

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers) 00020990		2 PAGE # 1 of 59		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST ROYCE	MI MI	OFFICE USE ONLY		
	NICKNAME	LAST WEST	SUFFIX			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX:	APT / SUITE #:	CITY:	STATE:	ZIP CODE	
	5787 S HAMPTON RD STE 440 DALLAS, TX 75232					
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST ALBERT	MI MI	Date Received		
	NICKNAME	LAST BLACK	SUFFIX	Date Hand-delivered or Date Postmarked		
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #:	CITY:	STATE; ZIP CODE	
	1133 MADISON ST DALLAS, TX 75208					
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
8 REPORT TYPE	<input type="checkbox"/> January 15	<input checked="" 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)		
9 PERIOD COVERED	Month	Day	Year	THROUGH	Month Day Year	
		07/01/2008		09/25/2008		
10 ELECTION	ELECTION DATE		ELECTION TYPE			
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input checked="" type="checkbox"/> General
		11/04/2008				
11 OFFICE	OFFICE HELD (if any) State Senator District 23			12 OFFICE SOUGHT (if known) State Senator District 23		
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ..					
	Name					
	Address/PO Box; Apt. / Suite #: City; State; Zip Code					
GO TO PAGE 2						

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

14 C/OH NAME WEST, ROYCE (Mr.)

15 ACCOUNT # (Ethics Commission filers)
00020990

16 NOTICE FROM POLITICAL COMMITTEE(S)

.. This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

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

additional pages

17 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ 220.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 90,312.02

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$ 483.91

4. TOTAL POLITICAL EXPENDITURES \$ 109,327.78

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 782,003.90

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.00

18 AFFIDAVIT

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

ROYCE WEST

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Print name of officer administering oath

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/16 Report: 4/59	
2 FILER NAME WEST, ROYCE (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00020990	
4 Date 08/14/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) BMC PAC 6 Contributor address; City; State; Zip Code AUSTIN, TX 78701	7 Amount of contribution (\$) \$2,500.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 08/05/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) BODY, ROBERT III Contributor address; City; State; Zip Code DESOTO, TX 75115	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/11/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) BRANSON, FRANK L. P.C. Contributor address; City; State; Zip Code DALLAS, TX 75205-4185	Amount of contribution (\$) \$5,000.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) SELF	
Date 08/29/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) BULOCH, GERALD (Dr.) Contributor address; City; State; Zip Code IRVING, TX 75038	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) PHYSICIAN		Employer (See Instructions) DALLAS CARDIOVASCULAR INST.	
Date 08/05/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) BYRD, ANDRE Sr. Contributor address; City; State; Zip Code DESOTO, TX 75115	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/16 Report: 5/59	
2 FILER NAME WEST, ROYCE (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00020990	
4 Date 08/05/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) CASTRO, GARRY D. 6 Contributor address; City; State; Zip Code DENTON, TX 76208	7 Amount of contribution (\$) \$1,000.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) OWNER		10 Employer (See Instructions) LIGOSTCORP LLC	
Date 07/31/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) CIESZIEWICZ, WILLIAM E. Contributor address; City; State; Zip Code HOUSTON, TX 77004-7355	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) OWNER		Employer (See Instructions) RIALTO ENERGY OIL AND GAS	
Date 08/25/2008	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID# C00035501) COMERICA INC PAC Contributor address; City; State; Zip Code DETROIT, MI 48275	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/25/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) COTTRELL, ISABEL Contributor address; City; State; Zip Code DALLAS, TX 75220	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) INVESTOR		Employer (See Instructions) SELF	
Date 08/05/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) DABNEY, L.D. Contributor address; City; State; Zip Code DESOTO, TX 75115	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable) CATERING FOR FUNDRAISER
Principal occupation / Job title (See Instructions)		Employer (See Instructions) RETIRED	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 10/16 Report: 12/59	
2 FILER NAME WEST, ROYCE (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00020990	
4 Date 07/01/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) PINNACLE ANESTHESIA CONSULTANTS P.A. 6 Contributor address; City; State; Zip Code DALLAS, TX 75240	7 Amount of contribution (\$) \$2,000.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 08/05/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) PLEASANT, RONNIE Contributor address; City; State; Zip Code DALLAS, TX 75243	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) PRINCIPAL		Employer (See Instructions) LTK ENGINEERING	
Date 08/21/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) PRIDE, CHARLEY (Mr.) Contributor address; City; State; Zip Code DALLAS, TX 75367-0507	Amount of contribution (\$) \$1,500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) ENTERTAINER		Employer (See Instructions) SELF EMPLOYED	
Date 08/10/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) RAGGIO, GRIER Contributor address; City; State; Zip Code DALLAS, TX 75205	Amount of contribution (\$) \$1,500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) RAGGIO AND RAGGIO	
Date 08/27/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) REDWINE, GLYNIS Contributor address; City; State; Zip Code CEDAR HILL, TX 75104	Amount of contribution (\$) \$2,500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) OWNER		Employer (See Instructions) SELF EMPLOYED	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 12/16 Report: 14/59	
2 FILER NAME WEST, ROYCE (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00020990	
4 Date 08/21/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) STIMPSON, WILLARD	7 Amount of contribution (\$) \$200.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code DALLAS, TX 75241		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 08/21/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) SWEENEY, FRANCIS J.	Amount of contribution (\$) \$1,500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code DALLAS, TX 75219		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) OWNER		Employer (See Instructions) HOWIE & SWEENEY LLP	
Date 08/14/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) TEXAS APARTMENT ASSOC. PAC	Amount of contribution (\$) \$4,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code AUSTIN, TX 78701		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/09/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) TEXAS CONSTRUCTION ASSOCIATION PAC	Amount of contribution (\$) \$2,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code AUSTIN, TX 78701-1705		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/21/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) TRIMBLE, ROBERT L.	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code DALLAS, TX 75225		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) SELF EMPLOYED	

