITURES						
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	CAL CONTRIBUTIONS MAINTAINED AS OF THE ERIOD	E LAST DAY OF THE	<b>\$</b> 555.61				
OUTSTANDING LOAN TOTALS		6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD						
<b>17</b> AFFIDAVIT		l swear, or affirm, under per true and correct and include under Title 15, Election Coc	es all information required					
		The Ho	onorable Suzanne J. W	est				
		Signatur	e of Candidate or Officeho	older				
AFFIX NO	TARY STAMP / SEAL AB	OVE						
Sworn to and subs	cribed before me, by the s	aid	, this the	day				
of	, 20, to c	ertify which, witness my hand and seal of office.						
Signature of office	cer administering	Printed name of officer administering	Title of office	er administering oath				

			3 of 3
18 FILER NAME West, Suza	nne J. (The Honorable)	<b>19</b> Filer ID 00084092	(Ethics Commission Filers)
20 SCHEDULE S			SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2. 🔲 🥸	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. 🗌 🤄	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. 🔲 🤄	SCHEDULE E: LOANS		\$
5 \$	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
8. 🗌 🤄	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9 \$	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (	OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$
	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$

The C/OH Instruction	Guide explains how to com	plete this form.	1 Filer ID (Ethics Commi 00084092		2 Total pages file	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE U	ISE ONLY
OFFICEHOLDER NAME	The Honorable	Suzanne J.			Date Received  ELECTRONICA	LLY FILED
	NICKNAME	LAST		SUFFIX	01/14/2024	
		West				
4 CANDIDATE /	ADDRESS / PO BOX; AF	PT / SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered or	Date Postmarked
OFFICEHOLDER MAILING ADDRESS	103 Khoury Cir.				Receipt #	Amount
Change of Address	Del Rio, TX 78840					
	Berrio, 17, 766-46				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER NAME	Mrs.	Claudia E.				
	NICKNAME	LAST		SUFFIX		
	MCKWAWL	Cervantes		30111X		
		Corvantos				
6 CAMPAIGN	STREET ADDRESS (NO P	O BOX PLEASE);	AP <sup>-</sup>	Γ / SUITE #; CITY	; STA	TE; ZIP CODE
TREASURER ADDRESS	209 N. Orbit					
(Residence or Business)	Del Rio, TX 78840					
	Der (100 10					
7 CAMPAIGN	AREA CODE PHO	ONE NUMBER E	EXTENSION			
TREASURER PHONE	(830) 719-0310					
8 REPORT						
TYPE	X January 15	30th day before	election	Runoff	15th day after can appointment (offic	
	July 15	8th day before 6	election	Exceeded modified	Final Report (Atta	
				reporting limit	- mar roport (rata	
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	07/01/2023	TH	IROUGH	12/31/20	23	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	XP	rimary	Runoff	Other	
	03/05/2024	□G	eneral	Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGH		
	District Attorney (Multi-c Kinney, & Terrell	ounty) District 63	Val Verde,	District Attorney	/ District 63rd	
	1			1		
		GO T	O PAGE 2			

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

13 C / OH NAME	West, Suzanne J. (Th	ne Honorable)	<b>14</b> Filer ID (	Ethics Commission Filers)			
15 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for notice of political contributions accepted or political expenditures made by political committees to suppor candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures.						
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME					
	GENERAL						
		COMMITTEE ADDRESS					
	SPECIFIC						
		COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS				
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00			
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 0.00			
EXPENDITURE TOTALS	3. TOTAL UNITEM		\$ 0.00				
	4. TOTAL POLITIC	AL EXPENDITURES		<b>\$</b> 1,250.00			
CONTRIBUTION BALANCE	REPORTING PE			<b>\$</b> 555.61			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.00			
17 AFFIDAVIT							
		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.					
			rable Suzanne J. We				
		Signature of	Candidate or Officeholo	ucı			
AFFIX NO	TARY STAMP / SEAL AB	DVE					
		aid	, this the	day			
of	, 20, to ce	ertify which, witness my hand and seal of office.					
Signature of office	cer administering	Printed name of officer administering	Title of officer	administering oath			

				3 of 4
18 FIL		AE canne J. (The Honorable)	<b>19</b> Filer ID 00084092	(Ethics Commission Filers)
20 SCI NAI	HEDULI ME OF	SUBTOTAL AMOUNT		
1.		SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.		SCHEDULE E: LOANS		\$
5.		SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$
6.		\$		
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		<b>\$</b> 1,250.00
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS IT TO FILER	RETURNED	\$

#### POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Accounting/Banking Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/1 Rpt: 4/4 West, Suzanne J. (The Honorable) 00084092 Date Payee name 11/28/2023 **Texas GOP** Payee address; 6 Amount (\$) City; State; Zip Code \$1,250.00 PO Box 2206 Reimbursement from political contributions intended Χ Austin, TX 78768 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. 8 OF Check if Austin, TX, officeholder living expense Fees **EXPENDITURE** Filing Fee to Request a Place on the Ballot Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

The C/OH Instruction	Guide explains how to com	plete this form.	1 Filer ID (Ethics Commis 00084092		2 Total pages file	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE U	ISE ONLY
OFFICEHOLDER NAME	The Honorable	Suzanne J.			Date Received	
					ELECTRONICA	IIV EII ED
					07/15/2024	CLITICLD
	NICKNAME	LAST		SUFFIX	01/13/2024	
		West				
4 CANDIDATE /	ADDRESS / PO BOX; AF	PT / SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered or	Date Postmarked
OFFICEHOLDER MAILING	103 Khoury Cir.					•
ADDRESS					Receipt #	Amount
Change of Address	Del Rio, TX 78840				Data Darasasad	
	·				Date Processed	
					Date Imaged	
					Date imageu	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	<u></u>	
TREASURER	Mrs.	Claudia E.		IVII		
NAME	IVII 5.	Ciaudia L.				
	NICKNAME	LAST		SUFFIX		
		Cervantes				
6 CAMPAIGN TREASURER	STREET ADDRESS (NO F	O BOX PLEASE);	APT	/ SUITE #; CITY;	STA	TE; ZIP CODE
ADDRESS	209 N. Orbit					
(Residence or Business)						
	Del Rio, TX 78840					
7 CAMPAIGN	AREA CODE PHO		VTENCION			
TREASURER		ONE NUMBER E	EXTENSION			
PHONE	(830) 719-0310					
8 REPORT						
TYPE	January 15	30th day before	election	Runoff	15th day after can	nnaign treasurer
		courtacty seriore			appointment (offic	eholder only)
	X July 15	8th day before	election	Exceeded modified	Final Report (Atta	ch C/OH-FR)
				reporting limit		
9 PERIOD	Month Day Yea	r		Month Day	Year	
COVERED	01/01/2024	T⊦	IROUGH	06/30/202	4	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Yea	r   $\square$ P	rimary	Runoff	Other	
			eneral	Special		
				Ш		
11 OFFICE	OFFICE HELD (if any)	I		12 OFFICE SOUGHT	(if known)	
	District Attorney (Multi-c	ounty) District 63	Val Verde.	District Attorney		
	Kinney, & Terrell	3,	,		(,	
				<u> </u>		
		GO T	O PAGE 2			

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

13 C / OH NAME	West, Suzanne J. (Th	e Honorable)	<b>14</b> Filer ID 00084092	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political ex These expenditures may have been made officeholders are required to report this inf	without the candidate's or offic	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
⊔ °	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER N	NAME	
		COMMITTEE CAMPAIGN TREASURER A	ADDRESS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHE ES OF LOANS, OR CONTRIBUTIONS MAI		\$ 0.00
		<b>AL CONTRIBUTIONS</b> PLEDGES, LOANS, OR GUARANTEES OF	LOANS)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	\$ 0.00		
	4. TOTAL POLITIC	AL EXPENDITURES		<b>\$</b> 555.61
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF RIOD	THE LAST DAY OF THE	\$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	ANS AS OF THE LAST DAY	\$ 0.00	
<b>17</b> AFFIDAVIT			r penalty of perjury, that the ac cludes all information required Code.	
		The	e Honorable Suzanne J. We	est
		Sign	ature of Candidate or Officeho	lder
AFFIX NO	TARY STAMP / SEAL ABO	OVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
of	, 20, to ce	ertify which, witness my hand and seal of of	fice.	
Signature of office	cer administering	Printed name of officer administering	Title of office	er administering oath

### FORM C/OH COVER SHEET PG 3

				3 01 6		
<b>18</b> FILER NAME West, Suzan	(Ethics Commis	ssion Filers)				
20 SCHEDULE S	SUBTOTA	AL AMOUNT				
1. X S	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	0.00		
2. X S	CHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00		
3. X S	3. X SCHEDULE B: PLEDGED CONTRIBUTIONS					
4. X S	4. X SCHEDULE E: LOANS					
5. X S	5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS					
6. X S	\$	0.00				
7. X S	7. X SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS					
8. X S	\$	0.00				
9. X S	9. X SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS					
10. S	10. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH					
11. S	CHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$			
12. S	\$					

PLEC	OGED CONTRIBUT	TONS			SCHEDULE B
TI	he Instruction Guide expl	1	. Total pages Schedule B: Sch: 1/1 Rpt: 4/6		
2 FILER NA	AME uzanne J. (The Honorable)	3			
4	OF UNITEMIZED PLEDGI	ES			\$ 0.0
5 Date	6 Full name of pledgor  7 Pledgor Address;	out-of-state PAC (ID#:		) 8	Amount of pledge (\$)
10 Dringing	and the state of t	4:0:00	144 - 1 (0 1 1	][	Check if travel outside of Texas. Complete Schedule
10 Principal	occupation / Job title (See Instruc	uons)	11 Employer (See Inst	ructi	ions)

	LOANS						SCH	HEDULE <b>E</b>	<b>.</b>
	The Instructio	ges Schedule I 1 Rpt: 5/6	≣:						
2	FILER NAME West, Suzanne	J. (The Honorable)			3	Filer ID 000840	(Ethics Comr	nission Filers)	
4	TOTAL OF UN	IITEMIZED LOANS			I		\$	0	.00
5	Date of loan	7 Name of lender	out-of-state PA	C (ID#:		)	9 Loan Amo	unt (\$)	
6	Is lender a financial institution?	8 Lender address; City;	State;	Zip Code			10 Interest Ra		
							<b>11</b> Maturity D	ate	
12	Principal occupation	on / Job title (See Instructions)		13 Employer (See In	structions)				
14	Description of Coll	ateral		15 Check if personal	funds were	deposited	into political a (See Instru		
16	GUARANTOR INFORMATION	17 Name of guarantor					19 Amount G	uaranteed (\$)	
	not applicable	18 Guarantor address; City;	State;	Zip Code					
20	Principal occupation	on		21 Employer (See In	structions)				

#### POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions' Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mittee	Legal Service	Memorials Exp es			xpense Vages/	e Contract Labor te this form.		Travel in District Travel Out of Di OTHER (enter a	strict	listed above)
1	Total pages Schedule F1:	2	FILER NAME	Ē						3	Filer ID	(Ethics C	ommission Filers)
L	Sch: 1/1 Rpt: 6/6	\	West, Suza	nne J. (Tl	he Honor	able)					00084092		
4	Date		Payee name										
l	06/18/2024	\	West, Suza	nne									
6	Amount (\$)	7 F	Payee addre	ss; Cit	ty;	State;	Zip Co	ode					
l	\$555.61	:	103 Khoury	Circle									
l													
L			Del Rio, TX	78840									
8	PURPOSE OF		Category (S				edule)	(b)	Description				
l	EXPENDITURE		Loan Repa	yment/Re	imbursen	nent			_		de of Texas. Con officeholder living		ıle T.
l									<b>—</b>				ersonal funds
l									used for filing				
9	Complete ONLY if direct expenditure to benefit C/Ol		andidate/Off	ceholder n	name	C	Office sou	<u>I</u> ight			Office h	eld	

