

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 expenditures 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 <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		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	\$	0.00
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2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
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EXPENDITURE TOTALS

3.	TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$	731.47
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4.	TOTAL POLITICAL EXPENDITURES	\$	104,156.98
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CONTRIBUTION BALANCE

5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	649,617.71
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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 EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 19/48 Report: 25/55

2 FILER NAME WEST, ROYCE (Mr.)

3 ACCOUNT # (Ethics Commission filers)
00020990

4 Date	5 Payee name E.K. BAILY MINISTRIES	7 Amount (\$)
04/11/2007	6 Payee address; City; State; Zip Code PO BOX 764679 DALLAS, TX 75376	\$250.00

8 Purpose of payment (See instructions regarding type of information required.) DONATION (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	Payee name FAST SIGNS	Amount (\$)
05/15/2007	Payee address; City; State; Zip Code 3107 W CAMP WISDOM RD DALLAS, TX 75237	\$249.52

Purpose of payment (See instructions regarding type of information required.) BANNER (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	Payee name FORD CREDIT	Amount (\$)
01/12/2007	Payee address; City; State; Zip Code PO BOX 650575 DALLAS, TX 75265-0575	\$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:
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Date	Payee name FORD CREDIT	Amount (\$)
02/07/2007	Payee address; City; State; Zip Code PO BOX 650575 DALLAS, TX 75265-0575	\$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:
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POLITICAL EXPENDITURES

SCHEDULE F

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

1 PAGE #
Schedule: 20/48 Report: 26/55

2 FILER NAME WEST, ROYCE (Mr.)

3 ACCOUNT # (Ethics Commission filers)
00020990

4 Date 03/07/2007	5 Payee name FORD CREDIT 6 Payee address; City; State; Zip Code PO BOX 650575 DALLAS, TX 75265-0575	7 Amount (\$) \$782.34
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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 04/21/2007	Payee name FORD CREDIT Payee address; City; State; Zip Code PO BOX 650575 DALLAS, TX 75265-0575	Amount (\$) \$782.34
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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:
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Date 05/15/2007	Payee name FORD CREDIT Payee address; City; State; Zip Code PO BOX 650575 DALLAS, TX 75265-0575	Amount (\$) \$782.34
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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:
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Date 06/14/2007	Payee name FORD CREDIT Payee address; City; State; Zip Code PO BOX 650575 DALLAS, TX 75265-0575	Amount (\$) \$832.34
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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:
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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 24/48 Report: 30/55

2 FILER NAME WEST, ROYCE (Mr.)

3 ACCOUNT # (Ethics Commission filers)
00020990

4 Date 06/05/2007	5 Payee name IVY REALTY TRUST 6 Payee address; City; State; Zip Code 4311 OAK LAWN AVE STE 400 DALLAS, TX 75219	7 Amount (\$) \$1,036.00
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8 Purpose of payment (See instructions regarding type of information required.) OFFICE RENT (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 06/05/2007	Payee name IVY REALTY TRUST Payee address; City; State; Zip Code 4311 OAK LAWN AVE STE 400 DALLAS, TX 75219	Amount (\$) \$1,036.00
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Purpose of payment (See instructions regarding type of information required.) OFFICE RENT (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 01/04/2007	Payee name JOY & ASSOCIATES Payee address; City; State; Zip Code 517 MISSIONARY RIDGE DESOTO, TX 75115	Amount (\$) \$1,000.00
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Purpose of payment (See instructions regarding type of information required.) CONSULTANT (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 03/07/2007	Payee name JOY & ASSOCIATES Payee address; City; State; Zip Code 517 MISSIONARY RIDGE DESOTO, TX 75115	Amount (\$) \$2,000.00
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Purpose of payment (See instructions regarding type of information required.) CONSULTANT (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: 25/48 Report: 31/55

2 FILER NAME WEST, ROYCE (Mr.)

3 ACCOUNT # (Ethics Commission filers)
00020990

4 Date 04/21/2007	5 Payee name JOY & ASSOCIATES 6 Payee address; City; State; Zip Code 517 MISSIONARY RIDGE DESOTO, TX 75115	7 Amount (\$) \$1,000.00
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8 Purpose of payment (See instructions regarding type of information required.) CONSULTANT (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 05/28/2007	Payee name JOY & ASSOCIATES Payee address; City; State; Zip Code 517 MISSIONARY RIDGE DESOTO, TX 75115	Amount (\$) \$1,000.00
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Purpose of payment (See instructions regarding type of information required.) CONSULTANT (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 06/05/2007	Payee name JOY & ASSOCIATES Payee address; City; State; Zip Code 517 MISSIONARY RIDGE DESOTO, TX 75115	Amount (\$) \$1,000.00
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Purpose of payment (See instructions regarding type of information required.) CONSULTANT (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 06/27/2007	Payee name JOY & ASSOCIATES Payee address; City; State; Zip Code 517 MISSIONARY RIDGE DESOTO, TX 75115	Amount (\$) \$1,000.00
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Purpose of payment (See instructions regarding type of information required.) CONSULTANT (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: 31/48 Report: 37/55