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 5/35 Report: 23/59

2 FILER NAME WEST, ROYCE (Mr.)

3 ACCOUNT # (Ethics Commission filers)
00020990

4 Date 09/09/2008	5 Payee name AT & T 6 Payee address; City; State; Zip Code PO BOX 78522 PHOENIX, AZ 85062-8522	7 Amount (\$) \$31.30
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8 Purpose of payment (See instructions regarding type of information required.) TELEPHONE (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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Date 09/09/2008	Payee name AT & T Payee address; City; State; Zip Code PO BOX 5001 CAROL STREAM, IL 60197-5001	Amount (\$) \$55.55
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Purpose of payment (See instructions regarding type of information required.) TELEPHONE (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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Date 07/09/2008	Payee name BAILEY, FLYNNE Payee address; City; State; Zip Code 931 FAIRWAY DR DUNCANVILLE, TX 75137	Amount (\$) \$640.00
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Purpose of payment (See instructions regarding type of information required.) INDEPENDENT CONTRACTOR (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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Date 07/28/2008	Payee name BAILEY, FLYNNE Payee address; City; State; Zip Code 931 FAIRWAY DR DUNCANVILLE, TX 75137	Amount (\$) \$640.00
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Purpose of payment (See instructions regarding type of information required.) INDEPENDENT CONTRACTOR (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 6/35 Report: 24/59
2 FILER NAME WEST, ROYCE (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00020990
4 Date 08/15/2008	5 Payee name BAILEY, FLYNNE 6 Payee address; City; State; Zip Code 931 FAIRWAY DR DUNCANVILLE, TX 75137	7 Amount (\$) \$64.00
8 Purpose of payment (See instructions regarding type of information required.) INDEPENDENT CONTRACTOR (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 09/09/2008	Payee name BAILEY, FLYNNE Payee address; City; State; Zip Code 931 FAIRWAY DR DUNCANVILLE, TX 75137	Amount (\$) \$256.00
Purpose of payment (See instructions regarding type of information required.) INDEPENDENT CONTRACTOR (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 07/15/2008	Payee name BANK OF AMERICA Payee address; City; State; Zip Code 400 S ZANG BLVD DALLAS, TX 75208	Amount (\$) \$843.93
Purpose of payment (See instructions regarding type of information required.) PAYROLL TAXES (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 07/31/2008	Payee name BANK OF AMERICA Payee address; City; State; Zip Code 400 S ZANG BLVD DALLAS, TX 75208	Amount (\$) \$843.92
Purpose of payment (See instructions regarding type of information required.) PAYROLL TAXES (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 15/35 Report: 33/59
2 FILER NAME WEST, ROYCE (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00020990
4 Date 08/15/2008	5 Payee name DIXON, GLORIA 6 Payee address; City; State; Zip Code 1200 MAIN ST #206 DALLAS, TX 75202	7 Amount (\$) \$1,296.50
8 Purpose of payment (See instructions regarding type of information required.) PAYROLL (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 08/31/2008	Payee name DIXON, GLORIA Payee address; City; State; Zip Code 1200 MAIN ST #206 DALLAS, TX 75202	Amount (\$) \$1,296.50