The C/OH Instruction (	Guide explains how to com	plete this form.	1 Filer ID (Ethics Commis 00084092	ssion Filers)	Total pages filed:     4
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST		MI	OFFICE USE ONLY
NAME	The Honorable	Suzanne J.			Date Received
					ELECTRONICALLY FILED
	NICKNAME	LAST		SUFFIX	01/16/2025
	I WORK WILL	West		331111	
4 CANDIDATE /	ADDRESS / PO BOX; AF	PT / SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered or Date Postmarked
OFFICEHOLDER MAILING ADDRESS	103 Khoury Cir.				Receipt # Amount
Change of Address	Del Rio, TX 78840				
Ontainge of Address	Del Rio, 17 78640				Date Processed
					Date Imaged
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	
TREASURER NAME	Mrs.	Claudia E.			
INAIVIL					
	NICKNAME	LAST		SUFFIX	
		Cervantes			
6 CAMPAIGN	STREET ADDRESS (NO P	O BOX PLEASE);	AP	/ SUITE #; CITY;	STATE; ZIP CODE
TREASURER ADDRESS	209 N. Orbit				
(Residence or Business)	Del Rio, TX 78840				
7 04404	4DE4 00DE - DU		TYTENGLON		
7 CAMPAIGN TREASURER		ONE NUMBER E	EXTENSION		
PHONE	(830) 719-0310				
8 REPORT					
TYPE	X January 15	30th day before	e election	Runoff	15th day after campaign treasurer
		<b>□</b>			appointment (officeholder only)
	July 15	8th day before	election	Exceeded modified reporting limit	Final Report (Attach C/OH-FR)
9 PERIOD	Month Day Year	•		Month Day	Year
COVERED	07/01/2024		IROUGH	12/31/2024	
				,_,_	
10 ELECTION	ELECTION DATE			ELECTION TYPE	
	Month Day Year	·	rimary	Runoff	Other
	11/05/2024	<u> </u>	eneral	Special	_
11 OFFICE	OFFICE HELD (if any)	<u> </u>		12 OFFICE SOUGHT	(if known)
	District Attorney (Multi-c	ounty) District 63	Val Verde,	District Attorney	
	Kinney, & Terrell	3,	•	,	
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#### FORM C/OH COVER SHEET PG 2

13 C / OH NAME	West, Suz	Ethics Comr	mission Filers)			
15 NOTICE FROM POLITICAL COMMITTEE(S)	holder's kno	support the wledge or expenditures.				
Additional Pages	COMMITT	EE TYPE	COMMITTEE NAME			
ш	GENEI	RAL	Val Verde County Republican Women			
			COMMITTEE ADDRESS			
	X SPECI	FIC	213 Gabriella's Way			
			Del Rio, TX 78840			
			COMMITTEE CAMPAIGN TREASURER NAME			
			Ybarra, MerryJo			
			COMMITTEE CAMPAIGN TREASURER ADDRE	ESS		
			213 Gabriella's Way			
			Del Rio, TX 78840			
16 CONTRIBUTION TOTALS						
			AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN	IS)	\$	2,000.00
EXPENDITURE TOTALS	3. TOT		\$	0.00		
	4. <b>TOT</b>		\$	0.00		
CONTRIBUTION BALANCE		AL POLITIC ORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE RIOD	LAST DAY OF THE	\$	0.00
OUTSTANDING LOAN TOTALS	6. TOT OF 1	S OF THE LAST DAY	\$	0.00		
17 AFFIDAVIT	-				-	
			I swear, or affirm, under pena true and correct and includes under Title 15, Election Code	all information required to		
			The Hon	orable Suzanne J. We	st	
			Signature	of Candidate or Officehold	der	
AFFIX NO	TARY STAMF	/ SEAL ABO	OVE			
Sworn to and subso	cribed before	me, by the s	aid	, this the		_ day
of	, 20	, to ce	rtify which, witness my hand and seal of office.			
Signature of office	er administer	ing	Printed name of officer administering	Title of officer	administerir	ng oath

		3 of 4			
18 FILER NAME West, Suzanne J. (The Honorable)	<b>19</b> Filer ID 00084092	(Ethics Commission Filers)			
20 SCHEDULE SUBTOTALS  NAME OF SCHEDULE	SUBTOTAL AMOUNT				
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	;	\$			
2. X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CO	ONTRIBUTIONS	\$ 2,000.00			
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$			
4. SCHEDULE E: LOANS		\$			
5. SCHEDULE F1: POLITICAL EXPENDITURES FROM POLIT	ICAL CONTRIBUTIONS	\$			
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$			
7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM PO	LITICAL CONTRIBUTIONS	\$			
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	)	\$			
9. SCHEDULE G: POLITICAL EXPENDITURES FROM PERSO	9. SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS				
10. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTION	ONS TO A BUSINESS OF C/OH	\$			
11. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM PO	LITICAL CONTRIBUTIONS	\$			
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AI TO FILER	ND CONTRIBUTIONS RETURNED	\$			

#### NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 4/4 2 FILER NAME 3 Filer ID (Ethics Commission Filers) West, Suzanne J. (The Honorable) 00084092 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Full name of contributor In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 10/05/2024 Val Verde County Republican Women \$2,000.00 Purchase by the PAC of 7 Contributor address; City; State; Zip Code billboard space and shared time among candidates on the Del Rio, TX 78840 Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) (See instructions) 11 Employer (FOR NON-JUDICIAL) 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 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)