

# 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: <u>7</u>		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST <u>Alyssa</u>	MI <u>G</u>	OFFICE USE ONLY		
	NICKNAME	LAST <u>West</u>	SUFFIX	Date Received <u>Lamar County Elections</u>		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #, CITY; STATE; ZIP CODE <u>PO Box 153 Roxton TX 75477</u>			JAN 15 2026		
<input type="checkbox"/> Change of Address		Received				
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <u>(903)</u>	PHONE NUMBER <u>249 5445</u>	EXTENSION	Date Hand-delivered or Date Postmarked		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST <u>Alyssa</u>	MI <u>G</u>	Receipt # <input type="text"/> Amount \$ <input type="text"/>		
	NICKNAME	LAST <u>West</u>	SUFFIX	Date Processed		
7 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #, CITY; <u>PO Box 153 Roxton TX 75477</u>			STATE; ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE <u>(903)</u>	PHONE NUMBER <u>249 5445</u>	EXTENSION			
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff		<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)			
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit		<input type="checkbox"/> Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month <u>9</u>	Day <u>9</u>	Year <u>25</u>	Month <u>1</u>	Day <u>15</u>	Year <u>26</u>
11 ELECTION	ELECTION DATE  <u>3 / 3 / 26</u>	ELECTION TYPE  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special				
12 OFFICE	OFFICE HELD (if any) <u>none</u>			13 OFFICE SOUGHT (if known) <u>County Commissioner Pct. 2</u>		
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.					
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME				
		COMMITTEE ADDRESS				
		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				

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# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME

Alyssa West

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION  
TOTALS

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN  
PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR  
CONTRIBUTIONS MADE ELECTRONICALLY)

\$ 150.00

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

\$ 150.00

EXPENDITURE  
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 100.00

4. TOTAL POLITICAL EXPENDITURES

\$ 1976.10

CONTRIBUTION  
BALANCE

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

\$ 0.00

OUTSTANDING  
LOAN TOTALS

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

\$ 0.00

18 SIGNATURE

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

Alyssa West

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_,

20 \_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.

(street)

(city)

(state)

(zip code)

(country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.  
(month) (year)

Signature of Candidate/Officeholder (Declarant)

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3**

<b>19</b> FILER NAME	<b>20</b> Filer ID (Ethics Commission Filers)	
Alyssa West		
<b>21</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 1580.00	
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 100.00	
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$	
8. <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 401.42	
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 1475.28	
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

## LOANS

## SCHEDULE E

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.			1 Total pages Schedule E: <i>1</i>
2 FILER NAME <i>Alyssa West</i>			3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS			\$ <i>50.00</i>
5 Date of loan <i>11/7/25</i>	7 Name of lender <i>Alyssa West</i>	8 out-of-state PAC (ID#: <input type="checkbox"/>	
6 Is lender a financial institution? <i>Y</i> <i>N</i>	8 Lender address; <i>9922 Highway 24</i>	City; <i>Paris</i>	State; Zip Code <i>TX 75462</i>
9 Loan Amount (\$) <i>750.00</i>	10 Interest rate <i>0</i>	11 Maturity date <i>0</i>	
12 Principal occupation / Job title (See Instructions) <i>Business owner</i>	13 Employer (See Instructions) <i>Self</i>	15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)	
14 Description of Collateral <i>none</i>	16 GUARANTOR INFORMATION	17 Name of guarantor	19 Amount Guaranteed (\$)
<input checked="" type="checkbox"/> not applicable	18 Guarantor address; <i>18</i>	City; <i>Paris</i>	State; Zip Code <i>TX 75462</i>
20 Principal Occupation (See Instructions) <i>Business owner</i>	21 Employer (See Instructions) <i>Self</i>	22 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)	
Date of loan <i>12/31/25</i>	Name of lender <i>Alyssa West</i>	23 Loan Amount (\$) <i>780.00</i>	
Is lender a financial institution? <i>Y</i> <i>N</i>	Lender address; <i>9922 Highway 24</i>	City; <i>Paris</i>	State; Zip Code <i>TX 75462</i>
Interest rate <i>0</i>	24 Maturity date <i>0</i>		
Principal occupation / Job title (See Instructions) <i>Business owner</i>	Employer (See Instructions) <i>Self</i>	25 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)	
Description of Collateral <i>none</i>	<input checked="" type="checkbox"/> none	26 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)	
GUARANTOR INFORMATION	Name of guarantor	27 Amount Guaranteed (\$)	
<input checked="" type="checkbox"/> not applicable	Guarantor address; <i>18</i>	City; <i>Paris</i>	State; Zip Code <i>TX 75462</i>
Principal Occupation (See Instructions)	Employer (See Instructions)	28 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Alyssa West</i>	3 Filer ID (Ethics Commission Filers)	
4 Date <i>1/8/24</i>	5 Payee name <i>LeAndra Border Maughon</i>	6 Amount (\$) <i>100.00</i>	7 Payee address; <i>3075 Abbott Ln.</i> City: <i>Paris</i> State: <i>Tx</i>
<input checked="" type="checkbox"/> Check if individual's residence address.			
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  <i>Advertising Expense</i>	(b) Description  <i>Business Card Ad in Newsletter</i>	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH  <i>[Signature]</i>		Candidate / Officeholder name	Office sought
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name	Office sought
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name	Office sought
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME Alyson West		3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD			\$ 401.42
5 CREDIT CARD ISSUER	Name of financial institution Chase Visa		
6 PAYMENT	(a) Amount Charged \$ 401.42	(b) Date Expenditure Charged 11/30/25	(c) Date(s) Credit Card Issuer Paid 12/1/25
7 PAYEE	(a) Payee name Imprint.com	(b) Payee address; 14550 Beechnut St. Houston, TX Check if individual's residence address.	City, State, Zip Code 77083
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Yard signs	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office Sought Office Held		
PAYMENT	(a) Amount Charged \$	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name	(b) Payee address;	City, State, Zip Code Check if individual's residence address.
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office Sought Office Held		
PAYMENT	(a) Amount Charged \$	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name	(b) Payee address;	City, State, Zip Code Check if individual's residence address.
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office Sought Office Held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME <i>Alyssa West</i>	3 Filer ID (Ethics Commission Filers)	
4 Date <i>12/1/25</i>	5 Payee name <i>Imprint. com</i>		
6 Amount (\$) <i>\$401.42</i>	7 Payee address: <i>14550 Beechnut St.</i>	City: <i>Houston</i> State: <i>TX</i> Zip Code <i>77083</i>	
<input type="checkbox"/> Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description <i>YARD signs</i>	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Candidate / Officeholder name Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Office sought	Office held
Date <i>12/31/25</i>	Payee name <i>SCS Graphics</i>		
Amount (\$) <i>\$725.28</i>	Payee address: <i>3317 NE Loop 286</i>	City: <i>Paris</i> State: <i>TX</i> Zip Code <i>75460</i>	
<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>LARGE SIGNS</i>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Candidate / Officeholder name Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Office sought	Office held
Date <i>4/7/25</i>	Payee name <i>Lamar County Republican Party</i>		
Amount (\$) <i>\$750.00</i>	Payee address:	City:	State: Zip Code
<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Other</i>	Description <i>Filing fee for candidate</i>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Candidate / Officeholder name Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			