Purpose of payment (See instructions regarding type of information required.) PAYROLL (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 09/15/2008	Payee name DIXON, GLORIA Payee address; City; State; Zip Code 1200 MAIN ST #206 DALLAS, TX 75202	Amount (\$) \$1,296.50
Purpose of payment (See instructions regarding type of information required.) PAYROLL (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 08/14/2008	Payee name DOMINGUEZ, ERIC Payee address; City; State; Zip Code 412 N MONTRAL DALLAS, TX 75208	Amount (\$) \$300.00
Purpose of payment (See instructions regarding type of information required.) (See travel info on Schedule T) (If travel outside of Texas, complete Schedule T) <input checked="" type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 18/35 Report: 36/59
2 FILER NAME WEST, ROYCE (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00020990
4 Date 07/28/2008	5 Payee name EXXON MOBILE 6 Payee address; City; State; Zip Code 1030 W HWY 67 ALVARADO, TX 76009	7 Amount (\$) \$92.01
8 Purpose of payment (See instructions regarding type of information required.) GAS (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 08/14/2008	Payee name FAST SIGNS Payee address; City; State; Zip Code 3107 W CAMP WISDOM RD DALLAS, TX 75237	Amount (\$) \$304.11
Purpose of payment (See instructions regarding type of information required.) SIGNS / POSTERS (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 07/09/2008	Payee name FOGO DE CHAO Payee address; City; State; Zip Code 309 E 3RD ST AUSTIN, TX 78701	Amount (\$) \$385.19
Purpose of payment (See instructions regarding type of information required.) STATE DEMOCRATIC CONVENTION MEETING (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 07/25/2008	Payee name FORD CREDIT Payee address; City; State; Zip Code PO BOX 650575 DALLAS, TX 75265-0575	Amount (\$) \$782.34
Purpose of payment (See instructions regarding type of information required.) LEASE (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 19/35 Report: 37/59

2 FILER NAME WEST, ROYCE (Mr.)**3** ACCOUNT # (Ethics Commission filers)

00020990

4 Date

08/13/2008

5 Payee name

FORD CREDIT

7

Amount

(\$)

\$782.34

6 Payee address; City; State; Zip CodePO BOX 650575
DALLAS, TX 75265-0575**8** Purpose of payment (See instructions regarding type of information required.)

LEASE

9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T)

Date

09/09/2008

Payee name

FORD CREDIT

Amount

(\$)

\$782.34

Payee address; City; State; Zip Code

PO BOX 650575
DALLAS, TX 75265-0575

Purpose of payment (See instructions regarding type of information required.)

LEASE

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T)

Date

07/28/2008

Payee name

HAWTHORNE SUITES

Amount

(\$)

\$73.60

Payee address; City; State; Zip Code

935 LA POSADA DR
AUSTIN, TX 78752

Purpose of payment (See instructions regarding type of information required.)

STAFF LODGING

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T)

Date

07/28/2008

Payee name

HILTON

Amount

(\$)

\$251.75

Payee address; City; State; Zip Code

500 E 4TH ST
AUSTIN, TX 78701

Purpose of payment (See instructions regarding type of information required.)

STAFF LODGING

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T)

POLITICAL EXPENDITURES

SCHEDULE F

The **INSTRUCTION GUIDE** explains how to complete this form.

1 PAGE #
Schedule: 23/35 Report: 41/59

2 FILER NAME WEST, ROYCE (Mr.)

3 ACCOUNT # (Ethics Commission filers)
00020990

4 Date 09/25/2008	5 Payee name METRO REALTY 6 Payee address; City; State; Zip Code 2401 RIO GRANDE AUSTIN, TX 78705	7 Amount (\$) \$1,495.00
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8 Purpose of payment (See instructions regarding type of information required.) LEASE (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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Date 08/31/2008	Payee name MORGAN STANLEY Payee address; City; State; Zip Code PO BOX 286 BOWLING GREEN STATION NEW YORK, NY 10274-0286	Amount (\$) \$54,147.75
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Purpose of payment (See instructions regarding type of information required.) INVESTMENT OF CAMPAIGN FUNDS (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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Date 08/14/2008	Payee name NAT'L COWBOYS OF COLOR MUSEUM Payee address; City; State; Zip Code 2401 SCOTT AVE FT WORTH, TX 76103-2228	Amount (\$) \$75.00
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Purpose of payment (See instructions regarding type of information required.) MEMBERSHIP DUES (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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Date 09/25/2008	Payee name NATIONAL BLACK CAUCUS OF STATE LEGISLATORS Payee address; City; State; Zip Code 444 N. CAPITAL STREET NW STE 622 WASHINGTON, DC 20001	Amount (\$) \$100.00
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Purpose of payment (See instructions regarding type of information required.) MEMBERSHIP DUES (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)
00020990

2 PAGE #
1 of 60

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI
Mr. ROYCE
NICKNAME LAST SUFFIX
WEST

OFFICE USE ONLY

Date Received

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE
5787 S HAMPTON RD STE 440
DALLAS, TX 75232

Change of Address

Date Hand-delivered or Date Postmarked

Receipt #

Amount

5 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
Mr. ALBERT
NICKNAME LAST SUFFIX
BLACK

Date Processed

Date Imaged

6 CAMPAIGN TREASURER ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE
1133 MADISON ST
DALLAS, TX 75208

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(214) 944-1100

8 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)
 July 15 8th day before election Exceeded \$500 limit Final report (Attach C/OH - FR)

9 PERIOD COVERED

Month Day Year THROUGH Month Day Year
09/26/2008 10/25/2008

10 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff General Special
11/04/2008

11 OFFICE

OFFICE HELD (if any)
State Senator District 23

12 OFFICE SOUGHT (if known)
State Senator District 23

13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

... Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ...

Name

Address/PO Box; Apt. / Suite #: City: State: Zip Code

additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

14 C/OH NAME WEST, ROYCE (Mr.)

15 ACCOUNT # (Ethics Commission filers)
00020990

16 NOTICE FROM POLITICAL COMMITTEE(S)

.. This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	1,433.00
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2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	273,810.79
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EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$	365.83
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4. TOTAL POLITICAL EXPENDITURES	\$	110,733.02
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CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	945,081.67
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OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00
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18 AFFIDAVIT

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

ROYCE WEST

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Print name of officer administering oath

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 8/44 Report: 10/60	
2 FILER NAME WEST, ROYCE (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00020990	
4 Date 10/10/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) CAMARILLO, SYLVIA 6 Contributor address; City; State; Zip Code DALLAS, TX 75211	7 Amount of contribution (\$) \$200.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) ARCHITECTS		10 Employer (See Instructions) SELF	
Date 10/23/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) CAPUA, CRAIG & REBECCA Contributor address; City; State; Zip Code FLOWER MOUND, TX 75028	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) WEST & ASSOCIATES	
Date 10/21/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) CARONA, HELEN Contributor address; City; State; Zip Code DALLAS, TX 75220	Amount of contribution (\$) \$10,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) SR. VP		Employer (See Instructions) ASSOCIA	
Date 10/21/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) CARONA, JOHN Contributor address; City; State; Zip Code DALLAS, TX 75205	Amount of contribution (\$) \$5,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) PRESIDENT/CEO		Employer (See Instructions) ASSOCIA	
Date 10/18/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) CASH AMERICA INTERNATIONAL MULTI-CANDIDATES PAC Contributor address; City; State; Zip Code FT WORTH, TX 76102	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 27/44 Report: 29/60	
2 FILER NAME WEST, ROYCE (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00020990	
4 Date 10/10/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) ONE CALL CONCEPTS PAC 6 Contributor address; City; State; Zip Code AUSTIN, TX 78716	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/18/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) ORTIZ, DANIEL Contributor address; City; State; Zip Code ARLINGTON, TX 76013	Amount of contribution (\$) \$950.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) SELF	
Date 10/10/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) PAC OF WINSTEAD P.C. Contributor address; City; State; Zip Code DALLAS, TX 75270	Amount of contribution (\$) \$1,500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/23/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) PATEL, ANUJ M Contributor address; City; State; Zip Code FRISCO, TX 75034	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/18/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) PICKENS, BOONE Contributor address; City; State; Zip Code DALLAS, TX 75225	Amount of contribution (\$) \$5,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) PRESIDENT		Employer (See Instructions) BP CAPITAL	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 29/44 Report: 31/60	
2 FILER NAME WEST, ROYCE (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00020990	
4 Date 10/10/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) REAL ESTATE COUNCIL COM LEADERSHIP COM PAC 6 Contributor address; City; State; Zip Code DALLAS, TX 75240	7 Amount of contribution (\$) \$1,000.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/22/2008	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID# <u>C00064026</u>) RESCARE ADVOCACY FUND Contributor address; City; State; Zip Code LOUISVILLE, KY 40223-3813	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/21/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) REYES, PAUL Contributor address; City; State; Zip Code DALLAS, TX 75238	Amount of contribution (\$) \$10,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) SR VICE PRESIDENT		Employer (See Instructions) ASSOCIA	
Date 10/21/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) ROBERT UTLEY INVESTMENTS Contributor address; City; State; Zip Code DALLAS, TX 75220	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) CHAIRMAN		Employer (See Instructions) ROBERT UTLEY INVESTMENTS	
Date 10/22/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) ROGERS, RICHARD R. Contributor address; City; State; Zip Code ADDISON, TX 75001	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) EXECUTIVE CHAIRMAN OF THE BOARD		Employer (See Instructions) MARY KAY	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 40/44 Report: 42/60	
2 FILER NAME WEST, ROYCE (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00020990	
4 Date 10/18/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) TODD, MICHAEL 6 Contributor address; City; State; Zip Code DALLAS, TX 75201	7 Amount of contribution (\$) \$1,000.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) ATTORNEY		10 Employer (See Instructions) SELF	
4 Date 10/23/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) TREADWELL, LLOYD 6 Contributor address; City; State; Zip Code GRANDBURY, TX 76049	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 10/18/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) TREPAC/ TX ASSOC OF REALTORS 6 Contributor address; City; State; Zip Code AUSTIN, TX 78768	7 Amount of contribution (\$) \$10,000.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 10/10/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) TX AFLCIO COPE FD 6 Contributor address; City; State; Zip Code AUSTIN, TX 78701	7 Amount of contribution (\$) \$300.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 10/10/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) TX FRIENDS OF TIME WARNER 6 Contributor address; City; State; Zip Code HOUSTON, TX 77056	7 Amount of contribution (\$) \$3,000.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	

POLITICAL EXPENDITURES**SCHEDULE F**The **INSTRUCTION GUIDE** explains how to complete this form.**1** PAGE #
Schedule: 1/12 Report: 47/60**2** FILER NAME WEST, ROYCE (Mr.)**3** ACCOUNT # (Ethics Commission filers)
00020990**4** Date**5** Payee name

ALPHA BUSINESS IMAGES LLC

7Amount
(\$)

09/26/2008

6 Payee address; City; State; Zip Code6440 N CENTRAL EXWY #307
DALLAS, TX 75206

\$35,000.00

8 Purpose of payment (See instructions regarding type of information required.)MEDIA SERVICES PARTIAL IN KIND CONT. TO THE
RAGAEI ANCHIA ROY C. BROOKS & LUPE VALDEZ CAMP.(If travel outside of Texas, complete Schedule T) **9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

Date

Payee name

AMERICAN AIRLINES

Amount
(\$)

10/01/2008

Payee address; City; State; Zip Code

PO BOX 619616
DFW AIRPORT, TX 75261

\$253.50

Purpose of payment (See instructions regarding type of information required.)

(See travel info on Schedule T)

(If travel outside of Texas, complete Schedule T) **9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

Date

Payee name

AMERICAN AIRLINES

Amount
(\$)

10/01/2008

Payee address; City; State; Zip Code

3200 S PARKER RD
AURORA, CO 80014

\$1,101.18

Purpose of payment (See instructions regarding type of information required.)

(See travel info on Schedule T)

(If travel outside of Texas, complete Schedule T) **9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

Date

Payee name

AT & T

Amount
(\$)

09/26/2008

Payee address; City; State; Zip Code

PO BOX 650553
DALLAS, TX 75265

\$102.15

Purpose of payment (See instructions regarding type of information required.)

WIRELESS SERVICE

(If travel outside of Texas, complete Schedule T) **9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 6/12 Report: 52/60
2 FILER NAME WEST, ROYCE (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00020990
4 Date 10/01/2008	5 Payee name ENTERPRISE RENT-A-CAR 6 Payee address; City; State; Zip Code 303 AIRPORT BLVD AURORA, CO 80011	7 Amount (\$) \$660.99
8 Purpose of payment (See instructions regarding type of information required.) (See travel info on Schedule T) (If travel outside of Texas, complete Schedule T) <input checked="" type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 10/10/2008	Payee name FAGGOTT, WALLACE Payee address; City; State; Zip Code PO BOX 0665 DALLAS, TX 75241	Amount (\$) \$300.00
Purpose of payment (See instructions regarding type of information required.) EVENT PHOTOGRAPHY (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 10/15/2008	Payee name FAST SIGNS Payee address; City; State; Zip Code 3107 W CAMP WISDOM RD DALLAS, TX 75237	Amount (\$) \$59.08
Purpose of payment (See instructions regarding type of information required.) SIGNS / POSTERS (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 10/16/2008	Payee name FORD CREDIT Payee address; City; State; Zip Code PO BOX 650575 DALLAS, TX 75265-0575	Amount (\$) \$782.30
Purpose of payment (See instructions regarding type of information required.) LEASE (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

**IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE
FOR TRAVEL OUTSIDE OF TEXAS****SCHEDULE T**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/2 Report: 59/60
2 FILER NAME WEST, ROYCE (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00020990
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee AMERICAN AIRLINES		
5 Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input checked="" type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
6 Dates of travel 08/26/2008 08/29/2008	7 Name of person(s) traveling GOREE, AHMAD (Mr.)	
	8 Departure city or name of departure location DALLAS TX	
	9 Destination city or name of destination location DENVER CO	
10 Means of transportation AIR	11 Purpose of travel (including name of conference, seminar, or other event) DEMOCRATIC NATIONAL CONVENTION	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee AMERICAN AIRLINES		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input checked="" type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
Dates of travel 08/26/2008 08/29/2008	Name of person(s) traveling WEST, ROYCE (Sen.)	
	Departure city or name of departure location DALLAS TX	
	Destination city or name of destination location DENVER CO	
Means of transportation AIR	Purpose of travel (including name of conference, seminar, or other event) DEMOCRATIC NATIONAL CONVENTION	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee ENTERPRISE RENT-A-CAR		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input checked="" type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
Dates of travel 08/26/2008 08/29/2008	Name of person(s) traveling CLAYTON, DANIEL (Mr.)	
	Departure city or name of departure location DALLAS TX	
	Destination city or name of destination location DENVER CO	
Means of transportation CAR	Purpose of travel (including name of conference, seminar, or other event) DEMOCRATIC NATIONAL CONVENTION	

**IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE
FOR TRAVEL OUTSIDE OF TEXAS****SCHEDULE T**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/2 Report: 60/60
2 FILER NAME WEST, ROYCE (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00020990
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee FRONTIER AIRLINES		
5 Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input checked="" type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
6 Dates of travel 08/26/2008 08/29/2008	7 Name of person(s) traveling GOREE, AHMAD (Mr.)	
	8 Departure city or name of departure location DENVER CO	
	9 Destination city or name of destination location DALLAS TX	
10 Means of transportation AIR	11 Purpose of travel (including name of conference, seminar, or other event) DEMOCRATIC NATIONAL CONVENTION	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee KING SOOPERS FUEL		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input checked="" type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
Dates of travel 08/26/2008 08/29/2008	Name of person(s) traveling WEST, ROYCE (Sen.)	
	Departure city or name of departure location DALLAS. TX	
	Destination city or name of destination location DENVER CO	
Means of transportation CAR	Purpose of travel (including name of conference, seminar, or other event) DEMOCRATIC NATIONAL CONVENTION	