2 FILER NAME WEST, ROYCE (Mr.)

3 ACCOUNT # (Ethics Commission filers)
00020990

4 Date 01/06/2007	5 Payee name RAMIREZ, SUSIE 6 Payee address; City; State; Zip Code 9704 WILLERS WAY AUSTIN, TX 78748	7 Amount (\$) \$63.29
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8 Purpose of payment (See instructions regarding type of information required.) REPAYMENT OF LOANS 01/01/07 THRU 1/06/07 (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 01/10/2007	Payee name RAMIREZ, SUSIE Payee address; City; State; Zip Code 9704 WILLERS WAY AUSTIN, TX 78748	Amount (\$) \$746.46
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Purpose of payment (See instructions regarding type of information required.) REPAYMENT OF LOANS 10/14/06 THRU 1/06/07 (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 01/29/2007	Payee name RAMIREZ, SUSIE Payee address; City; State; Zip Code 9704 WILLERS WAY AUSTIN, TX 78748	Amount (\$) \$197.16
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Purpose of payment (See instructions regarding type of information required.) REPAYMENT OF LOANS FOR 1/26/07 (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 05/15/2007	Payee name RAY WOOD & BONILLA Payee address; City; State; Zip Code 2700 BEE CAVE RD PO BOX 165001 AUSTIN, TX 78716	Amount (\$) \$1,152.20
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Purpose of payment (See instructions regarding type of information required.) PROFESSIONAL SERVICES - REPORT (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: 44/48 Report: 50/55
2 FILER NAME WEST, ROYCE (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00020990
4 Date 01/23/2007	5 Payee name TEXAS STATE DIRECTORY 6 Payee address; City; State; Zip Code PO BOX 12186 AUSTIN, TX 78711	7 Amount (\$) \$129.43
8 Purpose of payment (See instructions regarding type of information required.) STATE RESOURCE BOOKS (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 01/16/2007	Payee name TOP O THE CLIFF Payee address; City; State; Zip Code 400 S ZANG BLVD DALLAS, TX 75208	Amount (\$) \$1,000.00
Purpose of payment (See instructions regarding type of information required.) STUDENT ADVISORY COMMITTEE - FOOD (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 06/27/2007	Payee name TORRES, JOSEPHINE Payee address; City; State; Zip Code BATAAN CENTER 3232 BATAAN ST DALLAS, TX 75212	Amount (\$) \$100.00
Purpose of payment (See instructions regarding type of information required.) DONATION FOR THE 4TH OF JULY EVENT (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 01/29/2007	Payee name TOWERS OF TOWN LAKE Payee address; City; State; Zip Code 40 N I35 AUSTIN, TX 78701	Amount (\$) \$100.00
Purpose of payment (See instructions regarding type of information required.) MOVE IN FEE (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: 47/48 Report: 53/55**2** FILER NAME WEST, ROYCE (Mr.)**3** ACCOUNT # (Ethics Commission filers)
00020990**4** Date

02/26/2007**5** Payee name
WASHINGTON DC MLK JR NATIONAL MEMORIAL**7** Amount
(\$)

\$500.00**6** Payee address; City; State; Zip Code
PO BOX 96071
WASHINGTON, DC 20090**8** Purpose of payment (See instructions regarding type of information required.)
DONATION**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) Office sought:
Office held:

Date

Payee name
WEST, ROYCE (Mr.)Amount
(\$)

01/11/2007

Payee address; City; State; Zip Code
5787 S HAMPTON RD STE 440
DALLAS, TX 75232

\$1,191.54

Purpose of payment (See instructions regarding type of information required.)
REIMBURSEMENT**** Complete if direct expenditure to benefit Candidate/Officeholder ****
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) Office sought:
Office held:

Date

Payee name
WEST, ROYCE (Mr.)Amount
(\$)

02/02/2007

Payee address; City; State; Zip Code
5787 S HAMPTON RD STE 440
DALLAS, TX 75232

\$55.62

Purpose of payment (See instructions regarding type of information required.)
REIMBURSEMENT**** Complete if direct expenditure to benefit Candidate/Officeholder ****
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) Office sought:
Office held:

Date

Payee name
WEST, ROYCE (Mr.)Amount
(\$)

03/02/2007

Payee address; City; State; Zip Code
5787 S HAMPTON RD STE 440
DALLAS, TX 75232

\$42.43

Purpose of payment (See instructions regarding type of information required.)
REIMBURSEMENT**** Complete if direct expenditure to benefit Candidate/Officeholder ****
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) Office sought:
Office held:

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 1/1 Report: 55/55

2 FILER NAME WEST, ROYCE (Mr.)

3 ACCOUNT # (Ethics Commission filers)
00020990

4 Date 01/09/2007	5 Payee name CINGULAR WIRELESS	8 Amount (\$) \$55.62
	6 Payee address; City; State; Zip Code PO BOX 650553 DALLAS, TX 75265	
7 Purpose of expenditure (See instructions regarding type of information required.) SENATE CALLS (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date 01/10/2007	Payee name CONN'S	Amount (\$) \$1,191.54
	Payee address; City; State; Zip Code PO BOX 2358 BEAUMONT, TX 77704	
Purpose of expenditure (See instructions regarding type of information required.) CAPITOL TV'S (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended