CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to comple		1 Filer ID (Ethics Commi 00020990		2 Total pages	filed: 155
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE	USE ONLY
OFFICEHOLDER NAME	The Honorable	Royce			Date Received ELECTRONIC	CALLY FILED
	NICKNAME	LAST West		SUFFIX	01/16/2024	
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Y;	ZIP CODE	Date Hand-delivered	or Date Postmarked
OFFICEHOLDER MAILING	320 S R.L. Thornton Fwy					
ADDRESS	Suite 220				Receipt #	Amount
Change of Address	Dallas, TX 75203-1804				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER NAME		Frederick D				
	NICKNAME	LAST		SUFFIX		
		Todd		II		
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE):	AP [*]	Γ / SUITE #; CITY	: S1	TATE; ZIP CODE
TREASURER ADDRESS	1335 Cecile Circle	- <i>,</i> ,		, -	,	,
(Residence or Business)	Cedar Hill, TX 75104					
7 CAMPAIGN TREASURER PHONE	AREA CODE PHON (817) 296-3592	E NUMBER E	EXTENSION			
8 REPORT TYPE	X January 15	30th day before	election	Runoff		ampaign treasurer fficeholder only)
	July 15	8th day before 6	election	Exceeded modified reporting limit	Final Report (A	ttach C/OH-FR)
9 PERIOD COVERED	Month Day Year			Month Day	Year	
COVERED	07/01/2023		IROUGH	12/31/20	23	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year 03/05/2024	[X]Pi	rimary	Runoff	Other	
	03/03/2024	G	eneral	Special		
11 OFFICE	OFFICE HELD (if any)	•		12 OFFICE SOUGH	T (if known)	
	State Senator District 23 D	allas		State Senator D	District 23	
	,			•		
		GO T	O PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 155

13 C / OH NAME	West, Royce (The Ho	onorable)	14 Filer ID (Ethics Commission Filers)				
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditi These expenditures may have been made without d officeholders are required to report this informatio	the candidate's or office	holder's knowledge or				
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME						
	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		\$ 165.00				
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)							
EXPENDITURE TOTALS	3. TOTAL UNITEM		\$ 3,166.64					
	4. TOTAL POLITIC	CAL EXPENDITURES		\$ 185,106.05				
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L ERIOD	AST DAY OF THE	\$ 1,588,927.33				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS ITING PERIOD	OF THE LAST DAY	\$ 0.00				
17 AFFIDAVIT		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.	y of perjury, that the accult information required to	companying report is to be reported by me				
		The Ho	norable Royce West					
			f Candidate or Officehol	der				
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 officer	administering oath				

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

				3 of 155
18 FILER NAME West, Royce	(The Honorable)	19 Filer ID 00020990	(Ethics Commission	Filers)
20 SCHEDULE S NAME OF SCI			SUBTOTAL AN	MOUNT
1. X S	CHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 2	78,686.00
2. X S	CHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	14,678.00
3. X S	CHEDULE B: PLEDGED CONTRIBUTIONS		\$	6,000.00
4. S	CHEDULE E: LOANS		\$	
5. X S	CHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	3	\$ 1	59,991.64
6. S	CHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7. S	CHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$	
8. X S	CHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	25,114.41
9. S	CHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10. S	CHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (OF C/OH	\$	
11. S	CHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
	CHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F O FILER	RETURNED	\$	18,424.49
			•	

	MONET	ARY POLITICAL CONTR	RIBUTION	S		SCHEDUI	E A1
	The Instruc	ction Guide explains how to comp	olete this form	n.	1	Total pages Schedule A1: Sch: 1/37 Rpt: 4/155	
2	FILER NAME West, Royce	(The Honorable)			3	Filer ID (Ethics Commission 00020990	on Filers)
4	Date 10/10/2023	 Full name of contributor out-of-st Ackels, Henry J. Contributor address; City; State; Zip Coo)	7	Amount of Contribution (\$)	\$500.00
_	5	Dallas, TX 75234-7735					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions)		
	Date 10/10/2023	Ackels, Henry J.	tate PAC (ID#:)		Amount of Contribution (\$)	\$500.00
		Dallas, TX 75234-7735					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 10/10/2023	Full name of contributor out-of-st Ackels Jr., Lawrence E. Contributor address; City; State; Zip Cod	tate PAC (ID#:			Amount of Contribution (\$)	\$500.00
		Dallas, TX 75234-7735					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 10/10/2023	Ackels Jr., Lawrence E.)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 10/04/2023	Full name of contributor out-of-st Allen Boone Humphries Robinson LI Contributor address; City; State; Zip Coo				Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		

	MONET	ARY POLITICAL (ONS	SCHEDULE A1			
	The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/37 Rpt: 5/155	
2	FILER NAME West, Royce	e (The Honorable)			3	Filer ID (Ethics Commission 00020990	on Filers)
4	Date 10/04/2023	5 Full name of contributor Allgeier, Dan6 Contributor address; City; Si	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	\$200.00
8	Principal occu	Dallas, TX 75214-2735 pation / Job title (See Instructions	<u> </u>	9 Employer (See Instructions			
•				B Employer (See Instructions	·)		
	Date 10/06/2023					Amount of Contribution (\$)	\$2,500.00
	Principal occu	Irving, TX 75038-3220 pation / Job title (See Instructions	·)	Employer (See Instructions	<u> </u>		
	Date 10/06/2023	Full name of contributor out-of-state PAC (ID#:) Apartment Association of Greater Dallas Political Action Committee Contributor address; City; State; Zip Code Irving, TX 75038-3220				Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions	·)	Employer (See Instructions	5)		
	Date 10/04/2023	Full name of contributor Arnold, Greg Contributor address; City; Si Dallas, TX 75201-6915	out-of-state PAC (ID#:_ ate; Zip Code			Amount of Contribution (\$)	\$5,000.00
	Principal occu President &	pation / Job title (See Instructions)	Employer (See Instructions Truman Arnold Compan			
	Date Full name of contributor out-of-state PAC (ID#:) 10/06/2023 Atherton, Julia Contributor address; City; State; Zip Code Dallas, TX 75244-6517					Amount of Contribution (\$)	\$200.00
	Principal occu	pation / Job title (See Instructions	Employer (See Instructions)			

	MONET	ARY POLITICAL CONTRIBUTIO	NS	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 3/37 Rpt: 6/155		
2	FILER NAME West, Royce	(The Honorable)		3	Filer ID (Ethics Commission 00020990	on Filers)	
4	Date 10/06/2023	 Full name of contributor		7	Amount of Contribution (\$)	\$200.00	
_	5	Dallas, TX 75244-6517					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)			
	Date 09/22/2023	Full name of contributor			Amount of Contribution (\$)	\$400.00	
		Fort Worth, TX 76109-3243					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)			
	Date 10/06/2023	Full name of contributor out-of-state PAC (ID#: Ben E. Keith Company Texas PAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$2,500.00	
		Fort Worth, TX 76102-5501					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	i)			
	Date 10/06/2023	Full name of contributor out-of-state PAC (ID#: Ben E. Keith Company Texas PAC Contributor address; City; State; Zip Code Fort Worth, TX 76102-5501			Amount of Contribution (\$)	\$2,500.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)			
	Date 10/02/2023	Full name of contributor out-of-state PAC (ID#:_ Best, Randy Contributor address; City; State; Zip Code Dallas, TX 75201-7967)		Amount of Contribution (\$)	\$5,000.00	
	Principal occu Owner	pation / Job title (See Instructions)	Employer (See Instructions Best Associates	5)			
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	MONET	ARY POLITICAL (SCHEDULE A1				
	The Instruc	ction Guide explains how	v to complete this f	orm.		1	Total pages Schedule A1: Sch: 4/37 Rpt: 7/155	
2	FILER NAME West, Royce	· (The Honorable)				3	Filer ID (Ethics Commission 00020990	on Filers)
4	Date 12/16/2023	5 Full name of contributor Biegler, David6 Contributor address; City; S	out-of-state PAC (ID#:_			7	Amount of Contribution (\$)	\$500.00
_		Dallas, TX 75225-7402		r				
8	Principal occu	pation / Job title (See Instruction	s)	9 Employe	r (See Instructions	5)		
	Date 10/04/2023	Full name of contributor Blackridge Contributor address; City; S	out-of-state PAC (ID#:_				Amount of Contribution (\$)	\$2,000.00
	Principal occu	Austin, TX 78701-2161 pation / Job title (See Instruction	c)	Employe	r (See Instructions			
	r inicipal occu	pation / 300 title (See instruction	3)	Lilipioye	i (See ilistructions	')		
	Date 10/06/2023	Full name of contributor Blue Baron, Lisa A. Contributor address; City; S	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$1,000.00
		Dallas, TX 75209-1501						
	Principal occu Trial Attorne	pation / Job title (See Instruction y	s)	Employe Baron &	r (See Instructions Blue	i)		
	Date 10/06/2023	Full name of contributor Blue Baron, Lisa A. Contributor address; City; S Dallas, TX 75209-1501	out-of-state PAC (ID#:_				Amount of Contribution (\$)	\$1,000.00
	Principal occu Trial Attorne	pation / Job title (See Instruction y	s)	Employe Baron &	r (See Instructions Blue	5)		
	Date 10/06/2023	Full name of contributor Bresnen, Amy E Contributor address; City; S Austin, TX 78701-2837	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instruction	s)	Employe	r (See Instructions	5)		

	MONET	ARY POLITICAL CO	ONTRIBUTION	IS		SCHEDUI	E A1
	The Instru	ction Guide explains how t	o complete this for	m.	1	Total pages Schedule A1: Sch: 5/37 Rpt: 8/155	
2	FILER NAME West, Royce	(The Honorable)			3	Filer ID (Ethics Commission 00020990	on Filers)
4	Date 10/06/2023	5 Full name of contributorBresnen, Amy E6 Contributor address; City; State	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$500.00
		Austin, TX 78701-2837					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	i)		
	Date 10/06/2023	Full name of contributor Brunson, Jo Anne Contributor address; City; State	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$500.00
		Dallas, TX 75249-3027					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	i)		
	Date 10/06/2023	Full name of contributor Brunson, Jo Anne Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code)		Amount of Contribution (\$)	\$500.00
		Dallas, TX 75249-3027					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 10/04/2023	Full name of contributor Cain, Randy C. Contributor address; City; State Austin, TX 78763-5352	out-of-state PAC (ID#: e; Zip Code)		Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 09/21/2023	Full name of contributor Calhoun, Kirk A. Contributor address; City; State Tyler, TX 75707-1675	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$1,500.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions University of Texas at T		er	
	, :						

	MONET	ARY POLITICAL (S 	SCHEDULE A1				
	The Instru	ction Guide explains how	v to complete this fo	rr	n.	1	Total pages Schedule A1: Sch: 6/37 Rpt: 9/155	
2	FILER NAME West, Royce	· (The Honorable)				3	Filer ID (Ethics Commiss 00020990	ion Filers)
4	Date 10/11/2023	5 Full name of contributor Campbell, Drew6 Contributor address; City; S	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$1,000.00
		Corsicana, TX 75109-96						
8	Principal occu Consultant	pation / Job title (See Instruction	5)	9	Employer (See Instructions Capitol-Insights	s)		
	Date 10/11/2023	Full name of contributor Campbell, Drew Contributor address; City; S					Amount of Contribution (\$)	\$1,000.00
	Principal occu	Corsicana, TX 75109-969 pation / Job title (See Instruction			Employer (See Instructions	:, 		
	Consultant	pation / 300 title (See instruction	5)		Capitol-Insights	·)		
	Date 10/05/2023	Full name of contributor out-of-state PAC (ID#:) Capua (Hm), Craig Contributor address; City; State; Zip Code					Amount of Contribution (\$)	\$500.00
		Flower Mound, TX 75028	-8363					
	Principal occu	pation / Job title (See Instruction	5)		Employer (See Instructions	5)		
	Date 10/05/2023	Full name of contributor Capua (Hm), Craig Contributor address; City; S Flower Mound, TX 75028	tate; Zip Code				Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instruction	5)		Employer (See Instructions	s)		
	Date 08/31/2023	Full name of contributor Carona Sr., John J. Contributor address; City; S Dallas, TX 75205-9806	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10,000.00
	Principal occu Chairman/Cl	pation / Job title (See Instruction	5)		Employer (See Instructions Associations Inc.	s)		

	MONET	ARY POLITICAL CONTRIBUTION	NS	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 7/37 Rpt: 10/155		
2	FILER NAME West, Royce	(The Honorable)		3	Filer ID (Ethics Commission 00020990	on Filers)	
4	Date 10/01/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$500.00	
_		Oak Leaf, TX 75154-5875					
8	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 10/06/2023	Full name of contributor out-of-state PAC (ID#: CenterPoint Energy Incorporated Political Action Contributor address; City; State; Zip Code Houston, TX 77210-4567			Amount of Contribution (\$)	\$2,500.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 10/06/2023	Full name of contributor out-of-state PAC (ID#: CenterPoint Energy Incorporated Political Action Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,500.00	
	Principal occu	Houston, TX 77210-4567 Dation / Job title (See Instructions)	Employer (See Instructions)			
	Date 10/04/2023	Full name of contributor out-of-state PAC (ID#: Charles Butt Public Education PAC Contributor address; City; State; Zip Code San Antonio, TX 78209-0033)		Amount of Contribution (\$)	\$3,456.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 12/03/2023	Full name of contributor out-of-state PAC (ID#: Chasse, Joe Contributor address; City; State; Zip Code Fort Worth, TX 76179-2371)		Amount of Contribution (\$)	\$5.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
		I.					

	MONET	ARY POLITICAL (CONTRIBUTIO	ONS			SCHEDU	LE A1
	The Instru	ction Guide explains hov	to complete this fo	orm.		1	Total pages Schedule A1: Sch: 8/37 Rpt: 11/155	
2	FILER NAME West, Royce	· (The Honorable)				3	Filer ID (Ethics Commission 00020990	on Filers)
4	Date 10/06/2023	5 Full name of contributor Clement, Todd6 Contributor address; City; S	out-of-state PAC (ID#:_			7	Amount of Contribution (\$)	\$500.00
_		Dallas, TX 75287-6857	·	I		Ĺ		
8	Principal occu	pation / Job title (See Instructions	5)	9 Emp	loyer (See Instruction:	S)		
	Date 10/06/2023	Full name of contributor Clement, Todd Contributor address; City; S	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$500.00
		Dallas, TX 75287-6857						
	Principal occu	pation / Job title (See Instructions	3)	Emp	loyer (See Instruction	s)		
	Date 09/28/2023	Full name of contributor Colyandro, John Contributor address; City; S	out-of-state PAC (ID#:_				Amount of Contribution (\$)	\$2,000.00
		Austin, TX 78731-5330						
	Principal occu Public Affairs	pation / Job title (See Instructions	s)		loyer (See Instruction: andro Public Affair:	•		
	Date 09/05/2023	Full name of contributor Cook, Mary Contributor address; City; S Dallas, TX 75208-1729	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$2,500.00
	•	pation / Job title (See Instructions /Community Volunteer	;)	Emp Reit	loyer (See Instruction red	s)		
	Date 09/28/2023	Full name of contributor Cutler, James Contributor address; City; S Houston, TX 77057-3520	out-of-state PAC (ID#:_				Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions	(3)	Emp	loyer (See Instruction	s)		
				<u>.</u>				

	MONET	ARY POLITICAL C	ONTRIBUTIO	NS	SCHEDULE A1		
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 9/37 Rpt: 12/155	
2	FILER NAME West, Royce	e (The Honorable)			3	Filer ID (Ethics Commission 00020990	on Filers)
4	Date 09/22/2023	5 Full name of contributor Dalton, Jeffrey 6 Contributor address; City; Sta	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$250.00
		Mckinney, TX 75070-1679					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	s)		
	Date 10/19/2023	Full name of contributor Davis, Oscar Contributor address; City; Sta)		Amount of Contribution (\$)	\$2,500.00
	Principal occu	Plano, TX 75094-0071 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Banker	,		Regions Bank	,		
	Date 10/19/2023	Full name of contributor Davis, Oscar Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$2,500.00
		Plano, TX 75094-0071					
	Principal occu Banker	pation / Job title (See Instructions)		Employer (See Instructions Regions Bank	5)		
	Date 10/04/2023	Full name of contributor Deangelo, David Contributor address; City; Sta Austin, TX 78753-7226				Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 12/18/2023	Full name of contributor Deloitte Political Action Contributor address; City; Sta Washington, DC 20044-03	te; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			,				

	MONET	ARY POLITICAL CONTRIBUTIO	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 10/37 Rpt: 13/155	
2	FILER NAME West, Royce	(The Honorable)		3	Filer ID (Ethics Commission 00020990	on Filers)
4	Date 09/28/2023	 Full name of contributor		7	Amount of Contribution (\$)	\$100.00
		Houston, TX 77005-1451				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	()		
	Date 09/25/2023	Full name of contributor out-of-state PAC (ID#:_ Dunning, Thomas M Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$2,500.00
	Principal occu	Dallas, TX 75220-2227 pation / Job title (See Instructions)	Employer (See Instructions	_		
	Retired	pation / Job title (See instructions)	Retired	')		
	Date 10/10/2023	Full name of contributor x out-of-state PAC (ID#: C Employees of Raytheon Technologies Corporation Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Principal occu	Arlington, VA 22209-3914 pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 10/10/2023	Full name of contributor X out-of-state PAC (ID#: C Employees of Raytheon Technologies Corporation Contributor address; City; State; Zip Code	on PAC		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 10/04/2023	Full name of contributor out-of-state PAC (ID#:_Foley & Lardner LLP Texas Campaign Fund Contributor address; City; State; Zip Code Dallas, TX 75201-3340			Amount of Contribution (\$)	\$1,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CON		SCHEDULE A1			
	The Instru	ction Guide explains how to co	omplete this fo	rm.	1	Total pages Schedule A1: Sch: 11/37 Rpt: 14/155	
2	FILER NAME West, Royce	(The Honorable)			3	Filer ID (Ethics Commission 00020990	on Filers)
4	Date 11/06/2023	 Full name of contributor		00046474)	7	Amount of Contribution (\$)	\$1,000.00
		Detroit, MI 48275-0001					
8	Principal occu	pation / Job title (See Instructions)	!	9 Employer (See Instructions)		
	Date 11/06/2023	Ford Motor Company Civic Action Contributor address; City; State; Zip		00046474		Amount of Contribution (\$)	\$1,000.00
	Principal occu	Detroit, MI 48275-0001 pation / Job title (See Instructions)	1	Employer (See Instructions)		
	Date 09/29/2023	Full name of contributor out Forsythe Lill, Veletta Ann Contributor address; City; State; Zip Dallas, TX 75223-1104	r-of-state PAC (ID#:			Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 09/05/2023	Full name of contributor out Friedman, Larry Contributor address; City; State; Zip Dallas, TX 75254-2488)		Amount of Contribution (\$)	\$5,000.00
	Principal occu Managing Pa	pation / Job title (See Instructions) artner		Employer (See Instructions Friedman & Feiger LLP)		
	Date 10/06/2023	Full name of contributor out Friends of UT Dallas PAC Contributor address; City; State; Zip Dallas, TX 75240-6387	c-of-state PAC (ID#:			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
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	MONET	ARY POLITICAL C		SCHEDULE A1			
	The Instruc	ction Guide explains how t	to complete this for	m.	1	Total pages Schedule A1: Sch: 12/37 Rpt: 15/155	
2	FILER NAME West, Royce	(The Honorable)			3	Filer ID (Ethics Commission 00020990	on Filers)
4	Date 10/06/2023	5 Full name of contributor Friends of UT Dallas PAC6 Contributor address; City; Stat	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$1,000.00
_	5	Dallas, TX 75240-6387					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Date 10/02/2023	Full name of contributor Cachman, Arnold Contributor address; City; Stat				Amount of Contribution (\$)	\$1,000.00
		Fort Worth, TX 76107-3557	,				
	Principal occu Metals Exect	pation / Job title (See Instructions) utive		Employer (See Instructions Gachman Metals & Rec		ng Company	
	Date 09/26/2023	Full name of contributor Ginsburg, Harold Contributor address; City; Stat	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$5,000.00
		Dallas, TX 75201-1904	1				
	Principal occu Real Estate	pation / Job title (See Instructions)		Employer (See Instructions Southern Asset Service		rporation	
	Date 09/28/2023	Full name of contributor Gore, Debra Contributor address; City; Stat Austin, TX 78735-6472				Amount of Contribution (\$)	\$5,000.00
	Principal occu Not Employe	pation / Job title (See Instructions) ed		Employer (See Instructions Not Employed	i)		
	Date 10/04/2023	Full name of contributor Gormley, Quinn Contributor address; City; Stat Austin, TX 78738	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		

	MONET	ARY POLITICAL (SCHEDULE A1			
	The Instruc	ction Guide explains hov	v to complete this fo	orm.	1	Total pages Schedule A1: Sch: 13/37 Rpt: 16/155	
2	FILER NAME West, Royce	e (The Honorable)			3	Filer ID (Ethics Commission 00020990	on Filers)
4	Date 10/06/2023	5 Full name of contributor Greenberg Traurig P.A. F6 Contributor address; City; S			7	Amount of Contribution (\$)	\$2,000.00
		Albany, NY 12207-2510					
8	Principal occu	pation / Job title (See Instructions	5)	9 Employer (See Instructions	s)		
	Date 10/06/2023	Full name of contributor Greenberg Traurig P.A. F Contributor address; City; S				Amount of Contribution (\$)	\$2,000.00
	Principal occu	Albany, NY 12207-2510 pation / Job title (See Instructions	5)	Employer (See Instructions	<u> </u> s)		
	Date 10/02/2023	Full name of contributor Gruber, G Michael Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$5,000.00
		Dallas, TX 75201-2283 pation / Job title (See Instructions	S)	Employer (See Instructions	•		
	Date 10/06/2023	Full name of contributor HOMEPAC of the Texas Contributor address; City; S Austin, TX 78701-1957				Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Date 10/06/2023	Full name of contributor HOMEPAC of the Texas Contributor address; City; S Austin, TX 78701-1957)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL C	SCHEDULE A1				
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 14/37 Rpt: 17/155	
2	FILER NAME West, Royce	e (The Honorable)			3	Filer ID (Ethics Commission 00020990	on Filers)
4	Date 10/04/2023	Full name of contributor HS Law PAC Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code	_	7	Amount of Contribution (\$)	\$500.00
		Austin, TX 78701-1696					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date 10/30/2023	Full name of contributor Hallam, Robert G. Contributor address; City; St	out-of-state PAC (ID#:_		•	Amount of Contribution (\$)	\$1,500.00
		Dallas, TX 75235-6220					
	Principal occu Wholesaler	pation / Job title (See Instructions)	Employer (See Instructions Ben E. Keith Company	s)		
	Date 10/30/2023	Full name of contributor Hallam, Robert G. Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code)		Amount of Contribution (\$)	\$1,500.00
		Dallas, TX 75235-6220	, I		<u> </u>		
	Wholesaler	pation / Job title (See Instructions)	Employer (See Instructions Ben E. Keith Company	5)		
	Date 07/01/2023	Full name of contributor Hawthorne, Debra Contributor address; City; St Dallas, TX 75218-3509				Amount of Contribution (\$)	\$5.00
	Principal occu Indepenent (pation / Job title (See Instructions Contractor)	Employer (See Instructions Self-Employed	5)		
	Date 12/01/2023	Full name of contributor Hawthorne, Debra Contributor address; City; St Dallas, TX 75218-3509	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTIO	N	S		SCHEDULE A1
	The Instruc	ction Guide explains how to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 15/37 Rpt: 18/155
2	FILER NAME West, Royce	(The Honorable)			3	Filer ID (Ethics Commission Filers) 00020990
4	Date 09/29/2023	 Full name of contributor out-of-state PAC (ID#:_ Heiskell, Michael P. Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$) \$1,500.00
_	<u> </u>	Fort Worth, TX 76112-2306	-	5 1 (0 1 : "		
8	Attorney	pation / Job title (See Instructions)	9	Employer (See Instructions Johnson Vaughn & Heis		II
	Date 10/06/2023	Full name of contributor				Amount of Contribution (\$) \$100.00
	Principal occu	Nevada, TX 75173-6349 pation / Job title (See Instructions)	Г	Employer (See Instructions)	
			<u>L</u>			
	Date 10/06/2023	Full name of contributor)		Amount of Contribution (\$) \$100.00
	Principal occur	Nevada, TX 75173-6349 pation / Job title (See Instructions)	_	Employer (See Instructions		
	Timopai occu	sation / oob title (oce monactions)		Employer (dee mandenona	,	
	Date 11/15/2023	Full name of contributor out-of-state PAC (ID#:_ Howell, Chris Contributor address; City; State; Zip Code Dallas, TX 75201-4356				Amount of Contribution (\$) \$250.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)	
	Date 11/15/2023	Full name of contributor out-of-state PAC (ID#:_ Howell, Chris Contributor address; City; State; Zip Code Dallas, TX 75201-4356				Amount of Contribution (\$) \$250.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)	
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	MONET	ARY POLITICAL CONTRIB	SCHEDULE A1				
	The Instruc	ction Guide explains how to complet	e this forn	n.	1	Total pages Schedule A1: Sch: 16/37 Rpt: 19/155	
2	FILER NAME West, Royce	(The Honorable)			3	Filer ID (Ethics Commission 00020990	on Filers)
4	Date 10/03/2023	 Full name of contributor			7	Amount of Contribution (\$)	\$5,000.00
_	Delicalizado a	Dallas, TX 75201-2300	lo lo	Farada e a (O a da da ata ata a	<u></u>		
8	Retired	pation / Job title (See Instructions)	9	Employer (See Instructions Retired	5)		
	Date 10/03/2023	Full name of contributor out-of-state FHunt, Ray L. Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$5,000.00
	Principal occu	Dallas, TX 75201-2300 pation / Job title (See Instructions)		Employer (See Instructions	<u>) </u>		
	Executive Ch			Hunt Consolidated Inc.	,,		
	Date 10/03/2023	Full name of contributor out-of-state F Jackson, Monica Contributor address; City; State; Zip Code	PAC (ID#:			Amount of Contribution (\$)	\$1,500.00
		Arlington, TX 76017-6245					
	Principal occu Business Ow	pation / Job title (See Instructions) ner		Employer (See Instructions LeVis Consulting Group	-		
	Date 09/28/2023	Full name of contributor out-of-state Full name of contributor out-of-state Full name, Joan Contributor address; City; State; Zip Code Wimberley, TX 78676-5201				Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 10/06/2023	Full name of contributor out-of-state F Jim Pitts Consulting Contributor address; City; State; Zip Code Waxahachie, TX 75165-3626				Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			l				

	MONET	ARY POLITICAL C	SCHEDULE A1				
	The Instruc	ction Guide explains how t	to complete this for	m.	1	Total pages Schedule A1: Sch: 17/37 Rpt: 20/155	
2	FILER NAME West, Royce	(The Honorable)			3	Filer ID (Ethics Commission 00020990	on Filers)
4	Date 10/06/2023	5 Full name of contributor Jim Pitts Consulting 6 Contributor address; City; Stat	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$1,000.00
		Waxahachie, TX 75165-362					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Date 09/04/2023	Full name of contributor Johnson, Sophia Dowl Contributor address; City; Stat)		Amount of Contribution (\$)	\$2,500.00
	Dringing! aggs	Dallas, TX 75215-1811	1	Employer (Coo Instructions	_		
	Marketing/Ac	pation / Job title (See Instructions) dvertising		Employer (See Instructions Alpha Business Images)		
	Date 10/06/2023	Full name of contributor Johnson, Willis Contributor address; City; Stat	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$250.00
		Dallas, TX 75215-1841					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 10/06/2023	Full name of contributor Johnson, Willis Contributor address; City; Stat Dallas, TX 75215-1841	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 09/25/2023	Full name of contributor Junior & Community Colleg Contributor address; City; Stat Austin, TX 78701-1686				Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		

	MONET	ARY POLITICAL CO	SCHEDULE A1				
	The Instru	ction Guide explains how to	complete this form	1.	1	Total pages Schedule A1: Sch: 18/37 Rpt: 21/155	
2	FILER NAME West, Royce	(The Honorable)			3	Filer ID (Ethics Commission 00020990	on Filers)
4	Date 10/04/2023	Kalahar, Tom L.	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$5,000.00
_		Dallas, TX 75231-4333		5 1 (2 1 1 1			
8	Chairman	pation / Job title (See Instructions)		Employer (See Instructions) Camelot Communication			
	Date 10/06/2023	Full name of contributor Keever, Graham Contributor address; City; State;	out-of-state PAC (ID#: Zip Code)		Amount of Contribution (\$)	\$450.00
	Dringinal acqu	Austin, TX 78759-7518 pation / Job title (See Instructions)		Employer (See Instructions)			
	Fillicipal occu	pation / Job title (See Instructions)		Employer (See instructions)	,		
	Date 10/06/2023	Full name of contributor Keever, Graham Contributor address; City; State;	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$450.00
		Austin, TX 78759-7518					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions))		
	Date 10/04/2023	Kelley, Nathan				Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions))		
	Date 10/02/2023	Keyes, Katrina	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$1,500.00
	Principal occu Business Ov	pation / Job title (See Instructions) /ner		Employer (See Instructions) K Strategies)		
			•				

	MONET	ARY POLITICAL CONTRIBU	SCHEDULE A1			
	The Instru	ction Guide explains how to complete	this form.	1	Total pages Schedule A1: Sch: 19/37 Rpt: 22/155	
2	FILER NAME West, Royce	: (The Honorable)		3	Filer ID (Ethics Commission 00020990	on Filers)
4	Date 10/04/2023	 Full name of contributor	AC (ID#:)	7	Amount of Contribution (\$)	\$500.00
8	Principal occu	Dallas, TX 75214-3006 pation / Job title (See Instructions)	9 Employor (See Instructions			
•	Principal occu	pation / Job title (See instructions)	9 Employer (See Instructions	5)		
	Date 10/03/2023	Contributor address; City; State; Zip Code	AC (ID#:)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	Joshua, TX 76058-5230 pation / Job title (See Instructions)	Employer (See Instructions Abode Treatment	s)		
	Date 09/05/2023	Full name of contributor out-of-state PA Kramer, William A. Contributor address; City; State; Zip Code	NC (ID#:)		Amount of Contribution (\$)	\$500.00
	Principal occu	Dallas, TX 75204-4064 pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 10/04/2023	Full name of contributor out-of-state PA Lee, Randy M. Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
	Principal occu	Austin, TX 78767-1806 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Date 10/03/2023	Full name of contributor out-of-state PA Leticia Van de Putte for Lt. Governor Contributor address; City; State; Zip Code San Antonio, TX 78208-0490	\C (ID#:)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
			'			

	MONET	ARY POLITICAL CONT	S	SCHEDULE A1				
	The Instru	ction Guide explains how to co	mplete this form	1.	1	Total pages Schedule A1: Sch: 20/37 Rpt: 23/155		
2	FILER NAME West, Royce	(The Honorable)			3	Filer ID (Ethics Commission 00020990	on Filers)	
4	Date 10/11/2023	5 Full name of contributor out-out-out-out-out-out-out-out-out-out-			7	Amount of Contribution (\$)	\$500.00	
		Dallas, TX 75244-6727						
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions)			
	Date 10/11/2023	Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state PAC (ID#:			Amount of Contribution (\$)	\$500.00	
	Principal occu	Dallas, TX 75244-6727 pation / Job title (See Instructions)	1	Employer (See Instructions				
	r illicipai occu	pation / 300 title (See Instructions)		Employer (See mstructions	,			
	Date 10/06/2023	Full name of contributor out-out-out-out-out-out-out-out-out-out-				Amount of Contribution (\$)	\$2,500.00	
		Austin, TX 78760-7428						
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)			
	Date 10/06/2023	Full name of contributor out-out-out-out-out-out-out-out-out-out-				Amount of Contribution (\$)	\$2,500.00	
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)			
	Date 10/04/2023	Full name of contributor out-out-out-out-out-out-out-out-out-out-				Amount of Contribution (\$)	\$1,000.00	
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)			
			I					

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 21/37 Rpt: 24/155	
2	FILER NAME West, Royce	e (The Honorable)		3	Filer ID (Ethics Commission 00020990	on Filers)
4	Date 10/06/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$150.00
_	<u> </u>	New York, NY 10039-3310				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date 10/06/2023	Full name of contributor out-of-state PAC (ID#:_ Lloyd, Melissa Popp Contributor address; City; State; Zip Code New York, NY 10039-3310			Amount of Contribution (\$)	\$150.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))		
	Date 09/27/2023	Full name of contributor out-of-state PAC (ID#:_ Lyle, Bobby Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
		Dallas, TX 75230-7137				
	Retired	pation / Job title (See Instructions)	Employer (See Instructions) Retired)		
	Date 09/29/2023	Full name of contributor out-of-state PAC (ID#:_Lyons, Michael Contributor address; City; State; Zip Code Dallas, TX 75201-2151)		Amount of Contribution (\$)	\$5,000.00
	Principal occu Legal	pation / Job title (See Instructions)	Employer (See Instructions) Lyons & Simmons LLP)		
	Date 10/06/2023	Full name of contributor out-of-state PAC (ID#:_ Marks, Shirley Contributor address; City; State; Zip Code Dallas, TX 75219-7809			Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))		

	MONET	ARY POLITICAL (CONTRIBUTIO	ONS		SCHEDU	LE A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 22/37 Rpt: 25/155	
2	FILER NAME West, Royce	(The Honorable)			3	Filer ID (Ethics Commission 00020990	on Filers)
4	Date 10/06/2023	5 Full name of contributor Marks, Shirley6 Contributor address; City; Si	out-of-state PAC (ID#:_		7	Amount of Contribution (\$)	\$250.00
		Dallas, TX 75219-7809					
8	Principal occu	pation / Job title (See Instructions	s)	9 Employer (See Instruction	s)		
	Date 09/04/2023	Full name of contributor Matthews, John Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$2,000.00
	Principal occu	Argyle, TX 76226-9569 pation / Job title (See Instructions	(3)	Employer (See Instruction	 s)		
	Developer	(,	MSW Holdings	-,		
	Date 12/21/2023	Full name of contributor McCalla, Harry James Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$100.00
		Dallas, TX 75248-4032					
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instruction	s)		
	Date 10/06/2023	Full name of contributor McGuire, Michael Contributor address; City; S Dallas, TX 75205-3126				Amount of Contribution (\$)	\$2,500.00
	Principal occu President/CE	pation / Job title (See Instructions	5)	Employer (See Instruction Andrews Distributing Co		pany	
	Date 10/06/2023	Full name of contributor McGuire, Michael Contributor address; City; Si Dallas, TX 75205-3126				Amount of Contribution (\$)	\$2,500.00
	Principal occu President/CE	pation / Job title (See Instructions EO	s)	Employer (See Instruction Andrews Distributing Co		oany	

	MONET	ARY POLITICAL (NS	SCHEDULE A1			
	The Instruc	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 23/37 Rpt: 26/155	
2	FILER NAME West, Royce	e (The Honorable)			3	Filer ID (Ethics Commission 00020990	on Filers)
4	Date 10/04/2023	5 Full name of contributor McGuireWoods Federal F6 Contributor address; City; S		00225342	7	Amount of Contribution (\$)	\$1,000.00
		Richmond, VA 23219-395					
8	Principal occu	pation / Job title (See Instructions	5)	9 Employer (See Instructions	s)		
	Date 10/04/2023	Full name of contributor McIver, Diana Contributor address; City; S				Amount of Contribution (\$)	\$1,000.00
	Dringing agg	Austin, TX 78746-7396	.,	Employer (See Instructions	<u></u>		
	Real Estate	pation / Job title (See Instructions Developer	·)	Employer (See Instructions DMA Development Co	»)		
	Date 11/30/2023	Full name of contributor Medlock, Kenneth Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$2,500.00
		Duncanville, TX 75137-37					
	Principal occu Real Estate	pation / Job title (See Instructions Broker	;) 	Employer (See Instructions Townview Realtors	5)		
	Date 11/30/2023	Full name of contributor Medlock, Kenneth Contributor address; City; S Duncanville, TX 75137-37	ate; Zip Code			Amount of Contribution (\$)	\$2,500.00
	Principal occu Real Estate	pation / Job title (See Instructions Broker	5)	Employer (See Instructions Townview Realtors	5)		
	Date 10/06/2023	Full name of contributor Mitchell, James L. Contributor address; City; S Dallas, TX 75225-2707	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$2,000.00
	Principal occu Attorney	pation / Job title (See Instructions	(i)	Employer (See Instructions Self-Employed	5)		

	MONET	MONETARY POLITICAL CONTRIBUTIONS						SCHEDULE A1		
	The Instru	ction Guide explains hov	v to complete this f	orr	n.	1	Total pages Schedule A1: Sch: 24/37 Rpt: 27/155			
2	FILER NAME West, Royce	· (The Honorable)				3	Filer ID (Ethics Commission 00020990	on Filers)		
4	Date 10/06/2023	5 Full name of contributor Mitchell, James L.6 Contributor address; City; S	out-of-state PAC (ID#:_ tate; Zip Code)	7	Amount of Contribution (\$)	\$2,000.00		
_		Dallas, TX 75225-2707		_		Ĺ				
8	Attorney	pation / Job title (See Instruction	S)	9	Employer (See Instructions Self-Employed	5)				
	Date 10/04/2023	Full name of contributor Moak Casey PAC Contributor address; City; S					Amount of Contribution (\$)	\$1,000.00		
	Dringinal acqu	Austin, TX 78746-5776 pation / Job title (See Instruction	c)		Employer (See Instructions	·/				
	Fillicipal occu	pation / 300 title (See instruction	5)		Employer (See instructions))				
	Date 10/06/2023	Full name of contributor Moreno Lopez, Bridget Contributor address; City; S	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$500.00		
		Dallas, TX 75214-3340								
	Principal occu	pation / Job title (See Instruction	s)		Employer (See Instructions	s)				
	Date 10/06/2023	Full name of contributor Moreno Lopez, Bridget Contributor address; City; S Dallas, TX 75214-3340)		Amount of Contribution (\$)	\$500.00		
	Principal occu	pation / Job title (See Instruction	s)		Employer (See Instructions	5)				
	Date 10/13/2023	Full name of contributor Myers, Mike A. Contributor address; City; S Dallas, TX 75209-5729	out-of-state PAC (ID#:_				Amount of Contribution (\$)	\$5,000.00		
	Principal occu Real Estate	pation / Job title (See Instruction Developer	s)		Employer (See Instructions Self-Employed	5)				
		<u> </u>								

	MONET	ARY POLITICAL CONTR	RIBUTION	S		SCHEDUI	E A1
	The Instru	ction Guide explains how to comp	olete this form	n.	1	Total pages Schedule A1: Sch: 25/37 Rpt: 28/155	
2	FILER NAME West, Royce	e (The Honorable)			3	Filer ID (Ethics Commission 00020990	on Filers)
4	Date 10/13/2023	 5 Full name of contributor out-of-si Myers, Mike A. 6 Contributor address; City; State; Zip Contributor city city city; State; Zip Contributor city city city; State; Zip Contributor city city; State; Zip Contributor city c			7	Amount of Contribution (\$)	\$5,000.00
_		Dallas, TX 75209-5729					
8	Principal occu Real Estate	pation / Job title (See Instructions) Developer		Employer (See Instructions Self-Employed)		
	Date 09/14/2023	Nye, Erle A.	tate PAC (ID#:)		Amount of Contribution (\$)	\$3,000.00
	Principal occu	Dallas, TX 75225-3963 pation / Job title (See Instructions)		Employer (See Instructions)		
	Consultant	,		EN Consulting	,		
	Date 09/26/2023	Full name of contributor out-of-si Phipps, Kim Contributor address; City; State; Zip Co	tate PAC (ID#:			Amount of Contribution (\$)	\$250.00
		Dallas, TX 75229-5325					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 10/04/2023	Pollack, Joel				Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 11/06/2023	Proctor, John Lee	tate PAC (ID#:			Amount of Contribution (\$)	\$1,000.00
	Principal occu Construction	pation / Job title (See Instructions)		Employer (See Instructions Regional Black Contract		s Association	
			'				

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS	SCHEDU	LE A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1 Total pages Schedule A1: Sch: 26/37 Rpt: 29/155	
2	FILER NAME West, Royce	e (The Honorable)			3 Filer ID (Ethics Commissi 00020990	on Filers)
4	Date 11/06/2023	Full name of contributor Proctor, John LeeContributor address; City; St.	out-of-state PAC (ID#: ate; Zip Code		7 Amount of Contribution (\$)	\$1,000.00
_	Delicalis al acces	Dallas, TX 75232-1548	<u> </u>	2. Faralassa (Garalastastica)		
8	Construction	pation / Job title (See Instructions)	9 Employer (See Instructions Regional Black Contrac		
	Date 10/04/2023	Full name of contributor Public Blueprint LLC Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code		Amount of Contribution (\$)	\$500.00
	Principal occu	Austin, TX 78701-2522)	Employer (See Instructions	<u> </u> 	
	Date 10/16/2023	Full name of contributor Rader, Michael Contributor address; City; St	out-of-state PAC (ID#:)	Amount of Contribution (\$)	\$1,500.00
	<u></u>	Colleyville, TX 76034-630				
	Real Estate	pation / Job title (See Instructions)	Employer (See Instructions Prime Rail Interest	5)	
	Date 10/16/2023	Full name of contributor Rader, Michael Contributor address; City; St. Colleyville, TX 76034-630)	Amount of Contribution (\$)	\$1,500.00
	Principal occu Real Estate	pation / Job title (See Instructions)	Employer (See Instructions Prime Rail Interest	5)	
	Date 09/19/2023	Full name of contributor Ransom, Curtis E (Mr.) Contributor address; City; St	out-of-state PAC (ID#:)	Amount of Contribution (\$)	\$1,000.00
	Principal occu Not Employe	pation / Job title (See Instructions))	Employer (See Instructions Not Employed	;)	

	MONET	ARY POLITICAL CONTR	RIBUTION	S		SCHEDUI	LE A1
	The Instruc	ction Guide explains how to comp	olete this forr	n.	1	Total pages Schedule A1: Sch: 27/37 Rpt: 30/155	
2	FILER NAME West, Royce	(The Honorable)			3	Filer ID (Ethics Commission 00020990	on Filers)
4	Date 09/28/2023	 Full name of contributor out-of-si Redwine, Glynis Contributor address; City; State; Zip Contributor address; City; State; Zip Contributor)	7	Amount of Contribution (\$)	\$1,000.00
_		Cedar Hill, TX 75104-4542					
8	Attorney	pation / Job title (See Instructions)	9	Employer (See Instructions The Redwine Law Firm		LC	
	Date 09/26/2023	Sabo, Jason T. Contributor address; City; State; Zip Co				Amount of Contribution (\$)	\$500.00
	Principal occu	Austin, TX 78704-4638 pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 10/04/2023	Sampson Public Affairs LLC Contributor address; City; State; Zip Co	tate PAC (ID#: de			Amount of Contribution (\$)	\$1,000.00
	Principal occu	Austin, TX 78749-5202 pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 10/04/2023	Sanders, Tyrus				Amount of Contribution (\$)	\$2,500.00
	Principal occu Banker	pation / Job title (See Instructions)		Employer (See Instructions Regions Bank)		
	Date 09/05/2023	Schenkel, Pete	tate PAC (ID#:)		Amount of Contribution (\$)	\$1,000.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired)		
			•				

	MONET	ARY POLITICAL CONTRIBUTION	Ν	IS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 28/37 Rpt: 31/155	
2	FILER NAME West, Royce	(The Honorable)			3	Filer ID (Ethics Commission 00020990	on Filers)
4	Date 09/11/2023	 Full name of contributor out-of-state PAC (ID#:_Sewell, Carl Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$5,000.00
_		Dallas, TX 75220-8123	ı_				
8	Principal occu Auto Dealer	pation / Job title (See Instructions)	9	Employer (See Instructions Sewell Automotive Com		nies	
	Date 10/06/2023	Full name of contributor out-of-state PAC (ID#:_ Shapiro Linn Strategic Consulting LLC Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$500.00
	Principal occu	Austin, TX 78734-0001 pation / Job title (See Instructions)	_	Employer (See Instructions)		
	T Tillelpai occa	sation, oob title (oce mandenons)		Employer (See Instructions	,		
	Date 10/06/2023	Full name of contributor out-of-state PAC (ID#:_ Shapiro Linn Strategic Consulting LLC Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$500.00
		Austin, TX 78734-0001	_				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 10/04/2023	Full name of contributor out-of-state PAC (ID#:_Smith, Darren Contributor address; City; State; Zip Code Rowlett, TX 75089-4858)		Amount of Contribution (\$)	\$500.00
	Principal occu	oation / Job title (See Instructions)		Employer (See Instructions)		
	Date 10/04/2023	Full name of contributor out-of-state PAC (ID#:_Smith, Robert Contributor address; City; State; Zip Code Dallas, TX 75230-1955)		Amount of Contribution (\$)	\$1,000.00
	Principal occu President &	pation / Job title (See Instructions)		Employer (See Instructions Accident & Injury Pain C		ters Group	
			<u> </u>	Table and a many training			

	MONET	MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1			
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 29/37 Rpt: 32/155			
2	FILER NAME West, Royce	e (The Honorable)		3	Filer ID (Ethics Commission 00020990	on Filers)		
4	Date 10/06/2023	Full name of contributor)	7	Amount of Contribution (\$)	\$5,000.00		
_		Dallas, TX 75219-4492						
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)				
	Date 10/06/2023	Full name of contributor out-of-state PAC (ID#:_ Sommerman McCaffity Quesada & Geisler LLP Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5,000.00		
	Principal occu	Dallas, TX 75219-4492 pation / Job title (See Instructions)	Employer (See Instructions)				
	Date 10/30/2023	Full name of contributor out-of-state PAC (ID#:_ Spinola, Luis R Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$500.00		
	Dringinal occu	Irving, TX 75038-6312 pation / Job title (See Instructions)	Employer (See Instructions					
	Fillicipal occu	pation 7 Job title (See Instructions)	Employer (See Instructions	<i>)</i>				
	Date 10/30/2023	Full name of contributor out-of-state PAC (ID#:_Spinola, Luis R Contributor address; City; State; Zip Code Irving, TX 75038-6312)		Amount of Contribution (\$)	\$500.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)				
	Date 09/05/2023	Full name of contributor out-of-state PAC (ID#:_ Steinhart, Ronald G. Contributor address; City; State; Zip Code Dallas, TX 75230-3055)		Amount of Contribution (\$)	\$2,500.00		
	Principal occu Banking	pation / Job title (See Instructions)	Employer (See Instructions Retired)				

	MONET	ARY POLITICAL CONTRIBUTIO	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 30/37 Rpt: 33/155	
2	FILER NAME West, Royce	(The Honorable)		3	Filer ID (Ethics Commission 00020990	on Filers)
4	Date 10/04/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$500.00
8	Principal occu	Austin, TX 78735-1738 pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>		
	Date 10/03/2023	Full name of contributor out-of-state PAC (ID#:_ Swanson, Lisa Contributor address; City; State; Zip Code Dallas, TX 75218-2733			Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 10/06/2023	Full name of contributor out-of-state PAC (ID#:_ Tellis Jr., Johnny W Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
	Principal occu	Desoto, TX 75115-5549 pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 10/06/2023	Full name of contributor out-of-state PAC (ID#: Tellis Jr., Johnny W Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
	Principal occu	Desoto, TX 75115-5549 pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 10/06/2023	Full name of contributor out-of-state PAC (ID#:_ Texas Apartment Assn PAC Contributor address; City; State; Zip Code Austin, TX 78701-1951			Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	()		

	MONET	ARY POLITICAL CONTRIBUTIO	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 31/37 Rpt: 34/155	
2	FILER NAME West, Royce	(The Honorable)		3	Filer ID (Ethics Commission 00020990	Filers)
4	Date 10/06/2023	 Full name of contributor)	7	Amount of Contribution (\$) \$	2,500.00
8	Principal occu	Austin, TX 78701-1951 pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 12/14/2023	Full name of contributor)		Amount of Contribution (\$)	1,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 11/03/2023	Full name of contributor out-of-state PAC (ID#: Texas Association of Health Underwriters PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
	Principal occu	Cranford, NJ 07016-2464 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 11/03/2023	Full name of contributor out-of-state PAC (ID#:_ Texas Association of Health Underwriters PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
	Principal occu	Cranford, NJ 07016-2464 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/06/2023	Full name of contributor out-of-state PAC (ID#:_ Texas Court Reporters Association Funds Availa Contributor address; City; State; Zip Code Athens, TX 75751-7379	able for Involved		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDU	LE A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 32/37 Rpt: 35/155	
2	FILER NAME West, Royce	e (The Honorable)		3	Filer ID (Ethics Commissi 00020990	on Filers)
4	Date 10/06/2023	 Full name of contributor	,	7	Amount of Contribution (\$)	\$500.00
		Athens, TX 75751-7379				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	5)		
	Date 10/06/2023	Full name of contributor out-of-state PAC (ID#:_ Texas Land Title Association PAC Contributor address; City; State; Zip Code Austin, TX 78703-4775			Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	5)		
	Date 10/06/2023	Full name of contributor out-of-state PAC (ID#:_ Texas Land Title Association PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,500.00
	Principal occu	Austin, TX 78703-4775 pation / Job title (See Instructions)	Employer (See Instructions			
	T Tillelpai occa	pation 7 000 title (See Instituctions)	Employer (See mandedons)	')		
	Date 10/04/2023	Full name of contributor out-of-state PAC (ID#: Texas Restaurant Association Political Action Contributor address; City; State; Zip Code Austin, TX 78767-1429			Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/06/2023	Full name of contributor out-of-state PAC (ID#:_ Texas Trial Lawyers Association PAC Contributor address; City; State; Zip Code Austin, TX 78701-1814)		Amount of Contribution (\$)	\$10,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	()		

	MONET	ARY POLITICAL CONTRIBUTION		LE A1		
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 33/37 Rpt: 36/155	
2	FILER NAME			3	Filer ID (Ethics Commissi	ion Filers)
	West, Royce	e (The Honorable)			00020990	
4	Date 10/06/2023	 Full name of contributor		7	Amount of Contribution (\$)	\$10,000.00
		Austin, TX 78701-1814				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	10/06/2023	The Beer Alliance of Texas Political Action Com	mittee			\$1,500.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78701-2656				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date Full name of contributor out-of-state PAC (ID#:) 10/06/2023 The Beer Alliance of Texas Political Action Committee Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	
						\$1,500.00
		Austin, TX 78701-2656				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	09/25/2023	The Hall Law Group PLLC				\$2,500.00
		Contributor address; City; State; Zip Code				
		Houston, TX 77006-4021				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date	Full name of contributor ut-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	10/06/2023	The Herrera Law Firm				\$1,500.00
		Contributor address; City; State; Zip Code				
	Principal occur	San Antonio, TX 78207 pation / Job title (See Instructions)	Employer (See Instructions) 		
	i ililcipai occu	pation / Job title (Jee motituotions)	Employer (See Instructions	,		

	MONET	ARY POLITICAL CONTRIBUTI		SCHEDULE A1		
	The Instruc	ction Guide explains how to complete this		pages Schedule A1: 34/37 Rpt: 37/155		
2	FILER NAME West, Royce	(The Honorable)			D (Ethics Commission 1990)	on Filers)
4	Date 12/07/2023	5 Full name of contributor out-of-state PAC (ID#:)			unt of Contribution (\$)	\$1,500.00
Ω	Principal occu	San Antonio, TX 78207-3941 pation / Job title (See Instructions)	9 Employer (See Instructions	6)		
0	Fillicipal occu	oation / Job title (See instructions)	5 Employer (See Instructions	5)		
	Date 12/08/2023	Contributor address; City; State; Zip Code	#:)	Amou	unt of Contribution (\$)	\$1,500.00
	Principal occu	Washington, DC 20005-6621 pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 10/03/2023	Full name of contributor out-of-state PAC (ID Van De Putte, Leticia Contributor address; City; State; Zip Code San Antonio, TX 78213-3331	Amou	unt of Contribution (\$)	\$1,000.00	
	Principal occu Consultant/P	pation / Job title (See Instructions)	Employer (See Instructions Andrade-VandePutte &	•	es	
	Date 10/06/2023	Date Full name of contributor out-of-state PAC (ID#:)			unt of Contribution (\$)	\$2,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 10/06/2023	Full name of contributor out-of-state PAC (ID Vistra Employee Political Action Committee of Contributor address; City; State; Zip Code	Amou	unt of Contribution (\$)	\$2,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
			1			

	MONET	ARY POLITICAL CONTRIBUT	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 35/37 Rpt: 38/155	
2	FILER NAME West, Royce	(The Honorable)		3	Filer ID (Ethics Commission 00020990	n Filers)
4	Date 10/25/2023	 Full name of contributor	7	Amount of Contribution (\$)	\$100.00	
8	Principal occu	Dallas, TX 75240-1123 pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>		
	Date 11/25/2023	Full name of contributor		Amount of Contribution (\$)	\$100.00	
	Principal occu	Dallas, TX 75240-1123 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> S)		
	Date 07/25/2023	Full name of contributor out-of-state PAC (ID Vogel, Garrett Contributor address; City; State; Zip Code) #:)		Amount of Contribution (\$)	\$100.00
Dallas, TX 75240-1123 Principal occupation / Job title (See Instructions) Employer (See Instructions)				<u> </u> s)		
	Date 08/25/2023	Full name of contributor out-of-state PAC (ID Vogel, Garrett Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$100.00
Dallas, TX 75240-1123 Principal occupation / Job title (See Instructions) Employer (See Instruction				<u> </u> S)		
	Date 09/25/2023	Full name of contributor out-of-state PAC (ID Vogel, Garrett Contributor address; City; State; Zip Code Dallas, TX 75240-1123	<u> </u> #:)		Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>1</u> S)		
			•			

	MONET	ARY POLITICAL CONTRIBUTIO		SCHEDULE A1			
	The Instru	ction Guide explains how to complete this fo	1	Total pages Schedule A1: Sch: 36/37 Rpt: 39/155			
2	FILER NAME West, Royce	(The Honorable)		3	Filer ID (Ethics Commission 00020990	on Filers)	
4	Date 10/25/2023	 Full name of contributor	7	Amount of Contribution (\$)	\$100.00		
_		Dallas, TX 75240-1123	2 5 1 (2 1 1 1				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)			
	Date 11/25/2023	Full name of contributor out-of-state PAC (ID#: Vogel, Garrett Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$100.00		
		Dallas, TX 75240-1123					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)			
	Date 12/25/2023	Full name of contributor out-of-state PAC (ID#: Vogel, Garrett Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$100.00		
		Dallas, TX 75240-1123					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	i)			
	Date 09/22/2023	Full name of contributor out-of-state PAC (ID#:) West, Kevin And Barbara Contributor address; City; State; Zip Code Frisco, TX 75033-8061			Amount of Contribution (\$)	\$200.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)			
	Date 10/04/2023	Full name of contributor out-of-state PAC (ID#:_ Wholesale Beer Distributors of Texas PAC Contributor address; City; State; Zip Code Austin, TX 78701-2434		Amount of Contribution (\$)	\$1,500.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
		l					

	MONET	ARY POLITICAL C	SCHEDULE A1				
	The Instruc	ction Guide explains how	1	Total pages Schedule A1: Sch: 37/37 Rpt: 40/155			
2	FILER NAME West, Royce	(The Honorable)			3	Filer ID (Ethics Commission 00020990	on Filers)
4	Date 10/06/2023				7	Amount of Contribution (\$)	\$100.00
_		Dallas, TX 75202-4059					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 10/06/2023					Amount of Contribution (\$)	\$100.00
		Dallas, TX 75202-4059					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 10/04/2023	Full name of contributor out-of-state PAC (ID#:) Williams, Ellen Claire Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$250.00
		Austin, TX 78739-1743					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 11/21/2023	Full name of contributor out-of-state PAC (ID#:) Williams, Todd A. Contributor address; City; State; Zip Code Dallas, TX 75219-3923				Amount of Contribution (\$)	\$2,000.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	<u>. </u>		
	Date 11/21/2023					Amount of Contribution (\$)	\$2,000.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	5)		
			,				

The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A2: Sch: 1/5 Rpt: 41/155			
2 FILER NAME		3 Filer ID (Ethics Commission Filers)			
West, Royce	e (The Honorable)		00020990		
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$		
5 Date	6 Full name of contributor ut-of-state PAC (ID#:)	8 Amount of 9 In-kind contribution		
09/27/2023	Rice Jr., Chuck		contribution (\$) description \$350.00 Texas Lobby Guide Email		
	7 Contributor address; City; State; Zip Code		Blasts for Austin and		
			Dallas 2023 Fundraisers		
	Austin, TX 78768-2154				
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	Check if travel outside of Texas. Complete Schedule T. J-JUDICIAL) (See instructions)		
·	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	11 Employer (FOR NON	FJODICIAL) (See instructions)		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)		
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of In-kind contribution		
07/01/2023	Skyview Development LLC		contribution (\$) description \$1,232.00 Rent - Campaign Office		
	Contributor address; City; State; Zip Code		\$1,232.001Refit - Campaign Office Space		
	Dallas, TX 75203-1842	i	Check if travel outside of Texas. Complete Schedule T.		
Principal occı	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	I-JUDICIAL) (See instructions)		
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)		
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)		
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of In-kind contribution contribution (\$) description		
08/01/2023	Skyview Development LLC		\$1,232.00 Rent - Campaign Office		
	Contributor address; City; State; Zip Code		Space		
			į		
	Dollag TV 75202 1042		_		
Deinainalass	Dallas, TX 75203-1842 unation / Joh title (FOR NON-JUDICIAL) (See instructions)	Franks von (FOR NON	Check if travel outside of Texas. Complete Schedule T.		
Рппсіраї оссі	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	I-JUDICIAL) (See instructions)		
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)		
	,		,		
Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL)					
	•		,		
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1			
	,				

The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A2: Sch: 2/5 Rpt: 42/155				
2 FILER NAME		3 Filer ID (Ethics Commission Filers)				
	e (The Honorable)		00020990			
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$			
5 Date	6 Full name of contributor out-of-state PAC (ID#:)	8 Amount of 9 In-kind contribution			
09/01/2023	Skyview Development LLC		contribution (\$) description			
	7 Contributor address; City; State; Zip Code		\$1,232.00 Rent - Campaign Office Space			
			I Space			
			į			
	Dallas, TX 75203-1842		Check if travel outside of Texas. Complete Schedule			
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	I-JUDICIAL) (See instructions)			
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)			
12 Continuitors	principal occupation (FOR JODICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)			
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)			
24 Continuator s	omployoman iiii (i on oobloii iz)	20 Law min or continuati	or a spease (ii airy) (i air a a bia ii iz)			
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
10 ii continuator	is a clind, law little of paretiles) (if any) (if the source of					
Data	Full manner of combilenters.		Associated a subsider			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of In-kind contribution contribution (\$) description			
10/01/2023	Skyview Development LLC		\$1,232.00 Rent - Campaign Office			
	Contributor address; City; State; Zip Code		Space			
			į			
	Dallas, TX 75203-1842		_ ;			
Deinsinglass	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Franks von (FOR NON	Check if travel outside of Texas. Complete Schedule			
Principal occi	Spation 7 Job title (FOR NON-JODICIAL) (See Instructions)	Employer (FOR NON	J-JUDICIAL) (See instructions)			
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)			
Contributors	principal occupation (i on ooblonic)	Contributor 3 job title	(FOR GODION LE) (God men actions)			
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)			
Contributors	employer/law lilli (i ON 00DIOI/IL)	Law iiiii or contribute	or a special (ii arry) (i Gre Gobien L)			
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	<u> </u>				
ii continuator	is a clinu, law little of paretiles) (if any) (FOR SODICIAL)					
<u> </u>			T			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of In-kind contribution contribution (\$) description			
11/01/2023	Skyview Development LLC		\$1,232.00 Rent - Campaign Office			
	Contributor address; City; State; Zip Code		Space			
			i			
	Dollag TV 75202 1042		_ ;			
	Dallas, TX 75203-1842	T	Check if travel outside of Texas. Complete Schedule			
Principal occi	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	I-JUDICIAL) (See instructions)			
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)			
Continuation 3 job title (FOR JODICIAL) (See institutions)						
Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL)						
	•					
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						
	,					

The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A2: Sch: 3/5 Rpt: 43/155				
2 FILER NAME West, Royce	: e (The Honorable)		3 Filer ID (Ethic 00020990	es Commission Filers)		
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$			
5 Date 12/01/2023	 Full name of contributor	contribution (\$) \$1,232.00	9 In-kind contribution description Rent - Campaign Office Space			
	Dallas, TX 75203-1842			outside of Texas. Complete Schedule T.		
10 Principal occi	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	I-JUDICIAL) (See ॥	nstructions)		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL)	(See instructions)		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)		
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						
Date 07/01/2023	Full name of contributor out-of-state PAC (ID#: Skyview Development LLC Contributor address; City; State; Zip Code		Amount of contribution (\$) \$1,232.00	In-kind contribution description Rent - Campaign Office Space		
	Dallas, TX 75203-1842		Check if travel of	I I outside of Texas. Complete Schedule T.		
Principal occi	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	-JUDICIAL) (See ii	nstructions)		
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL)	(See instructions)		
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)		
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date 11/01/2023	Full name of contributor out-of-state PAC (ID#: Skyview Development LLC Contributor address; City; State; Zip Code)	Amount of contribution (\$) \$1,232.00	In-kind contribution description Rent - Campaign Office Space		
	Dallas, TX 75203-1842	- / /		outside of Texas. Complete Schedule T.		
Principal occi	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	-JUDICIAL) (See ii	nstructions)		
Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See instructions)						
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)		
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A2: Sch: 4/5 Rpt: 44/155			
2 FILER NAME West, Royce	: e (The Honorable)		3 Filer ID (Ethico 00020990	s Commission Filers)		
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$			
5 Date 12/01/2023	 6 Full name of contributor out-of-state PAC (ID#:	contribution (\$) \$1,232.00	9 In-kind contribution description Rent - Campaign Office Space			
	Dallas, TX 75203-1842		Check if travel of	l outside of Texas. Complete Schedule T.		
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	-JUDICIAL) (See ii	nstructions)		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL)	(See instructions)		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	r's spouse (if any) (FOR JUDICIAL)		
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date 10/06/2023	Full name of contributor out-of-state PAC (ID#: Views From The Cliff Contributor address; City; State; Zip Code			In-kind contribution description I Venue Rental- 2023 Dallas Goes West Fundraiser Reception		
	Dallas, TX 75203		Check if travel of	I putside of Texas. Complete Schedule T.		
Principal occı	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	-JUDICIAL) (See ii	nstructions)		
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL)	(See instructions)		
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	r's spouse (if any) (FOR JUDICIAL)		
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date Full name of contributor out-of-state PAC (ID#: 10/06/2023 Views From The Cliff Contributor address; City; State; Zip Code				In-kind contribution description I Venue Rental - 2023 Dallas Goes West Fundraiser Reception		
	Dallas, TX 75203-1804		Check if travel of	l outside of Texas. Complete Schedule T.		
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	-JUDICIAL) (See ii	nstructions)		
Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See instructions)						
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	r's spouse (if any) (FOR JUDICIAL)		
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
						

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 5/5 Rpt: 45/155 2 FILER NAME 3 Filer ID (Ethics Commission Filers) West, Royce (The Honorable) 00020990 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS **6** Full name of contributor 9 In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 10/04/2023 White, David \$240.00 Venue and Catering -7 Contributor address; City; State; Zip Code 2023 Austin Goes West Fundraiser Reception Austin, TX 78701-2522 Check if travel outside of Texas. Complete Schedule T. (See instructions) 10 Principal occupation / Job title (FOR NON-JUDICIAL) (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)

PLEDO	GED CONTRIBUTION	ONS			SCHEDULE B
The	Instruction Guide explai	1 Total pages Sched Sch: 1/1 Rpt: 46			
2 FILER NAM West, Royo	E ce (The Honorable)			3 Filer ID (Ethi 00020990	cs Commission Filers)
4	F UNITEMIZED PLEDGES	6		\$	0.00
5 Date 10/05/2023	6 Full name of pledgorout-of-state PAC (ID#: Oncor Texas State Political Action Committee of Oncor Electric 7 Pledgor Address; City; State; Zip Code			8 Amount of pledge (\$) \$3,000.00	9 In-kind description (If applicable)
	Dallas, TX 75202			Check if travel outsi	de of Texas. Complete Schedule T.
10 Principal oc	cupation / Job title (See Instructio	ns)	11 Employer (See Instru	uctions)	
5 Date 10/05/2023	6 Full name of pledgor Oncor Texas State Politic 7 Pledgor Address;			8 Amount of pledge (\$) \$3,000.00	9 In-kind description (If applicable)
10 Principal occ	Dallas, TX 75202-1234 cupation / Job title (See Instruction	ons)	11 Employer (See Instru	<u> </u>	de of Texas. Complete Schedule T.

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) ising Expense Event Expense Loan Repayment/Reimbur

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services			/ages	/Contract Labor		OTHER (enter	a category not listed abo	ove)
L		_		The Instruction G	Guide explains	how to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME	Ξ					3	Filer ID	(Ethics Commissi	on Filers)
	Sch: 1/64 Rpt: 47/155		West, Royo	e (The Honora	ble)					00020990		
4	Date	5	Payee name									
ľ	07/01/2023	ľ	AMLI Easts									
L		╙										
6	Amount (\$)	7	Payee addre	ss; City;	State;	; Zip Co	de					
l	\$377.08		1000 San N	/larcos St								
l												
l			Austin TX	78702-2605								
Ļ		<u> </u>										
8	PURPOSE OF	(a)		ee Categories listed at		edule)	(b)	Description				
l	EXPENDITURE		Office Over	head/Rental Ex	pense			=			mplete Schedule T.	
l								—		officeholder livir		
								Legislature	R	ent - Distric	t Staff Apartmen	ıt - 88tn
								Legisiature				
9	Complete ONLY if direct		Candidate/Off	iceholder name	C	Office sou	ght			Office h	neld	
	expenditure to benefit C/OI	Н										
F	Date	Т	D									
			Payee name									
L	09/29/2023		Academic I	Productions								
	Amount (\$)		Payee addre	ss; City;	State;	; Zip Co	de					
l	\$765.00		PO Box 20	0383								
l			Arlinaton T	V 76006 0202								
L		┖	Annyton, i	X 76006-0383								
l	PURPOSE	(a)	Category (S	ee Categories listed at	the top of this sch	edule)	(b)	Description				
l	OF EXPENDITURE		Advertising	Expense				<u></u>			nplete Schedule T.	
								—		officeholder livir		
								Ad - District 2	23 F	ngn Schoo	I Athletic T-Shirt	S
L												
l	Complete ONLY if direct		Candidate/Off	iceholder name	C	Office sou	ght			Office h	neld	
	expenditure to benefit C/OI	Н										
F	Date	Г	Payoo namo									
	07/25/2023		Payee name ActBlue Te									
	0112312023		ACIDIUE TE	xas								
	Amount (\$)		Payee addre	ss; City;	State;	; Zip Co	de					
l	\$3.95		PO Box 44	1146								
l												
			West Some	erville, MA 0214	4-0031							
L		ļ.,		7, (11)	+ 0001							
l	PURPOSE OF	(a)	•	ee Categories listed at	the top of this sch	edule)	(b)	Description				
l	EXPENDITURE		Fees					므			nplete Schedule T.	
l									, TX,	officeholder livir	ig expense	
								Service Fee				
L												
	Complete ONLY if direct		Candidate/Off	iceholder name	C	Office sou	ght			Office h	neld	
l	expenditure to benefit C/OI	Н										
H												
l												

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/64 Rpt: 48/155	West, Royce (The Honorable) 00020990
4	Date	5 Payee name
	07/01/2023	ActBlue Texas
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.20	PO Box 441146
		West Somerville, MA 02144-0031
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Service Fee
		35.1100 1 00
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
3	expenditure to benefit C/O	
_		Г
	Date	Payee name
	08/01/2023	ActBlue Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.20	PO Box 441146
		West Somerville, MA 02144-0031
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Service Fee
		Screwe
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		
	Date	Payee name
	08/27/2023	ActBlue Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.95	PO Box 441146
		West Somerville, MA 02144-0031
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Service Fee
		Service Fee
	Operation ONLY if all part	Our distance (Office health annuage)
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H
	<u> </u>	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
sing Expense Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/64 Rpt: 49/155	West, Royce (The Honorable) 00020990
4	Date	5 Payee name
	09/03/2023	ActBlue Texas
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.20	PO Box 441146
L		West Somerville, MA 02144-0031
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Service Fee
		33.7756 7 55
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
⊨	Date	Powoo namo
	09/10/2023	Payee name ActBlue Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$375.25	PO Box 441146
		West Somerville, MA 02144-0031
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Service Fee
		Scrvice i ee
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	
H	Data	David and the second se
	Date 09/17/2023	Payee name ActBlue Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.73	PO Box 441146
		West Somerville, MA 02144-0031
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Service Fee
		Scrivice i de
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash		
l		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees Food/Beverage Expense

Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/64 Rpt: 50/155	West, Royce (The Honorable) 00020990
4	Date	5 Payee name
	09/24/2023	ActBlue Texas
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$132.33	PO Box 441146
		West Somerville, MA 02144-0031
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Service Fee
		351,1160 1 60
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	09/30/2023	ActBlue Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$846.50	PO Box 441146
		West Somerville, MA 02144-0031
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Service Fee
		Service ree
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	10/01/2023	ActBlue Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.20	PO Box 441146
	Ψ0.20	1 0 50% 441140
		West Somerville, MA 02144-0031
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Service Fee
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experientare to beliefit C/O	<u> </u>

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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)

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 5/64 Rpt: 51/155	2 FILER NAME West, Royce (The Honorable) 3 Filer ID (Ethics Commission Filers) 00020990	
4	Date 10/08/2023	5 Payee name ActBlue Texas	
6	Amount (\$) \$1,019.11	7 Payee address; City; State; Zip Code PO Box 441146	
		West Somerville, MA 02144-0031	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Service Fee	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date 10/15/2023	Payee name ActBlue Texas	
	Amount (\$) \$59.25	Payee address; City; State; Zip Code PO Box 441146	
		West Somerville, MA 02144-0031	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Service Fee	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date 10/22/2023	Payee name ActBlue Texas	
	Amount (\$) \$98.75	Payee address; City; State; Zip Code PO Box 441146	
		West Somerville, MA 02144-0031	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Service Fee	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Expense Event Expense Loan Repayment/Reimbu

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

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)

	Credit Card Payment	The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	2 FILER NAME	3	Filer ID	(Ethics Commission Filers)
	Sch: 6/64 Rpt: 52/155	West, Royce (The Honorable)		00020990	
4	Date	5 Payee name			
	10/29/2023	ActBlue Texas			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$3.95	PO Box 441146			
		West Somerville, MA 02144-0031			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Fees Check if trave		side of Texas. Com	
	LAI LINDITORE			K, officeholder living	expense
		Service Fee			
_	Complete ONL V if direct	Condidate/Officeholder name Office cought		Office he	ald.
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought		Office he	eia
_			_		
	Date	Payee name			
	11/05/2023	ActBlue Texas			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$0.20	PO Box 441146			
		West Somerville, MA 02144-0031			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	1 003		side of Texas. Com K, officeholder living	
		Service Fee		t, officeriolder living	expense
		33.1160 1 60			
	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	eld
	expenditure to benefit C/O	•			
	Date	Payee name			
	11/12/2023	ActBlue Texas			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$79.00	PO Box 441146			
	4.0.00	. 6 25% 1.22.10			
		West Somerville, MA 02144-0031			
	DUDDOCE	(-)			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if trave	el outs	side of Texas. Com	plete Schedule T.
	EXPENDITURE	rees <u></u>		K, officeholder living	
		Service Fee	!		
	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	eld
	expenditure to benefit C/Ol		_		

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
TTALE (Control of State Control of C

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 7/64 Rpt: 53/155	West, Royce (The Honorable) 00020990
4	Date	5 Payee name
	11/26/2023	ActBlue Texas
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3.95	PO Box 441146
		West Somerville, MA 02144-0031
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Service Fee
		Scrivice i ce
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
⊨	Data	
	Date	Payee name
L	12/03/2023	ActBlue Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.40	PO Box 441146
		West Somerville, MA 02144-0031
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Service Fee
		Service Fee
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
⊨	Data	
	Date	Payee name ActBlue Texas
	12/17/2023	
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.75	PO Box 441146
		West Somerville, MA 02144-0031
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Service Fee
		Scrivice i de
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Political Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 8/64 Rpt: 54/155	West, Royce (The Honorable) 00020990
4 Date	5 Payee name
12/21/2023	Barton, Lajuana D.
6 Amount (\$) \$3,000.00	7 Payee address; City; State; Zip Code 608 Sapling Way Desoto, TX 75115-3827
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 2023 Staff Year End Bonus
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/21/2023	Bass, Kelvin
Amount (\$) \$3,000.00	Payee address; City; State; Zip Code 441 Rolling Oaks Rdg
	Cedar Hill, TX 75104-6716
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 2023 Staff Year End Bonus
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
Date 10/23/2023	Payee name Beyond the Slogan Consulting
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	2710 Routh Creek Pkwy
+=,000100	Apt 4120
	Richardson, TX 75082-0158
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Texting Blast Service - No School Vouchers
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 9/64 Rpt: 55/155	West, Royce (The Honorable) 00020990	
4	Date	5 Payee name	
	12/04/2023	CC Blends LLC	
6	Amount (\$)	7 Payee address; City; State; Zip Code	٦
	\$788.08	109 N Lyndalyn Ave	
	1		
		Desoto, TX 75115-5043	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	!	Catering - 2023 Staff Christmas Luncheon	
	!		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	-
	expenditure to benefit C/O		
_	D-4-	<u> </u>	=
	Date	Payee name	
	07/01/2023	Cadillac Financial Leasing	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$918.79	PO Box 78143	
	!		
	!	Phoenix, AZ 85062-8143	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Transportation Equipment & Related	
	EXI ENDITORE	Expense Check if Austin, TX, officeholder living expense	
	!	Officeholder Vehicle Lease	
			_
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
	08/01/2023	Cadillac Financial Leasing	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$918.79	PO Box 78143	
	!		
	1	Phoenix, AZ 85062-8143	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Transportation Equipment & Related	
		Expense Check if Austin, TX, officeholder living expense	
	1	Officeholder Vehicle Lease	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
	- coponaltare to benefit of ci		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

rsement Solicitation/Fundraising Expense
Expense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
Labor OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 10/64 Rpt:	West, Royce (The Honorable) 00020990
4	Date	5 Payee name
	09/01/2023	Cadillac Financial Leasing
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$918.79	PO Box 78143
		Phoenix, AZ 85062-8143
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense Officeholder Vehicle Lease
		Childeriolder Vehicle Leade
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	10/01/2023	Cadillac Financial Leasing
	Amount (\$)	Payee address; City; State; Zip Code
	\$918.79	PO Box 78143
	Ψ010.110	TO BOX TO LIG
		Phoenix, AZ 85062-8143
	PURPOSE	<u> </u>
	OF	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Expense Check if Austin, TX, officeholder living expense
		Officeholder Vehicle Lease
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/01/2023	Cadillac Financial Leasing
	Amount (\$)	Payee address; City; State; Zip Code
	\$918.79	PO Box 78143
		Phoenix, AZ 85062-8143
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment & Related Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Officeholder Vehicle Lease
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
_		

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Candidate/Officeholder/Politica		mmittee	Legal Services	als Expense	Salaries/V		se s/Contract Labor		OTHER (enter a	category not listed above)	
	Credit Card Payment			The Instruction	Guide explains	how to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission File	ers)
	Sch: 11/64 Rpt:		West, Royce	e (The Honora	ıble)					00020990		
4	Date	5	Payee name									
	12/01/2023			ancial Leasinç	J							
6	Amount (\$)	7	Payee addres	ss; City;	State	; Zip Co	ode					
	\$1,229.87		PO Box 781									
			Phoenix, AZ	85062-8143								
8	PURPOSE	(a)					(h)	Description				
ľ	OF	(")		e Categories listed a		nedule)	(2)		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		Expense	on Equipmon	. a riolatou			Check if Austin,	, TX,	officeholder living	g expense	
								Officeholder \	Veľ	nicle Lease	and Property Tax	
9	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offic	ceholder name	(Office sou	ght			Office h	eld	
	experialture to beriefft C/Or	П										
	Date		Payee name									
	07/01/2023		Charter Con	nmunications								
	Amount (\$)		Payee addres	ss; City;	State	; Zip Co	de					
	\$144.14		PO Box 223	085								
			Pittsburgh, I	PA 15251-208	5							
	PURPOSE	(a)	Category (Se	e Categories listed a	t the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE			nead/Rental E		,		<u></u>			plete Schedule T.	
	LXI LINDITORE							ш		officeholder living		
								District Office	: Ca	able Service		
	Complete ONL V if direct	<u> </u>	Condidate/Offi	achaldar nama		Office cou	abt			Office by	ald	
	Complete ONLY if direct expenditure to benefit C/O		Januluale/Onic	ceholder name	(Office sou	gni			Office h	eiu	
_		_										
	Date		Payee name									
	08/01/2023			nmunications								
	Amount (\$)		Payee addres	•	State	; Zip Co	de					
	\$144.14		PO Box 223	085								
			Pittsburgh, I	PA 15251-208	5							
	PURPOSE OF	(a)		e Categories listed a		nedule)	(b)	Description				
	EXPENDITURE		Office Overl	nead/Rental E	xpense					de of Texas. Com officeholder living	plete Schedule T.	
								District Office				
								22.030	- •			
	Complete ONLY if direct	Щ	 Candidate/Offi	ceholder name	(Office sou	<u>l</u> ight			Office he	eld	
	expenditure to benefit C/OI						J -					
l												

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 12/64 Rpt:	West, Royce (The Honorable) 00020990
4	Date	5 Payee name
	10/01/2023	Charter Communications
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$281.32	PO Box 223085
		Pittsburgh, PA 15251-2085
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense District Office Cable Service
		District Office Capic Service
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Date	Davies same
		Payee name
	11/01/2023	Charter Communications
	Amount (\$)	Payee address; City; State; Zip Code
	\$144.14	PO Box 223085
		Pittsburgh, PA 15251-2085
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense District Office Cable Service
		District Office Cable Service
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name Charter Communications
	12/01/2023	Charter Communications
	Amount (\$)	Payee address; City; State; Zip Code
	\$144.14	PO Box 223085
		Pittsburgh, PA 15251-2085
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense District Office Cable Service
		District Office Cable Service
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	ll Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 13/64 Rpt:	West, Royce (The Honorable) 00020990
4	Date	5 Payee name
	10/25/2023	Circle Ten Council BSA
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,500.00	8605 Harry Hines Blvd
		Dallas, TX 75235-3014
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Donation 2020 Friends of 3country
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/Ol	
F	Date	Payee name
	07/01/2023	CitiBank N.A.
H	Amount (\$)	Payee address; City; State; Zip Code
	\$1,883.89	PO Box 78025
		Phoenix, AZ 85062-8025
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Payment - July 2023 Statement
		T dyment Suly 2020 Statement
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	09/03/2023	CitiBank N.A.
	Amount (\$)	Payee address; City; State; Zip Code
	\$557.96	PO Box 78025
		Phoenix, AZ 85062-8025
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Payment - September 2023 Statement
		Payment - September 2023 Statement
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
\vdash		
l		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

rsement Solicitation/Fundraising Expense
Expense Transportation Equipment & Related Expense
Travel in District
Travel Out of District

OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 14/64 Rpt:	West, Royce (The Honorable) 00020990
4	Date	5 Payee name
	10/03/2023	CitiBank N.A.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,759.81	PO Box 78025
		Phoenix, AZ 85062-8025
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment
	LXI ENDITORE	Check if Austin, TX, officeholder living expense
		Payment - October 2023 Statement
_		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	<u>'</u>	
	Date	Payee name
	11/03/2023	CitiBank N.A.
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,969.82	PO Box 78025
		Phoenix, AZ 85062-8025
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
	LXI ENDITORE	Check if Austin, TX, officeholder living expense
		Payment - November 2023 Statement
	Complete ONLY if direct	Condidate/Officeholder name Office sought Office hold
	expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/03/2023	CitiBank N.A.
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,109.86	PO Box 78025
		Phoenix, AZ 85062-8025
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment
	_,, _,,_,	Check if Austin, TX, officeholder living expense
		Payment - December 2023 Statement
	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 15/64 Rpt:	2 FILER NAME West, Royce (The Honorable) 3 Filer ID (Ethics Commission Filers) 00020990
4	Date 07/10/2023	5 Payee name CitiBusiness Card
6	Amount (\$) \$727.79	7 Payee address; City; State; Zip Code PO Box 9001037
		Louisville, KY 40290-1037
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Payment - July 2023 Statement
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 08/08/2023	Payee name CitiBusiness Card
	Amount (\$) \$4,856.87	Payee address; City; State; Zip Code PO Box 9001037
		Louisville, KY 40290-1037
	PURPOSE OF EXPENDITURE	(a) Category (see Categories listed at the top of this schedule) Credit Card Payment Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Payment - August 2023 Statement
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 09/08/2023	Payee name CitiBusiness Card
	Amount (\$) \$1,504.42	Payee address; City; State; Zip Code PO Box 9001037
		Louisville, KY 40290-1037
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Payment - September 2023 Statement
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
	Sch: 16/64 Rpt:	West, Royce (The Honorable) 00020990			
4	Date	5 Payee name			
	10/09/2023	CitiBusiness Card			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$3,739.69	PO Box 9001037			
		Louisville, KY 40290-1037			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		Payment - October 2023 Statement			
		,			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O				
	Date	Payee name			
	11/08/2023	CitiBusiness Card			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$2,272.69	PO Box 9001037			
		Louisville, KY 40290-1037			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.			
	EXI ENDITORE	Check if Austin, TX, officeholder living expense			
		Payment - November 2023 Statement			
Complete ONLY if direct Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/O	y			
	Date	Payee name			
	12/08/2023	CitiBusiness Card			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$4,075.85	PO Box 9001037			
		Louisville, KY 40290-1037			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE	Check if Austin, TX, officeholder living expense			
		Payment - December 2023 Statement			
	Complete ONLY if alias -t	Condidate/Officeholder name Office county Office			
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	
	Sch: 17/64 Rpt:	West, Royce (The Honorable) Continues Continues Continues of Filers
4	Date	5 Payee name
L	08/30/2023	City of Austin
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$155.15	PO Box 2267
		Austin, TX 78768-2267
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	LAI ENDITONE	Check if Austin, TX, officeholder living expense
		Officeholder Utility Service (Austin)
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Ĺ	expenditure to benefit C/OI	
	Date	Payee name
	09/29/2023	City of Austin
	Amount (\$)	Payee address; City; State; Zip Code
	\$117.20	PO Box 2267
		Austin, TX 78768-2267
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		X Check if Austin, TX, officeholder living expense Officeholder Utility Service (Austin)
		Cincerbiaer camy corvide (radamy
	Complete ONLY if direct expenditure to benefit C/OI	L Candidate/Officeholder name Office sought Office held
	experientare to benefit G/OI	··
	Date	Payee name
	10/30/2023	City of Austin
	Amount (\$)	Payee address; City; State; Zip Code
	\$80.03	PO Box 2267
		Austin, TX 78768-2267
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense Officeholder Utility Service (Austin)
		Officeriolder Outlity Service (Austiri)
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Cou

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				
-	Total pages Schodula F1:	· · · · · · · · · · · · · · · · · · ·			
	Total pages Schedule F1:				
	Sch: 18/64 Rpt:	West, Royce (The Honorable) 00020990			
4	Date	5 Payee name			
	11/30/2023	City of Austin			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
ľ	\$57.01	PO Box 2267			
	10.10φ	FO BOX 2201			
		Austin, TX 78768-2267			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF	Office Overhead/Rental Expense			
	EXPENDITURE	X Check if Austin, TX, officeholder living expense			
		Officeholder Utility Service (Austin)			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OI	1			
\vdash	Date	Dayso nama			
		Payee name			
	12/29/2023	City of Austin			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$52.71	PO Box 2267			
		Austin, TX 78768-2267			
	PURPOSE	In .			
	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.			
		Officeholder Utility Service (Austin)			
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH					
	Date	Payee name			
	07/03/2023	Costco Gas #0636			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$51.71	250 W Highway 67			
	•				
		Dungapyilla TV 75127 4415			
		Duncanville, TX 75137-4415			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T.			
		Expense Check if Austin, TX, officeholder living expense			
		Fuel for Officeholder Vehicle			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
L	expenditure to benefit C/OH				

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/Political Cor Credit Card Payment			Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide exp	Salaries/	Expens Wages	se s/Contract Labor		Travel in District Travel Out of Distr OTHER (enter a c	rict ategory not listed above)
1	Total pages Schedule F1:						3	Filer ID	(Ethics Commission Filers)
	Sch: 19/64 Rpt:		e (The Honorable)					00020990	
4	Date	5 Payee name	#000						
	07/07/2023	Costco Gas							
6	Amount (\$)	7 Payee address	•	State; Zip C	ode				
	\$44.47	250 W High	way 67						
		Duncanville	, TX 75137-4415						
8	PURPOSE	(a) Category (Se	ee Categories listed at the top of	this schedule)	(b)	Description			
	OF EXPENDITURE	Transportat	ion Equipment & Rela					de of Texas. Compl	
		Expense				Fuel for Office		officeholder living of older Vehicle	
9	Complete ONLY if direct expenditure to benefit C/Oł		ceholder name	Office so	ught			Office hel	d
H	Date	Payee name							
	07/26/2023	Costco Gas	#0636						
Amount (\$)		Payee addres		State; Zip C	ode				
	\$74.32	250 W Highway 67							
		J	•						
			, TX 75137-4415						
	PURPOSE OF		ee Categories listed at the top of		(b)	Description	a	do of Toys - O-	loto Cobodulo T
	EXPENDITURE	Transportat Expense	ion Equipment & Rela	ted				de of Texas. Compl officeholder living of	
		_,,po.100				Fuel for Office			
	Complete ONLY if direct expenditure to benefit C/O		ceholder name	Office so	ught			Office hel	d
	Date	Payee name							
	07/29/2023	Costco Gas	#0636						
	Amount (\$)	Payee addres	ss; City;	State; Zip C	ode				
	\$55.72	250 W High	way 67						
		Duncanville	, TX 75137-4415						
	PURPOSE	(a) Category (Se	ee Categories listed at the top of	this schedule)	(b)	Description			
	OF EXPENDITURE	Transportat	ion Equipment & Rela					de of Texas. Compl	
		Expense				Fuel for Office		officeholder living o	
	Complete ONLY if direct	Candidate/Offi	ceholder name	Office so	<u>l</u> ught			Office hel	d
	expenditure to benefit C/O				_				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 20/64 Rpt:	West, Royce (The Honorable) 00020990
4	Date	5 Payee name
	08/02/2023	Costco Gas #0636
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$63.31	250 W Highway 67
		Duncanville, TX 75137-4415
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment & Related
		Expense Check if Austin, TX, officeholder living expense Fuel for Officeholder Vehicle
		ruei loi Officeriolaei Veriicie
_	Complete ONL V if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	
	Date	Payee name
	08/11/2023	Costco Gas #0636
	Amount (\$)	Payee address; City; State; Zip Code
	\$60.48	250 W Highway 67
		Duncanville, TX 75137-4415
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense Fuel for Officeholder Vehicle
		Tuerfor Officeriolicit
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Davisa sama
	08/16/2023	Payee name Costco Gas #0636
	Amount (\$)	Payee address; City; State; Zip Code
	\$51.31	250 W Highway 67
		Duncanville, TX 75137-4415
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment & Related Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Fuel for Officeholder Vehicle
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	o

SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political C Credit Card Payment								
1	Total pages Schedule F1:							
	Sch: 21/64 Rpt:	West, Royce (The Honorable) 00020990						
4	Date	5 Payee name						
L	08/27/2023	Costco Gas #0636						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$65.14	250 W Highway 67						
		Duncanville, TX 75137-4415						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Transportation Equipment & Related						
		Expense						
		Fuel for Officeriolider Verlicie						
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
<u> </u>	expenditure to benefit C/O							
	Date	Payee name						
	09/01/2023	Costco Gas #0636						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$67.46	250 W Highway 67						
		Duncanville, TX 75137-4415						
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description						
EXPENDITURE		Transportation Equipment & Related Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
		Fuel for Officeholder Vehicle						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/O	H						
	Date	Payee name						
	10/03/2023	Costco Gas #0636						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$74.24	250 W Highway 67						
		Duncanville, TX 75137-4415						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Transportation Equipment & Related						
		Expense						
		Fuel for Officeriolder Vehicle						
		Candidate/Officeholder name Office sought Office held						
	Complete ONLY if direct	COMMUNICATION FOR COMMUNICATION COMUNICATION COMMUNICATION COMMUNICATION COMMUNICATION COMMUNICATION						
	Complete ONLY if direct expenditure to benefit C/OH							

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expe Gift/Awards/Memoria Legal Services The Instruction (als Expense		xpense /ages/	e /Contract Labor		Travel in District Travel Out of Dist OTHER (enter a c	rict category not listed above)
1	Total pages Schedule F1:	l							Filer ID	(Ethics Commission Filers)
L	Sch: 22/64 Rpt:	Wes	t, Royce (The Honora	ıble)					00020990	
4	Date	5 Paye	e name	<u> </u>						
L	10/08/2023	Cost	co Gas #0636							
6	Amount (\$)	7 Paye	e address; City;	State;	Zip Co	de				
	\$45.76	250	W Highway 67							
		Dun	canville, TX 75137-44	15						
8	PURPOSE	(a) Cate	Ory (See Categories listed a	t the top of this sche	edule)	(b)	Description			
	OF EXPENDITURE	Tran	sportation Equipment				므		de of Texas. Comp	
	-	Expe	ense				Fuel for Offic		officeholder living	
							r der for Offic	CIII	JIGGI VEITIGIC	•
9	Complete ONLY if direct	Candid	late/Officeholder name		Office sou	aht			Office he	ld .
9	expenditure to benefit C/O		late/Officeriolider flame		niice sou	ynı			Office fie	lu
	Date	Paye	e name							
	10/15/2023	Cost	co Gas #0636							
	Amount (\$)	Paye	e address; City;	State;	Zip Co	de				
	\$64.44	250	W Highway 67							
		Dun	canville, TX 75137-44	15						
	PURPOSE	(a) Cate	JOry (See Categories listed a	t the top of this sch	edule)	(b)	Description			
	OF EXPENDITURE	Tran	sportation Equipment				—		de of Texas. Comp	
		Expe	ense				Fuel for Offic		officeholder living	
							ruerioi Onic	CIII	Jidei Veriicie	•
\vdash	Complete ONLY if direct	Candid	late/Officeholder name		Office sou	aht			Office he	ld
	expenditure to benefit C/O		CCSidor Harrio			9.10			2.1100 710	· -
H	Date	Pavo	e name							
	10/24/2023	1	co Gas #0636							
	Amount (\$)		e address; City;	Stato:	Zip Co	de				
	\$49.78	1	w Highway 67	Siale,	Zip C0	ue				
	ψ43.10	230	vv riigiivvay or							
		Dun	canville, TX 75137-44	15						
	PURPOSE OF	(a) Cate	Ory (See Categories listed a	t the top of this sche	edule)	(b)	Description			
	EXPENDITURE		sportation Equipment	& Related			∟		de of Texas. Comp officeholder living	
		Expe	HIST				Fuel for Offic			
_	Complete ONLY if direct	L Candid	late/Officeholder name	C	Office sou	ght			Office he	ld
	expenditure to benefit C/OH									

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				
-	Total pages Sabadula F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
1	Total pages Schedule F1: Sch: 23/64 Rpt:	West, Royce (The Honorable) 00020990			
4	Date	5 Payee name			
	08/15/2023	Dallas County Democratic Party			
6	Amount (\$) \$200.00	7 Payee address; City; State; Zip Code 1414 N Washington Ave			
		Dallas, TX 75204-5261			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Contributions/Donations Made By			
		Candidate/Officeholder/Political Committee			
		Display Table - 2023 Labor Day Picnic			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
	Date	Payee name			
	08/28/2023	Dallas County Democratic Party			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$5,000.00	1414 N Washington Ave			
		Dallas, TX 75204-5261			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.			
		Candidate/Officeholder/Political Committee			
		Donation - 2023 Johnson/Jordan Dinner			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
	Date	Payee name			
	11/15/2023	Dallas Regional Chamber			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$1,537.00	500 N Akard St			
		Ste 2600			
		Dallas, TX 75201-3318			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.			
	LXI LINDITORL	Check if Austin, TX, officeholder living expense			
		Membership Activation/Renewal			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OI	1			

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
	Sch: 24/64 Rpt:	West, Royce (The Honorable) 00020990			
4	Date	5 Payee name			
	08/15/2023	Deluxe			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$563.76	P.O. Box 7247 Lock Box 229			
		Philadelphia, PA 19170-0001			
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Office Overhead/Rental Expense			
		Check if Austin, TX, officeholder living expense Reorder Campaign Checks			
		Redider Campaign Checks			
_	0 1: 0:11:4"				
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
	Date	Payee name			
	07/14/2023	Department of Treasury			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$290.62	INTERNAL REVENUE SERV			
		Ogden, UT 84201-0001			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Salaries/Wages/Contract Labor			
		Check if Austin, TX, officeholder living expense			
		Payroll Taxes			
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH					
	Date	Payee name			
	07/31/2023	Department of Treasury			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$284.42	INTERNAL REVENUE SERV			
		Ogden, UT 84201-0001			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Salaries/Wages/Contract Labor			
	LAFLINDITORE	Check if Austin, TX, officeholder living expense			
		Payroll Taxes			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OH				
l					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				
1 Total pages Cabadula E4:				
1 Total pages Schedule F1:				
Sch: 25/64 Rpt:	West, Royce (The Honorable) 00020990			
4 Date	5 Payee name			
08/15/2023	Department of Treasury			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$277.59	INTERNAL REVENUE SERV			
,				
	Ogden, UT 84201-0001			
	<u> </u>			
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
EXPENDITURE	Salaries/Wages/Contract Labor			
	Check if Austin, TX, officeholder living expense Payroll Taxes			
	T dyfoli Tuxes			
O Commission Chill M If all	Constitute / Office health as no man.			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
08/31/2023	Department of Treasury			
Amount (\$)	Payee address; City; State; Zip Code			
\$235.86	INTERNAL REVENUE SERV			
	Ogden, UT 84201-0001			
BUBB 6				
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
EXPENDITURE	Salaries/Wages/Contract Labor			
	Payroll Taxes			
	T ASTOR TAXOS			
Complete ONLY if direct	Candidate/Officeholder name Office sought Office hold			
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH				
Date	Payee name			
09/15/2023	Department of Treasury			
Amount (\$)	Payee address; City; State; Zip Code			
\$235.84	INTERNAL REVENUE SERV			
	Ogden, UT 84201-0001			
DUDDOCE	<u> </u>			
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Salarias (Manas/Contract Labor Check if travel outside of Texas. Complete Schedule T.			
EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
	Payroll Taxes			
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/OH				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Cor

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 26/64 Rpt:	West, Royce (The Honorable) 00020990
4	Date	5 Payee name
L	09/29/2023	Department of Treasury
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$235.85	INTERNAL REVENUE SERV
		Ogden, UT 84201-0001
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense Payroll Taxes
		T dyfoli faxes
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
┝	Date	
		Payee name
L	10/16/2023	Department of Treasury
	Amount (\$)	Payee address; City; State; Zip Code
	\$235.83	INTERNAL REVENUE SERV
L		Ogden, UT 84201-0001
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Payroll Taxes
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	10/31/2023	Department of Treasury
H	Amount (\$)	Payee address; City; State; Zip Code
	\$235.84	INTERNAL REVENUE SERV
	Ψ200.04	INTERNAL REVERSE SERV
		Ogden, UT 84201-0001
H	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Payroll Taxes
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/Ol	

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officebooker/Political Committee

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 27/64 Rpt:	West, Royce (The Honorable) 00020990
4	Date	5 Payee name
	11/15/2023	Department of Treasury
6	Amount (\$) \$235.85	7 Payee address; City; State; Zip Code INTERNAL REVENUE SERV
		Ogden, UT 84201-0001
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Payroll Taxes
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H
	Date	Payee name
	11/30/2023	Department of Treasury
	Amount (\$) \$235.85	Payee address; City; State; Zip Code INTERNAL REVENUE SERV Ogden, UT 84201-0001
	PURPOSE	
	OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Payroll Taxes
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/15/2023	Department of Treasury
	Amount (\$) \$235.84	Payee address; City; State; Zip Code INTERNAL REVENUE SERV
		Ogden, UT 84201-0001
-	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Payroll Taxes
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 28/64 Rpt:	West, Royce (The Honorable) 00020990
4	Date	5 Payee name
	12/22/2023	Department of Treasury
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$804.52	INTERNAL REVENUE SERV
		Ogden, UT 84201-0001
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		2023 Year End Bonus Payroll Taxes
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
	Data	
	Date	Payee name
	12/29/2023	Department of Treasury
	Amount (\$)	Payee address; City; State; Zip Code
	\$235.83	INTERNAL REVENUE SERV
		Ogden, UT 84201-0001
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Payroll Taxes
		T dyfoli ruxes
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	12/13/2023	Edwards & Patterson Signs
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,562.05	203 S Belt Line Rd
	Ψ1,302.03	203 3 Beit Line Nu
		Inding TV 75060 2150
		Irving, TX 75060-2158
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Printing Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Senate Campaign Yard Signs
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 29/64 Rpt:	West, Royce (The Honorable)	00020990
4	Date	5 Payee name	•
	07/13/2023	For Oak Cliff	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$250.00	907 E Ledbetter Dr	
		Dallas, TX 75216-6859	
8	PURPOSE		
ľ	OF		l outside of Texas. Complete Schedule T.
	EXPENDITURE		in, TX, officeholder living expense
		Donation - 9	th Annual Back-To-School Festival
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experialiture to beriefit C/Oi	7	
	Date	Payee name	
	10/01/2023	George Willis LLC	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$500.00	1810 Rocky Creek Dr	
		Duncanville, TX 75137-3638	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Accounting/Banking Check if trave	l outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austi	in, TX, officeholder living expense
		Accounting t	Service for Campaign Office
			25
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	<u>'</u>		
	Date	Payee name	
	11/01/2023	George Willis LLC	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$500.00	1810 Rocky Creek Dr	
		Duncanville, TX 75137-3638	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE		l outside of Texas. Complete Schedule T.
		l	in, TX, officeholder living expense Service for Campaign Office
		Accounting .	Service for Campaign Office
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		Office field

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Comm

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 30/64 Rpt:	West, Royce (The Honorable) 00020990
4	Date	5 Payee name
	12/01/2023	George Willis LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	1810 Rocky Creek Dr
		Duncanville, TX 75137-3638
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Accounting Service for Campaign Office
		Accounting Service for Campaign Office
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash	Date	Payee name
	10/03/2023	Great Days Bartending
	Amount (\$)	Payee address; City; State; Zip Code
	\$340.00	539 W Commerce St
		# 2700
		Dallas, TX 75208-1953
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Beverage Server - Dallas Goes West 2023
		Fundraiser Reception
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	07/02/2023	H-E-B Food Drugs #23/428
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.00	6900 Brodie Ln
		A
		Austin, TX 78745-5008
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Food/Beverage Expense
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Capitol Office Beverages and Snacks - 2nd Called
		Special Session
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	-t

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to co	mple	ete this form.
1	Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
	Sch: 31/64 Rpt:	West, Royce (The Honorable)		00020990
4	Date	5 Payee name		
	08/19/2023	H-E-B Food Drugs #23/428		
6	Amount (\$)	7 Payee address; City; State; Zip Co	ode	
	\$53.54	6900 Brodie Ln		
		Austin, TX 78745-5008		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF	Food/Beverage Expense	<u> </u>	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	-		Check if Austin, TX, officeholder living expense
				Capitol Office Beverages and Snacks - Special Session
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ıght	Office held
	experientare to benefit 6/6	<u>'</u>		
	Date	Payee name		
	08/26/2023	H-E-B Food Drugs #23/428		
	Amount (\$)	Payee address; City; State; Zip Co	ode	
	\$6.56	6900 Brodie Ln		
		Austin, TX 78745-5008		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.
	LXI LINDITORE			Check if Austin, TX, officeholder living expense
				Capitol Office Beverages and Snacks - Special Session
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ıabt	Office held
	expenditure to benefit C/O		ignt	Office field
	Date	Payee name		
	09/02/2023	H-E-B Food Drugs #23/428		
	Amount (\$)	Payee address; City; State; Zip Co	ode	
	\$40.47	6900 Brodie Ln		
		Austin, TX 78745-5008		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense Capitol Office Beverages and Snacks - Special
				Session
	Complete ONLY if direct	Candidate/Officeholder name Office sou	labt	Office held
	expenditure to benefit C/O		agrit	Office field
_				

SCHEDULE F1

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 32/64 Rpt:	West, Royce (The Honorable)	00020990
4	Date	5 Payee name	
	09/10/2023	H-E-B Food Drugs #23/428	
6	Amount (\$) \$15.54	7 Payee address; City; State; Zip Code 6900 Brodie Ln	
		Austin, TX 78745-5008	
8	PURPOSE OF EXPENDITURE	Check if Austin	outside of Texas. Complete Schedule T. n, TX, officeholder living expense e Beverages and Snacks - Special
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	09/16/2023	H-E-B Food Drugs #23/428	
	Amount (\$) \$29.35	Payee address; City; State; Zip Code 6900 Brodie Ln	
		Austin, TX 78745-5008	
	PURPOSE OF EXPENDITURE	Check if Austin	outside of Texas. Complete Schedule T. n, TX, officeholder living expense e Beverages and Snacks - Special
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	10/07/2023	H-E-B Food Drugs #23/428	
	Amount (\$) \$59.95	Payee address; City; State; Zip Code 6900 Brodie Ln	
		Austin, TX 78745-5008	
	PURPOSE OF EXPENDITURE	Check if Austin	outside of Texas. Complete Schedule T. n, TX, officeholder living expense e Beverages and Snacks - Special
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 33/64 Rpt:	West, Royce (The Honorable) 00020990	
4	Date	5 Payee name	
	10/24/2023	H-E-B Food Drugs #23/428	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
l	\$8.94	6900 Brodie Ln	
		Austin, TX 78745-5008	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Capitol Office Beverages and Snacks - Special	
		Session	
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
Г	Date	Payee name	_
l	11/05/2023	H-E-B Food Drugs #23/428	
H	Amount (\$)	Payee address; City; State; Zip Code	_
	\$28.24	6900 Brodie Ln	
		Austin, TX 78745-5008	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Capitol Office Beverages and Snacks - Special	
		Session Session	
H	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	_
L			
l	Date	Payee name	
	11/26/2023	H-E-B Food Drugs #23/428	
Г	Amount (\$)	Payee address; City; State; Zip Code	
	\$28.24	6900 Brodie Ln	
		Austin, TX 78745-5008	
\vdash	PURPOSE		
l	OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.	
l	EXPENDITURE	Check if Austin, TX, officeholder living expense	
l		Capitol Office Beverages and Snacks - Special	
		Session	
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	1	
Г			_

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		Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guide			kpense /ages/	e Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	trict category not listed above)	
1	Total pages Schedule F1:	2 FILER NAM	ле 					3	Filer ID	(Ethics Commission F	ilers)
	Sch: 34/64 Rpt:	West, Roy	ce (The Honorable))					00020990		
4	Date	5 Payee nam	e								
	12/02/2023	H-E-B Foo	od Drugs #23/428								
6	Amount (\$)	7 Payee addı	ress; City;	State;	Zip Co	de					
	\$105.95	6900 Brod	lie Ln								
		Austin, TX	(78745-5008								
8	PURPOSE OF	(a) Category	(See Categories listed at the t	op of this sche	dule)	(b)	Description				
	EXPENDITURE		ons/Donations Made				=		de of Texas. Comp		
		Candidate	e/Officeholder/Politic	ai Commi	uee		—		officeholder living ard for Sena	expense ate Christmas Part	v
							Door Prize.	0		are erricanaer are	,
9	Complete ONLY if direct	Candidate/∩	fficeholder name	Of	ffice sou	aht			Office he	-ld	
Ĺ	expenditure to benefit C/O		moonoider name		c 30u(a.u.			Office He		
	Date	Payee nam	e								
	12/09/2023	H-E-B Foo	od Drugs #23/428								
	Amount (\$)	Payee addı	ress; City;	State;	Zip Co	de					
	\$22.42	6900 Brod	lie Ln								
		Austin, TX	78745-5008								
	PURPOSE OF	(a) Category	(See Categories listed at the t	op of this sched	dule)	(b)	Description				
	EXPENDITURE	Food/Bev	erage Expense						de of Texas. Comp officeholder living		
							—			d Snacks - Special	
							Session			a chacke openia	·
H	Complete ONLY if direct	Candidate/∩	fficeholder name	Of	ffice sou	aht			Office he	eld	
	expenditure to benefit C/O			O.		J. 10			2.1100 110	· -	
\vdash	Data	Devision									
	Date	Payee nam									
	07/13/2023	Harambee									
	Amount (\$)	Payee addi		State;	Zip Co	de					
	\$250.00	814 White	stone Ln								
L		Dallas, TX	75232-1256								
	PURPOSE	(a) Category	(See Categories listed at the t	top of this sche	dule)	(b)	Description				
	OF EXPENDITURE		ons/Donations Made						de of Texas. Comp		
		Candidate	e/Officeholder/Politic	al Commit	ttee		Check if Austin, Donation - 49		officeholder living		
							Donalion - 49	ui F	annuai Festi	ıval	
_	Complete ONLY if direct	Candidata (C	fficeholder name		ffino com	abt			Office he	uld	
	Complete ONLY if direct expenditure to benefit C/OH		fficeholder name	Oi	ffice sou	ynt			Office he	eiu	

SCHEDULE F1

Expense Event Expense Loan Repayment/Reimbu

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

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

	Credit Card Payment	The Instruction Guide explains how to com	ple	te this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 35/64 Rpt:	West, Royce (The Honorable)		00020990
4	Date	5 Payee name		•
	07/14/2023	Hobby Lobby #247		
6	Amount (\$)	7 Payee address; City; State; Zip Code	<u>е</u>	
	\$56.28	316 N Highway 67		
		Cedar Hill, TX 75104-2133		
8	PURPOSE		h)	Description
	OF	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	-, 	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Only Wards/Memorials Expense	j	Check if Austin, TX, officeholder living expense
				Resolutions Framed - Church 150th Anniversary
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	ht	Office held
	experioration benefit C/O	1		
	Date	Payee name		
	07/22/2023	Hobby Lobby #247		
	Amount (\$)	Payee address; City; State; Zip Code	е	
	\$81.72	316 N Highway 67		
		Cedar Hill, TX 75104-2133		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b)	Description
	OF	Gift/Awards/Memorials Expense		Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	·		Check if Austin, TX, officeholder living expense
				Resolutions Framed - Constituent's Funeral
	0 1: 01:17.7.1			000
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	nt	Office held
	Date	Payee name		
	10/06/2023	Hobby Lobby #247		
	Amount (\$)	Payee address; City; State; Zip Code	е	
	\$44.25	316 N Highway 67		
		Cedar Hill, TX 75104-2133		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b)	Description
	OF EXPENDITURE	Event Expense	į	Check if travel outside of Texas. Complete Schedule T.
	2/11/2/10/12			Check if Austin, TX, officeholder living expense Decorations - Dallas Goes West 2023 Fundraiser
				Reception
	Complete ONLY if direct	Candidate/Officeholder name		·
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	IL	Office held
	•			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment		nmittee	Legal Services	·		Vages	/Contract Labor		OTHER (enter a	category not listed above)	
				The Instruction G	uide expiains i	now to co	mpie	ete tnis form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission F	lers)
	Sch: 36/64 Rpt:		West, Royce	e (The Honoral	ole)					00020990		
4	Date	5	Payee name									
	10/27/2023		Hobby Lobb	y #247								
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de					
	\$80.09		316 N Highv	vay 67								
			Cedar Hill, T	X 75104-2133								
8	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE			Memorials Exp				=			plete Schedule T.	
	EXI ENDITORE							—		officeholder living		
								Induction Hor		amed for Pr	o Athlete Hall of Fa	me
								induction rioi	101			
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Office	ceholder name	C	Office sou	ght			Office h	eld	
	experioritire to benefit C/Oi	П										
	Date		Payee name									
	11/10/2023		Hobby Lobb	y #247								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$55.74		316 N Highv	vay 67								
			Cedar Hill, T	X 75104-2133								
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Gift/Awards/	Memorials Exp	oense			<u></u>			plete Schedule T.	
	-							_		officeholder living		ont.
								Proclamation	П	ameu ioi Ci	onstituent's Retirem	ent
_	Complete ONLY if direct	<u> </u>	Condidate/Offic	ahaldar nama		Office cou	abt			Office h	ald	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		anuluale/Onic	ceholder name	C	Office sou	gnı			Office h	eiu	
	· 	_										
	Date	ı	Payee name									
	11/15/2023		Hobby Lobb	y #247								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$60.61		316 N Highv	vay 67								
			Cedar Hill, T	X 75104-2133								
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE			Memorials Exp							plete Schedule T.	
	EXPENDITORE							_		officeholder living		
								Proclamation	Fra	amed for Co	onstituent's Military	Honor
							Ļ					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		candidate/Offic	eholder name	C	Office sou	ght			Office h	eld	
	experiment to benefit O/O/1											

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Food/Beverage Expense

Gift/Awards/Memorials Expense Legal Services Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 37/64 Rpt:	West, Royce (The Honorable) 00020990
4	Date	5 Payee name
	12/07/2023	Hobby Lobby #247
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$46.52	316 N Highway 67
		Cedar Hill, TX 75104-2133
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Flag Certificate Framed and Flag Case -
		Constituent's Funeral
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
اً	expenditure to benefit C/O	
H	Date	Payee name
	08/17/2023	Hornbuckle Photography LLC
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$700.00	PO Box 227382

		Dallas, TX 75222-7382
H	PURPOSE	To.
	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Officeholder Photo Shoot
L		
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
L		
l	Date	Payee name
	12/10/2023	Hyatt Regency Austin
	Amount (\$)	Payee address; City; State; Zip Code
	\$58.00	208 Barton Springs Road
		A TV 70704
L		Austin, TX 78704
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Staff Parking - Texas Legislative Black Caucus,
		Austin, TX
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/Ol	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to comple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 38/64 Rpt:	West, Royce (The Honorable)	00020990
4	Date	5 Payee name	·
	12/21/2023	Jasso, Imelda	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1,500.00	531 Hensley Dr	
		Grand Prairie, TX 75050-4539	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense 2023 Staff Year End Bonus
			2020 3.4 1 34. 2.1.4 201.43
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
	Date	Payee name	
	07/14/2023	Johnson, Joycelyn	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$914.98	521 Missionary Rdg	
	40200	o mosionary rag	
		Desoto, TX 75115-5233	
	PURPOSE		Description
	OF	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	-	Check if Austin, TX, officeholder living expense
			Campaign Staff Payroll
			25
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	07/31/2023	Johnson, Joycelyn	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$914.98	521 Missionary Rdg	
		Desoto, TX 75115-5233	
	PURPOSE OF	· · · · · · · · · · · · ·	Description
	EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			Campaign Staff Payroll
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 39/64 Rpt:	West, Royce (The Honorable) 00020990	
4	Date	5 Payee name	_
	08/15/2023	Johnson, Joycelyn	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$914.99	521 Missionary Rdg	
		Desoto, TX 75115-5233	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.	
l	EXPENDITURE	Check if Austin, TX, officeholder living expense	
l		Campaign Staff Payroll	
L			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
L	experientare to benefit Grot	'	
	Date	Payee name	
l	08/31/2023	Johnson, Joycelyn	
	Amount (\$)	Payee address; City; State; Zip Code	
l	\$47.16	521 Missionary Rdg	
l			
l		Desoto, TX 75115-5233	
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
l	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.	
l	LXI LINDITORE	Check if Austin, TX, officeholder living expense	
		Mileage Expense - Campaign Business	
┡	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
⊨	<u> </u>		_
	Date	Payee name	
L	08/31/2023	Johnson, Joycelyn	
l	Amount (\$)	Payee address; City; State; Zip Code	
	\$914.97	521 Missionary Rdg	
l			
		Desoto, TX 75115-5233	
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Campaign Staff Payroll	
		Campaign Can't ayron	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
-			_

SCHEDULE F1

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

Credit Card Payment	The Instruction Guide explains how to co	mplete this form.		
1 Total pages Schedule F1:	2 FILER NAME	3	3 Filer ID (Ethics Commissio	n Filers)
Sch: 40/64 Rpt:	West, Royce (The Honorable)		00020990	
4 Date	5 Payee name			
09/15/2023	Johnson, Joycelyn			
6 Amount (\$)	7 Payee address; City; State; Zip Co	de		
\$914.99	521 Missionary Rdg			
	Desoto, TX 75115-5233			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Salaries/Wages/Contract Labor		utside of Texas. Complete Schedule T.	
EXPENDITURE			TX, officeholder living expense	
		Campaign Sta	ff Payroll	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sou	ght	Office held	
				
Date	Payee name			
09/15/2023	Johnson, Joycelyn			
Amount (\$)	Payee address; City; State; Zip Co	de		
\$48.47	521 Missionary Rdg			
	Desoto, TX 75115-5233			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Travel In District	—	utside of Texas. Complete Schedule T.	
			TX, officeholder living expense	
		willeage Exper	nse - Campaign Business	
Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held	
expenditure to benefit C/C		giit	Office field	
Data	T _			
Date 09/29/2023	Payee name			
	Johnson, Joycelyn			
Amount (\$)	Payee address; City; State; Zip Co	de		
\$914.98	521 Missionary Rdg			
	Desoto, TX 75115-5233			
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
EXPENDITURE	Salaries/Wages/Contract Labor	<u> </u>	utside of Texas. Complete Schedule T. TX, officeholder living expense	
		Campaign Stat		
			•	
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held	
expenditure to benefit C/C		•	-	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarice Magnet/Contract Labor

l	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:		_
	Sch: 41/64 Rpt:	West, Royce (The Honorable) 00020990	
4	Date	5 Payee name	_
	10/16/2023	Johnson, Joycelyn	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$914.98	521 Missionary Rdg	
		Desoto, TX 75115-5233	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor	
		Check if Austin, TX, officeholder living expense Campaign Staff Payroll	
		Campaigh Stall Fayion	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
ľ	expenditure to benefit C/OI		
⊨	Data		=
	Date	Payee name	
L	10/31/2023	Johnson, Joycelyn	_
	Amount (\$)	Payee address; City; State; Zip Code	
	\$914.99	521 Missionary Rdg	
		Desoto, TX 75115-5233	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Campaign Staff Payroll	
		Gampaigh Gian Layion	
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	-
	expenditure to benefit C/OI		
F	Date	Payee name	-
	11/15/2023	Johnson, Joycelyn	
L	Amount (\$)	Payee address; City; State; Zip Code	_
	\$914.98	521 Missionary Rdg	
	Ψ314.30	321 Missionary Rug	
		Desoto, TX 75115-5233	
L	DUDDOCE		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Salaries/wages/contract Labor	
		Campaign Staff Payroll	
1			
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
1	expenditure to benefit C/OI	1	
Г			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 42/64 Rpt:	West, Royce (The Honorable) 00020990
4	Date	5 Payee name
	11/30/2023	Johnson, Joycelyn
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$914.98	521 Missionary Rdg
		Desoto, TX 75115-5233
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	LAFLINDITORL	Check if Austin, TX, officeholder living expense
		Campaign Staff Payroll
_	Operation ONE V if dispose	Our did at 10 ff as hald a grant Off as hald
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	· 	
	Date	Payee name
	12/15/2023	Johnson, Joycelyn
	Amount (\$)	Payee address; City; State; Zip Code
	\$914.98	521 Missionary Rdg
		Desoto, TX 75115-5233
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign Staff Payroll
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	12/22/2023	Johnson, Joycelyn
	Amount (\$)	Payee address; City; State; Zip Code
	\$5,000.00	521 Missionary Rdg
	, , , , , , , ,	
		Desoto, TX 75115-5233
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		2023 Year End Bonus
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

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

	Credit Card Payment	The Instruction Guide explains how to comple	ete this form.
1	Total pages Schedule F1: Sch: 43/64 Rpt:	FILER NAME West, Royce (The Honorable)	3 Filer ID (Ethics Commission Filers) 00020990
4	Date 12/29/2023	5 Payee name Johnson, Joycelyn	'
6	Amount (\$) \$914.98	7 Payee address; City; State; Zip Code521 Missionary Rdg	
8	PURPOSE OF EXPENDITURE	Desoto, TX 75115-5233 (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Staff Payroll
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 10/01/2023	Payee name K Cooks Music Company	
	Amount (\$) \$300.00	Payee address; City; State; Zip Code 200 S Ryan Dr Apt 1401 Red Oak, TX 75154-4265	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Audio System Rental - Dallas Goes West 2023 Fundraiser Reception
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 10/16/2023	Payee name Leibowitz, Vincent	
	Amount (\$) \$3,788.00	Payee address; City; State; Zip Code 6201 Sneed Cv Apt 731 Austin, TX 78744-4213	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Event Planner for Austin Goes West 2023 Fundraiser Reception
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commi Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
•	Sch: 44/64 Rpt:	West, Royce (The Honorable)
4	Date	5 Payee name
	12/21/2023	Leibowitz, Vincent
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3,000.00	6201 Sneed Cv
		Apt 731
		Austin, TX 78744-4213
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		2023 Staff Year End Bonus
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/14/2023	Lewis, Doris
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,718.09	3817 Oak Arbor Dr
		Dallas, TX 75233-2904
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign Staff Payroll
		Sampaigh Stain Layton
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	07/31/2023	Lewis, Doris
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,718.10	3817 Oak Arbor Dr
		Dallas, TX 75233-2904
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign Staff Payroll
		Sampaign Start Layron
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide exp		xpens Wages	se s/Contract Labor		Travel in District Travel Out of Distr OTHER (enter a ca	ict ategory not listed above)
1	Total pages Schedule F1:								(Ethics Commission Filers)
L	Sch: 45/64 Rpt:	West, Roy	rce (The Honorable)					00020990	
4	Date	5 Payee nam	е						
	08/15/2023	Lewis, Do	ris						
6	Amount (\$)	7 Payee addı	ress; City;	State; Zip Co	ode				
	\$1,718.10	3817 Oak	Arbor Dr						
		Dallas, TX	75233-2904						
8	PURPOSE	(a) Category	(See Categories listed at the top of t	his schedule)	(b)	Description			
	OF EXPENDITURE		Vages/Contract Labor			=		de of Texas. Compl	
	LXI LINDITORE					_		officeholder living e	expense
						Campaign Sta	ait i	Payroll	
_					<u> </u>				
9	Complete ONLY if direct expenditure to benefit C/O		fficeholder name	Office sou	ught			Office hel	d
	Date	Payee nam	e						
	08/31/2023	Lewis, Do	ris						
	Amount (\$)	Payee addı	ress; City;	State; Zip Co	ode				
	\$1,718.09	3817 Oak	Arbor Dr						
		Dallas, TX	75233-2904						
	PURPOSE OF		(See Categories listed at the top of t	his schedule)	(b)	Description			
	EXPENDITURE	Salaries/V	/ages/Contract Labor					de of Texas. Compl officeholder living e	
						Campaign Sta			лрепас
						oupa.g ou			
_	Complete ONLY if direct	Candidate/O	fficeholder name	Office sou	<u>l</u> ught			Office hel	d
	expenditure to benefit C/OI	4							
	Date	Payee nam	e						
	09/08/2023	Lewis, Do	ris						
	Amount (\$)	Payee addı	ress; City;	State; Zip Co	ode				
	\$62.09	3817 Oak		•					
		Dallas, TX	75233-2904						
	PURPOSE OF		(See Categories listed at the top of t	his schedule)	(b)	Description			
	EXPENDITURE	Travel In I	District			_		de of Texas. Compl officeholder living e	
						Mileage Expe			
						cage Expe	,,,,,(Campaign	. 240111000
	Complete ONLY if direct	Candidate/∩	fficeholder name	Office sou	laht			Office hel	d .
		expenditure to benefit C/OH							

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 46/64 Rpt:	West, Royce (The Honorable)	00020990
4	Date	5 Payee name	
	09/15/2023	Lewis, Doris	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1,718.09	3817 Oak Arbor Dr	
		Dallas, TX 75233-2904	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if topical	outside of Texas. Complete Schedule T.
	EXPENDITURE	Calalics/ Wages/ Contract Eabor	n, TX, officeholder living expense
		Campaign S	taff Payroll
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experiorare to beriefit C/O	1	
	Date	Payee name	
	09/29/2023	Lewis, Doris	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,718.09	3817 Oak Arbor Dr	
		Dallas, TX 75233-2904	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	autile of Tauca Countlete Calculula T
	EXPENDITURE	Salaries/ Wages/Contract Eabor	outside of Texas. Complete Schedule T. n, TX, officeholder living expense
		Campaign S	taff Payroll
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experialiture to benefit C/Oi	1	
	Date	Payee name	
	10/16/2023	Lewis, Doris	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,718.11	3817 Oak Arbor Dr	
		D. II TV 75000 0004	
		Dallas, TX 75233-2904	
	PURPOSE OF	(a) Category (see Categories listed at the top of this schedule) (b) Description Calculate A Magna / Capatra et al. a base.	outside of Texas. Complete Schedule T.
	EXPENDITURE	Salaries/ Wages/ Contract Eabor	n, TX, officeholder living expense
		Campaign S	taff Payroll
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experience to benefit C/OI	•	
L			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense Accounting/Banking

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			Food/Beverage Expens Gift/Awards/Memorials Legal Services The Instruction Gu	Expense		pense ages/	e /Contract Labor		Travel in District Travel Out of Di OTHER (enter a		d above)
1	Total pages Schedule F1:	l								Filer ID	(Ethics Comm	nission Filers)
	Sch: 47/64 Rpt:	<u> </u>	West, Royc	e (The Honorab	le)					00020990		
4	Date	5 F	Payee name									
	10/31/2023		Lewis, Doris	5								
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Cod	de					
	\$1,718.09	:	3817 Oak A	rbor Dr								
		[Dallas, TX 7	75233-2904								
8	PURPOSE	(a) (Category (Se	ee Categories listed at th	ne top of this sche	edule)	(b)	Description				
	OF EXPENDITURE			ges/Contract La		,		느			plete Schedule T.	
	EXI ENDITORE							—		officeholder living	g expense	
								Campaign Sta	ait I	rayroll		
Ļ	0 1: 01:::::::::::	<u> </u>					1 :			O :		
9	Complete ONLY if direct expenditure to benefit C/OH		andidate/Offi	ceholder name	0	Office soug	ght			Office h	eld	
		ı										
	Date	l	Payee name									
	11/15/2023		Lewis, Doris									
	Amount (\$)	l	Payee addres		State;	Zip Coo	de					
	\$1,718.09	3	3817 Oak A	rbor Dr								
		[Dallas, TX 7	'5233-2904								
	PURPOSE	(a) (Category (Se	ee Categories listed at th	ne top of this sche	edule)	(b)	Description				
	OF EXPENDITURE			ges/Contract La				—			plete Schedule T.	
								Campaign Sta		officeholder living	g expense	
								Campaigh St	all	i ayıuli		
_	Complete ONLY if direct		andidate/Offi	ceholder name	0	Office soug	thr			Office h	eld	
	expenditure to benefit C/O		andato/Office	ocholaci Hame	O	moc sout	9111			Cince II	o.u	
\vdash	Date	<u> </u>	Payor name									
	11/30/2023	l	Payee name Lewis, Doris	:								
					Ctoto	7in Car	do					
	Amount (\$)	l	Payee addres	•	State;	Zip Coo	ue					
	\$1,718.09	`	3817 Oak A	וטטו וטטו								
			5.II. =::=	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
		L [Dallas, TX 7	75233-2904								
	PURPOSE OF			ee Categories listed at th		edule)	(b)	Description	a	do of T	mlete Calant I =	
	EXPENDITURE		Salaries/Wa	iges/Contract La	abor					officeholder living	nplete Schedule T.	
								Campaign Sta			,p.2.100	
								1 3		,		
	Complete ONLY if direct	C:	andidate/Offic	ceholder name	0	Office soug	ght			Office h	eld	
	expenditure to benefit C/O				_		•					
For	ms provided by Texas F	thics	Commissi	n w	www.ethics.s	tate tv u	<u> </u>				Version V	3 5 1 0hfcfh67

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 48/64 Rpt:	West, Royce (The Honorable)	00020990
4	Date	5 Payee name	
	12/15/2023	Lewis, Doris	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1,718.10	3817 Oak Arbor Dr	
		Dallas, TX 75233-2904	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Galaries/ Wages/ Goriti act Easor	outside of Texas. Complete Schedule T. n, TX, officeholder living expense
		Campaign S	
			•
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
F	Date	Payee name	
	12/22/2023	Lewis, Doris	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$3,000.00	3817 Oak Arbor Dr	
		Dallas, TX 75233-2904	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Eabor	outside of Texas. Complete Schedule T.
			n, TX, officeholder living expense ear End Bonus
		2020 04411	our End Bondo
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
_	Date	Payee name	
	12/29/2023	Lewis, Doris	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,718.11	3817 Oak Arbor Dr	
		Dallas, TX 75233-2904	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/ Wages/Contract Eabor	outside of Texas. Complete Schedule T.
		Campaign S	n, TX, officeholder living expense taff Payroll
		Campaign 3	an ayıon
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
l			

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID	(Ethics Commission Filers)
Sch: 49/64 Rpt:	West, Royce (The Honorable)		00020990	
4 Date	5 Payee name		•	
12/29/2023	Lewis, Doris			
6 Amount (\$)	7 Payee address; City; State; Zip C	ode		
\$184.06	3817 Oak Arbor Dr			
	Dallas, TX 75233-2904			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Descript	tion	
OF	Travel In District		if travel outside of Texas. Cor	mplete Schedule T.
EXPENDITURE		. —	if Austin, TX, officeholder livin	
		Staff M	ileage Expense - Ca	ımpaıgn Business
O Company of the CAN Wife discout	O and it date / Office health are a second		O#: I	-14
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soil	ugnt	Office h	ieid
<u> </u>				
Date	Payee name			
12/21/2023	Moreno, Teresa J.			
Amount (\$)	Payee address; City; State; Zip C	ode		
\$5,000.00	1120 Mountain Lake Rd			
	Dallas, TX 75224-1728			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Descript		
OF EXPENDITURE	Salaries/Wages/Contract Labor		c if travel outside of Texas. Cor c if Austin, TX, officeholder livir	
			taff Year End Bonus	
Complete ONLY if direct	Candidate/Officeholder name Office so	<u>I</u> ught	Office h	neld
expenditure to benefit C/O		ŭ		
Date	Payee name			
10/31/2023	NGP VAN Inc			
Amount (\$)	Payee address; City; State; Zip C	nde		
\$483.36	655 15th St NW	ouc		
¥ 100.00	Ste 650			
	Washington, DC 20005-5738			
PURPOSE		(h) December	.t	
OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Descript	IION a if travel outside of Texas. Cor	mplete Schedule T.
EXPENDITURE	Office Overflead/Refital Experise		if Austin, TX, officeholder livir	
		Quarte	rly Database Service	es
Complete ONLY if direct	Candidate/Officeholder name Office so	ught	Office h	neld
expenditure to benefit C/O	п			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 50/64 Rpt:	West, Royce (The Honorable) 00020990
4	Date	5 Payee name
	12/02/2023	NGP VAN Inc
6	Amount (\$) \$1,023.36	7 Payee address; City; State; Zip Code 655 15th St NW
	\$1,023.30	Ste 650
		Washington, DC 20005-5738
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense Quarterly Database Services
		Quartony Database Golviess
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/05/2023	North Texas Commission
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,500.00	PO Box 610246
		Dfw Airport, TX 75261-0246
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense 2023-2024 Membership Renewal
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/14/2023	Oham, Nina M
	Amount (\$)	Payee address; City; State; Zip Code
	\$604.21	312 Lemontree Ln

		Desoto, TX 75115-5486
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Summer Intern Payroll
		Summer mental agreement
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.
Total pages Schedule F1: Sch: 51/64 Rpt:	FILER NAME West, Royce (The Honorable)	3 Filer ID (Ethics Commission Filers) 00020990
4 Date 07/31/2023	5 Payee name Oham, Nina M	1
6 Amount (\$) \$542.71	7 Payee address; City; State; Zip C 312 Lemontree Ln Desoto, TX 75115-5486	ode
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Summer Intern Payroll
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	ught Office held
Date 08/15/2023	Payee name Oham, Nina M	
Amount (\$) \$467.52	Payee address; City; State; Zip C 312 Lemontree Ln Desoto, TX 75115-5486	ode
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Summer Intern Payroll
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	ught Office held
Date 07/05/2023	Payee name Plus Three LP	
Amount (\$) \$419.95	Payee address; City; State; Zip C 2560 US Highway 22 # 266 Scotch Plains, NJ 07076-1529	ode
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Website Hosting and Monitoring
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	ught Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Opnations Made Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Legal Services The Instruction G			/ages	/Contract Labor		OTHER (enter a	a category not listed above)	
_	T-t-1 O-b F1:	<u> </u>	EU ED NIAME					1	_	ElID	(Ethios Commission Eilens)	
1	Total pages Schedule F1: Sch: 52/64 Rpt:	2		: e (The Honoral	nle)				3	Filer ID 00020990	(Ethics Commission Filers)	
		_		e (The Honoral						00020330		
4	Date	5	Payee name									
	08/29/2023		Plus Three I	Plus Three LP								
6	Amount (\$)	7	Payee address	ss; City;	State;	Zip Co	de					
	\$419.95		2560 US Hig	ghway 22								
			# 266									
			Scotch Plair	ns, NJ 07076-1	529							
8	PURPOSE	(a)					(h)	Description				
ľ	OF	(۳)		ee Categories listed at head/Rental Ex		edule)	(5)	:	outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE		Office Overi	ileau/Neiliai Lx	pense			=		officeholder livin		
								Campaign We	ebsite Hosting and Monitoring Invoice			
								#8599				
9	Complete ONLY if direct		Candidate/Offic	ceholder name	0	office sou	ght			Office h	eld	
	expenditure to benefit C/OI	H										
	Date		Payee name									
	09/01/2023		Plus Three I	LP								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$419.95		2560 US Hig	ghway 22								
			# 266									
			Scotch Plair	ns, NJ 07076-1	529							
	PURPOSE	(a)	Category (Se	ee Categories listed at	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE			head/Rental Ex				=			nplete Schedule T.	
	LXI LINDITORL							ш		officeholder living		
								#8627	eps	site Hosting	and Monitoring Invoice	
_	Commission ONLL V if disposit	Ļ	Canadidate/Offi			· · · · · · · · · · · · · · · · · · ·	a. la 4			Office h	alal	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		zanuluale/Onic	ceholder name	U	office sou	ynı			Office h	eiu	
_		_										
	Date		Payee name									
	10/02/2023		Plus Three I	LP								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$419.95		2560 US Hig	ghway 22								
			# 266									
			Scotch Plair	ns, NJ 07076-1	529							
	PURPOSE	(a)	Category (Se	ee Categories listed at	the top of this sche	edule)	(b)	Description				
	OF			head/Rental Ex		,		Check if travel of	outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE				•			_		officeholder living		
								Campaign We	ebs	site Hosting	and Monitoring Invoice	
								πουσσ				
	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offic	ceholder name	0	office sou	ght			Office h	eld	
	experiorale to belieff C/Of	17										
									_			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services The Instruction Guide	Salaries/\	Vages	/Contract Labor		OTHER (enter a	category not listed above)	
1	Total pages Schedule F1:	2 FILER NAI	ME				3	Filer ID	(Ethics Commission Filers	5)
	Sch: 53/64 Rpt:	West, Ro	yce (The Honorable)					00020990		
4	Date	5 Payee nan	ne							
	12/04/2023	Plus Thre	e LP							
6	Amount (\$)	7 Payee add	ress; City;	State; Zip Co	ode					
	\$419.95	2560 US	Highway 22							
		# 266								
		Scotch Pl	ains, NJ 07076-1529)						
8	PURPOSE	(a) Category	(See Categories listed at the to	op of this schedule)	(b)	Description				
	OF EXPENDITURE	Office Ov	erhead/Rental Exper	ise		=		de of Texas. Comp		
						_		officeholder living		20
						#8729	ebs	site Hosting a	and Monitoring Invoid	Эе
9	Complete ONLY if direct expenditure to benefit C/OI		Officeholder name	Office sou	ight			Office he	eld	
	experiditure to benefit C/Oi	1								
	Date	Payee nan	ne							
	11/02/2023	Plus Thre	e LP							
	Amount (\$)	Payee add	ress; City;	State; Zip Co	ode					
	\$419.95	2560 US	Highway 22							
		# 266								
		Scotch Pl	ains, NJ 07076-1529)						
	PURPOSE	(a) Category	(See Categories listed at the to	op of this schedule)	(b)	Description				
	OF EXPENDITURE	Office Ov	erhead/Rental Exper	ıse		=		de of Texas. Comp		
						_		officeholder living	expense and Monitoring Invoice	20
						#8690	CD	site i losting t	and wormoning involv	, ,
	Complete ONLY if direct expenditure to benefit C/O		Officeholder name	Office sou	ight			Office he	eld	
	Date	Payee nan	ne							
	07/05/2023	Quorum F	Report							
	Amount (\$)	Payee add	ress; City;	State; Zip Co	ode					
	\$389.70	PO Box 8								
		Austin, T	X 78767-0008							
	PURPOSE OF	(a) Category	(See Categories listed at the to	op of this schedule)	(b)	Description				
	EXPENDITURE	Fees						de of Texas. Comp officeholder living		
						Officeholder A				
						Omoonoladi /		idai Gabooii		
\vdash	Complete ONLY if direct	Candidate/C	Officeholder name	Office sou	ı <u> </u>			Office he	eld	
	expenditure to benefit C/O									
l										

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commi

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 54/64 Rpt:	West, Royce (The Honorable) 00020990
4 Date	5 Payee name
07/22/2023	Ready Refresh
6 Amount (\$) \$103.24	7 Payee address; City; State; Zip Code PO Box 856680 Louisville, KY 40285-6680
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Bottle Water and Cooler Rental Fee - Capitol Office
9 Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
08/23/2023	Ready Refresh
Amount (\$) \$21.64	Payee address; City; State; Zip Code PO Box 856680
	Louisville, KY 40285-6680
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Cooler Rental Fee - Capitol Office
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/22/2023	Ready Refresh
Amount (\$) \$103.24	Payee address; City; State; Zip Code PO Box 856680
	Louisville, KY 40285-6680
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Bottle Water and Cooler Rental Fee - Capitol Office
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 55/64 Rpt:	West, Royce (The Honorable) 00020990
4	Date	5 Payee name
	10/24/2023	Ready Refresh
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$95.59	PO Box 856680
		Louisville, KY 40285-6680
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	LAPENDITORE	Check if Austin, TX, officeholder living expense
		Bottle Water and Cooler Rental Fee - Capitol Office
_	Complete ONL V if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	
_		
	Date	Payee name
	11/22/2023	Ready Refresh
	Amount (\$)	Payee address; City; State; Zip Code
	\$95.59	PO Box 856680
		Louisville, KY 40285-6680
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Bottle Water and Cooler Rental Fee - Capitol Office
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	12/22/2023	Ready Refresh
	Amount (\$)	Payee address; City; State; Zip Code
	\$95.59	PO Box 856680
		Louisville, KY 40285-6680
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Bottle Water and Cooler Rental Fee - Capitol Office
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	parameter administration of the	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 56/64 Rpt:	West, Royce (The Honorable) 00020990
4	Date	5 Payee name
	09/22/2023	Richard C. Evans Printing & Graphics
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$350.00	2103 Morrell Ave
		Dallas, TX 75203-3907
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Event Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Graphic Design - 2023 Dallas Goes West Fundraiser Invitation
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	12/21/2023	Scott, Carolyn E.
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$1,500.00	7100 Chuck Wagon Trl
		Austin, TX 78749-2132
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
l		Check if Austin, TX, officeholder living expense 2023 Staff Year End Bonus
l		2023 Stall Teal End Bonds
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
⊨	Date	Davida marra
	07/22/2023	Payee name Spectrum (Austin)
	Amount (\$) \$189.61	Payee address; City; State; Zip Code PO Box 60074
	\$189.01	PO BOX 60074
		0"- 011-1
		City Of Industry, CA 91716-0074
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l		Officeholder Cable Service (Austin)
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H		

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Gift/Awards/Memorials E Legal Services The Instruction Gui	S	Travel Out of District OTHER (enter a category not listed above)			
_	Total marras Cabadula F1.	Fotol marca Cahadula E1. 2 EU ED MAM			w to compi	ete tilis lollii.	2 Files ID	(Ethias Commission Filers)
1	Total pages Schedule F1:	l		. \			3 Filer ID	(Ethics Commission Filers)
	Sch: 57/64 Rpt:	west, Ro	yce (The Honorable				00020990	
4	Date	5 Payee nan						
	08/22/2023	Spectrum	ı (Austin)					
6	Amount (\$)	7 Payee add	lress; City;	State; Z	Zip Code			
	\$190.77	PO Box 6	60074					
		City Of In	dustry, CA 91716-0	074				
8	PURPOSE	(a) Category	(See Categories listed at the	top of this schedu	_{le)} (b)	Description		
	OF		erhead/Rental Exp			Check if travel of	outside of Texas. Com	plete Schedule T.
	EXPENDITURE		·			_	TX, officeholder living	
						Officeholder (Cable Service	(Austin)
9	Complete ONLY if direct expenditure to benefit C/OI		Officeholder name	Offi	ce sought		Office h	eld
	Date	Payee nan	ne					
	12/14/2023	State Far	m					
	Amount (\$)	Payee add	Iress; City;	State: 2	Zip Code			
	\$932.42	PO Box 6		•	•			
		Dallas, T	X 75368-0001					
	PURPOSE	(a) Category	(See Categories listed at the	top of this schedu	le) (b)	Description		
	OF EXPENDITURE		tation Equipment &	Related		ш	outside of Texas. Com	
		Expense				ш	TX, officeholder living	
						Officerolder	/ehicle Insurar	ice Premium
	Operation ONLY # discort	0	N#: -	0#:			O#: h	-1.4
	Complete ONLY if direct expenditure to benefit C/OI		Officeholder name	Опі	ce sought		Office h	eia
	·	ı						
	Date	Payee nan						
	07/05/2023	TeamLog	icIT of Flower Mou	nd				
	Amount (\$)	Payee add	Iress; City;	State; Z	Zip Code			
	\$270.63	2904 Cor	porate Cir					
		Ste 110						
		Flower M	ound, TX 75028-22	93				
	PURPOSE	(a) Category	(See Categories listed at the	top of this schedu	le) (b)	Description		
	OF EXPENDITURE	l	erhead/Rental Exp			Check if travel of	outside of Texas. Com	nplete Schedule T.
	EXPENDITURE		•				TX, officeholder living	g expense
						IT Support Se	ervice Call	
	Complete ONLY if direct		Officeholder name	Offic	ce sought		Office h	eld
	expenditure to benefit C/OI	-						

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	Gift/Awar Committee Legal Se The Ins	verage Expense ds/Memorials Expense rvices struction Guide explains h		kpense /ages/0	Contract Labor e this form.		Travel in District Travel Out of Dist OTHER (enter a c	rict ategory not listed above)
1	Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission Filers)
L	Sch: 58/64 Rpt:	West, Royce (The	Honorable)					00020990	
4	Date	Payee name							
	10/03/2023	Texas Black Cauc	us Foundation						
6	Amount (\$)	7 Payee address;	City; State;	Zip Co	de				
	\$2,000.00	1108 Lavaca St							
		Ste Pm 110							
		Austin, TX 78701-	2110						
8	PURPOSE	(a) Category (see Catego	ries listed at the top of this sche	adula)	(b) r	Description			
	OF	Contributions/Don		edule)]	_	outsio	de of Texas. Comp	lete Schedule T.
	EXPENDITURE		older/Political Ćomm	ittee	[officeholder living	
					[Donation - Off	fice	e Administrat	ion October 2023
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholde	er name C	office sou	ght		_	Office hel	d
	Date	Payee name							
	10/11/2023	Texas Black Cauc	us Foundation						
	Amount (\$)	Payee address;	City; State;	Zip Co	de				
	\$3,000.00	1108 Lavaca St							
		Ste Pm 110							
		Austin, TX 78701-	2110						
	PURPOSE		ries listed at the top of this sche	adula)	(b) r	Description			
	OF	Contributions/Don		edule)]	_ ·	outsio	de of Texas. Comp	lete Schedule T.
	EXPENDITURE		older/Political Comm	ittee	Ī	_		officeholder living	expense
					2	2023 Donatio	n		
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholde	er name C	office sou	ght			Office he	ld
	Date	Payee name							
	11/01/2023	Texas Black Cauc	us Foundation						
	Amount (\$)	Payee address;	City; State;	Zip Co	de				
	\$2,000.00	1108 Lavaca St							
		Ste Pm 110							
		Austin, TX 78701-	2110						
	PURPOSE	(a) Category (See Category	ries listed at the top of this sche	edule)	(b) [Description			
	OF	Contributions/Don		Jaulej]		outsio	de of Texas. Comp	lete Schedule T.
	EXPENDITURE		older/Political Comm	ittee	Ī			officeholder living	
					[Jonation - Off	tice	e Administrat	ion November 2023
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholde	er name C	office sou	ght			Office he	d
	Superiorde to belieff 0/01								

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Expense Event Expense Loan Repayment/Reimbu

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 59/64 Rpt:	West, Royce (The Honorable)	00020990
4	Date	5 Payee name	
	12/01/2023	Texas Black Caucus Foundation	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$2,000.00	1108 Lavaca St	
		Ste Pm 110	
		Austin, TX 78701-2110	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Contributions/Bonations Made By	outside of Texas. Complete Schedule T. , TX, officeholder living expense
			ffice Administration December 2023
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	H	
	Date	Payee name	
	07/06/2023	Texas Democratic Party	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$2,500.00	PO Box 15707	
		Austin, TX 78761-5707	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Contributions/Donations Made by	outside of Texas. Complete Schedule T. , TX, officeholder living expense
			ssy Farenthold Social Justice Award
		Ceremony	,
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	H	
	Date	Payee name	
	11/22/2023	Texas Democratic Party	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,250.00	PO Box 15707	
		Austin, TX 78761-5707	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	1 003	outside of Texas. Complete Schedule T. , TX, officeholder living expense
		I	Filing Fee - Application for Primary
		Election Ballo	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	H	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schodule E1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
-	Total pages Schedule F1: Sch: 60/64 Rpt:	West, Royce (The Honorable) 00020990
4	Date	5 Payee name
	08/29/2023	Texas Justice Democratic PAC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	6333 E Mockingbird Ln
		Ste 147
		Dallas, TX 75214-2672
8	PURPOSE	
ľ	OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee
		Donation - North Oak Cliff Justice Tour
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/07/2023	Texas Senate Democratic Caucus
	Amount (\$)	Payee address; City; State; Zip Code
	\$5,000.00	PO Box 1721
	, , , , , , , ,	
		Austin, TX 78767-1721
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense 2023 Membership Dues
		2023 Weinbership Dues
	0 1: 01 1/4 1	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/05/2023	Texas Senate Hispanic Caucus
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,000.00	PO Box 684754
		Austin, TX 78768-4754
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Membership Dues - 2020-2023
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	CAPCHUILLIC TO DEHEIL C/OI	<u>'</u>

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commi

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 61/64 Rpt:	West, Royce (The Honorable) 00020990
4	Date	5 Payee name
	10/11/2023	Texas State NAACP
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,500.00	6633 E Highway 290
		Ste 303
		Austin, TX 78723-1158
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/13/2023	Texas State Senate
	Amount (\$)	Payee address; City; State; Zip Code
	\$80.00	PO Box 12068
		Austin, TX 78711-2068
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		State Flags for Constituents
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	12/14/2023	Texas State Senate
	Amount (\$)	Payee address; City; State; Zip Code
	\$222.50	PO Box 12068
		Austin, TX 78711-2068
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		State Flags for Constituents
		State Flags for Constituents
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment			_egal Services	is Expense	Salaries/V		e /Contract Labor		OTHER (enter a	strict a category not listed abov	e)
	orean oura'r dyment			The Instruction (Guide explain	s how to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission	n Filers)
	Sch: 62/64 Rpt:		West, Royce	(The Honora	ble)					00020990		
4	Date	5	Payee name									
	09/20/2023		The Black A	cademy of Art	s and Lette	ers						
6	Amount (\$)	7	Payee addres	s; City;	Stat	te; Zip Co	de					
	\$750.00		650 S Griffin	St								
			Dallas, TX 7	5202-5005								
8	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this s	chedule)	(b)	Description				
	OF			s/Donations M		onoudio,			outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE		Candidate/O	fficeholder/Po	litical Com	mittee		—		officeholder livin		
								Donation - 20	23	Community	/ Events	
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	eholder name		Office sou	ght			Office h	eld	
	experionare to benefit C/Oi	п										
	Date		Payee name									
	10/31/2023		The Date Ca	tering/Carol F	lampton							
	Amount (\$)		Payee addres	s; City;	Stat	te; Zip Co	de					
	\$2,450.00		6651 Cattle	Dr								
			Dallas, TX 7	5241-8806								
	PURPOSE	(a)	Category (Ser	e Categories listed at	the top of this s	chedule)	(b)	Description				
	OF EXPENDITURE		Event Expen					<u></u>			nplete Schedule T.	
										officeholder livin		
								Fundraiser Re			oes West 2023	
	Opening the ONITY if allowed	<u> </u>) - - - - - -	-11-1		04:	14			·	-1-1	
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	enolder name		Office sou	gnt			Office h	eia	
		_										
	Date	ı	Payee name									
	07/20/2023		The Enrichm	ent Programs	of Texas							
	Amount (\$)		Payee addres	s; City;	Stat	te; Zip Co	de					
	\$250.00		PO Box 140	703								
			Dallas, TX 7	5214-0703								
	PURPOSE	(a)	Category (See	e Categories listed at	the top of this s	chedule)	(b)	Description				
	OF EXPENDITURE			s/Donations M				ш			nplete Schedule T.	
			Candidate/O	fficeholder/Po	litical Com	mittee		_		officeholder livin		
								Donation - Yo	Juli	i ilib to wa	ishington DC	
	Complete ONII V if direct	\vdash	Condidate (Off:	oboldor		Office	ab+			Office !-	ald	
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	enoluer namé		Office sou	ynt			Office h	eiu	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 63/64 Rpt:	2 FILER NAME West, Royce (The Honorable) 3 Filer ID (Ethics Commission Filers) 00020990
4	Date 11/16/2023	5 Payee name Two Podners Inc.
6	Amount (\$) \$382.89	7 Payee address; City; State; Zip Code 1441 Robert B Cullum Blvd
8	PURPOSE OF EXPENDITURE	Dallas, TX 75210-2404 (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Catering - Staff Thanksgiving Luncheon
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 09/29/2023	Payee name United States Postal Service
	Amount (\$) \$660.00	Payee address; City; State; Zip Code 401 Tom Landry Hwy Dallas, TX 75260-9990
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Postage Stamps - Campaign Office Mailings
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 09/28/2023	Payee name United States Postal Service
	Amount (\$) \$23.13	Payee address; City; State; Zip Code 401 Tom Landry Hwy
		Dallas, TX 75260-9990
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Postage Stamps - Campaign Office Mailings
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services The Instruction	•		ages/	/Contract Labor		OTHER (enter a	category not listed above)
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers)
	Sch: 64/64 Rpt:			e (The Honora	ble)					00020990	
4	Date	5	Payee name								
	11/28/2023		United State	es Postal Serv	ce						
6	Amount (\$)	7	Payee addres	ss; City;	State;	; Zip Co	de				
	\$9.65		401 Tom La	ındry Hwy							
			Dallas, TX 7								
8	PURPOSE OF	(a)		ee Categories listed a		edule)	(b)	Description			
	EXPENDITURE		Office Over	head/Rental E	xpense			<u> </u>		de of Texas. Comp officeholder living	
								—			er Democratic Primary
								Ballot Applica			o. 20ord
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offi	ceholder name	C	Office sou	ght			Office he	eld
L											
	Date		Payee name								
	12/21/2023		Williams, Cl	nriss							
	Amount (\$)		Payee addres	ss; City;	State;	; Zip Co	de				
	\$1,500.00		717 W Milto	n Dr							
			Arlington, T	X 76001-7365							
	PURPOSE OF	(a)		ee Categories listed a		edule)	(b)	Description			
	EXPENDITURE		Salaries/Wa	iges/Contract	∟abor			—		de of Texas. Comp officeholder living	
								2023 Staff Ye			СХРСПЭС
┝	Complete ONLY if direct		Candidate/Offi	ceholder name		I Office souç	ght			Office he	eld
	expenditure to benefit C/OI	Н					-				
H											

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental 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) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/40 Rpt: West, Royce (The Honorable) 00020990 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 1,147.34 Date Payee name 07/20/2023 AT&T (U-Verse) Amount (\$) Payee address; City; State; Zip Code \$211.15 PO Box 5014 Carol Stream, IL 60197-5014 **TYPE OF** Political Non-Political Х **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign Office Internet and Phone Service Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 08/30/2023 AT&T (U-Verse)

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services The Instruction Guide ex 2 FILER NAME West, Royce (The Honorable) ZED EXPENDITURES CHARGEI 6 Payee name AT&T (U-Verse)	Salaries/V	xpense /ages/Contract Labor mplete this form.	Travel in District Travel Out of District OTHER (enter a category of the content	Commission Filers)
The Instruction Guide ex 2 FILER NAME West, Royce (The Honorable) ZED EXPENDITURES CHARGEI 6 Payee name AT&T (U-Verse)	plains how to co	mplete this form.	3 Filer ID (Ethics 00020990	Commission Filers)
West, Royce (The Honorable) ZED EXPENDITURES CHARGEI 6 Payee name AT&T (U-Verse)	D TO A CRE	DIT CARD	00020990	
West, Royce (The Honorable) ZED EXPENDITURES CHARGEI 6 Payee name AT&T (U-Verse)	D TO A CRE	DIT CARD		.34
6 Payee name AT&T (U-Verse)	D TO A CRE	DIT CARD	\$ 1,147	.34
AT&T (U-Verse)				
O Dovos address: City				
8 Payee address; City; PO Box 5014	State; Zip Co	de		
Carol Stream, IL 60197-5014				
X Political	Non-Poli	tical		
* *		Check if Austin	, TX, officeholder living expense	
Candidate/Officeholder name H	Office sou	ght	Office held	
Payee name				
AT&T (U-Verse)				
Payee address; City; PO Box 5014	State; Zip Co	de		
Carol Stream, IL 60197-5014				
X Political	Non-Poli	tical		
- ·		Check if Austin	, TX, officeholder living expense	
Candidate/Officeholder name	Office sou	ght	Office held	
	(a) Category (See Categories listed at the top of Office Overhead/Rental Expense Candidate/Officeholder name AT&T (U-Verse) Payee address; City; PO Box 5014 Carol Stream, IL 60197-5014 X Political (a) Category (See Categories listed at the top of Office Overhead/Rental Expense	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Candidate/Officeholder name AT&T (U-Verse) Payee address; City; State; Zip Corp. PO Box 5014 Carol Stream, IL 60197-5014 X Political Non-Political Non-Political Office Overhead/Rental Expense Candidate/Officeholder name Office Source Non-Political Office Overhead/Rental Expense	X Political	Rolitical Non-Political Non-Political Non-Political (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Check if ravel outside of Texas. Complete Sche Check if Austin, TX, officeholder living expense Campaign Office Internet and Phore Candidate/Officeholder name Office sought Office held

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental 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) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 3/40 Rpt: West, Royce (The Honorable) 00020990 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 1,147.34 Date Payee name 11/29/2023 AT&T (U-Verse) Amount (\$) Payee address; City; State; Zip Code \$198.37 PO Box 5014 Carol Stream, IL 60197-5014 **TYPE OF** Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign Office Internet and Phone Service 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 12/28/2023 AT&T (U-Verse) Amount (\$) Payee address; City; State; Zip Code \$198.37 PO Box 5014 Carol Stream, IL 60197-5014 **TYPE OF** Non-Political Political Χ

(b) Description

Office sought

Check if travel outside of Texas. Complete Schedule T.

Office held

Check if Austin, TX, officeholder living expense

Campaign Office Internet and Phone Service

PURPOSE

EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

(a) Category (See Categories listed at the top of this schedule)

Office Overhead/Rental Expense

Candidate/Officeholder name

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica		Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Exp e Printing Ex		Trav Trav	isportation Equipment & Related Expense el in District el Out of District IER (enter a category not listed above)
			The Instruction Guide ex	plains how to co	mplete this form.		
1	Total pages Schedule F4:	2 FILER NAME	E			3 File	r ID (Ethics Commission Filers)
	Sch: 4/40 Rpt:	West, Royo	ce (The Honorable)			000	020990
4	TOTAL OF UNITEMIZ	ZED EXPEND	OITURES CHARGEI	O TO A CRE	DIT CARD	\$	1,147.34
5	Date 09/09/2023	6 Payee name Alpha Epsil	e Ion Boule Education F	oundation			
7	Amount (\$) \$204.00	8 Payee addre	3518	State; Zip Co	de		
		Dallas, TX	75370-3518				
9	TYPE OF EXPENDITURE	X	Political	Non-Polit	ical		
10		(a) Category (S	See Categories listed at the top of	this schedule)	(b) Description		
	OF EXPENDITURE	Event Expe	ense		Check if Austi	n, TX, office	Texas. Complete Schedule T. cholder living expense
					75th Annive	isary G	aia
11	Complete ONLY if direct expenditure to benefit C/Oh		ficeholder name	Office sou	ght		Office held
	Date	Payee name)				
	08/04/2023	American A	Airlines				
	Amount (\$) \$667.80	Payee addre	•	State; Zip Co	de		
	\$601.00						
		Dfw Airport	t, TX 75261-9616				
	TYPE OF EXPENDITURE	X	Political	Non-Polit	ical		
	DUDD 0.05		See Categories listed at the top of	this schedule)	(b) Description		
	PURPOSE	(a) Category (S		tilis scriedule)	(-) Description		
	OF	(a) Category (s Travel Out		i tilis scriedule)	X Check if trave		Texas. Complete Schedule T.
		1 ,		Tills scredule)	X Check if travel Check if Austi	n, TX, office	cholder living expense
	OF	1 ,		ans scredule)	X Check if travel Check if Austi Staff Member	n, TX, office er Trave	
	OF	Travel Out Candidate/Off		Office sou	Check if trave Check if Austi Staff Membe	n, TX, office er Trave	cholder living expense I - National Conference State
	OF EXPENDITURE Complete ONLY if direct	Travel Out Candidate/Off	of District		Check if trave Check if Austi Staff Membe	n, TX, office er Trave	cholder living expense I - National Conference State Indiana, Indianapolis
	OF EXPENDITURE Complete ONLY if direct	Travel Out Candidate/Off	of District		Check if trave Check if Austi Staff Membe	n, TX, office er Trave	cholder living expense I - National Conference State Indiana, Indianapolis
	OF EXPENDITURE Complete ONLY if direct	Travel Out Candidate/Off	of District		Check if trave Check if Austi Staff Membe	n, TX, office er Trave	cholder living expense I - National Conference State Indiana, Indianapolis
	OF EXPENDITURE Complete ONLY if direct	Travel Out Candidate/Off	of District		Check if trave Check if Austi Staff Membe	n, TX, office er Trave	cholder living expense I - National Conference State Indiana, Indianapolis
	OF EXPENDITURE Complete ONLY if direct	Travel Out Candidate/Off	of District		Check if trave Check if Austi Staff Membe	n, TX, office er Trave	cholder living expense I - National Conference State Indiana, Indianapolis
	OF EXPENDITURE Complete ONLY if direct	Travel Out Candidate/Off	of District		Check if trave Check if Austi Staff Membe	n, TX, office er Trave	cholder living expense I - National Conference State Indiana, Indianapolis
	OF EXPENDITURE Complete ONLY if direct	Travel Out Candidate/Off	of District		Check if trave Check if Austi Staff Membe	n, TX, office er Trave	cholder living expense I - National Conference State Indiana, Indianapolis
	OF EXPENDITURE Complete ONLY if direct	Travel Out Candidate/Off	of District		Check if trave Check if Austi Staff Membe	n, TX, office er Trave	cholder living expense I - National Conference State Indiana, Indianapolis

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica		Office Overhe Polling Expen se Printing Expe		Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
	The Instruction Guide e			
1 Total pages Schedule F4:	2 FILER NAME		3	Filer ID (Ethics Commission Filers
Sch: 5/40 Rpt:	West, Royce (The Honorable)			00020990
4 TOTAL OF UNITEMI	ZED EXPENDITURES CHARGE	ED TO A CREDI	T CARD \$	1,147.34
5 Date	6 Payee name			
09/19/2023	American Airlines			
7 Amount (\$) \$238.90	8 Payee address; City; PO Box 619616	State; Zip Code		
	Dfw Airport, TX 75261-9616			
9 TYPE OF EXPENDITURE	X Political	Non-Politica	al	
10 PURPOSE	(a) Category (See Categories listed at the top	of this schedule) (b) Description	
OF EXPENDITURE	Travel Out of District		—	tside of Texas. Complete Schedule T.
			ш	X, officeholder living expense ravel - University of Houston Hall of I
11 Commission ONLL V if divers	Condidate/Officeholder name	Office severb		
11 Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office sough	L	Office held
Date	Payee name			
11/06/2023	American Airlines			
Amount (\$) \$729.80	Payee address; City; PO Box 619616	State; Zip Code		
	Dfw Airport, TX 75261-9616			
TYPE OF EXPENDITURE	X Political	Non-Politica	al	
PURPOSE OF	(a) Category (See Categories listed at the top	of this schedule) (b) Description	
EXPENDITURE	Travel Out of District		=	tside of Texas. Complete Schedule T. X, officeholder living expense
			ш	avel - Attend National Black Caucu
			State Legislato	rs - Nashville, TN
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office sough	t	Office held

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Adventising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B	Fees Food/Beverage Expense y - Gift/Awards/Memorials Exper	Office Ov Polling E			
Candidate/Officeholder/Politica	al Committee Legal Services	Salaries/	Wages/Contract Labor	OTHER (en	ter a category not listed above)
	The Instruction Guide e	explains how to co	omplete this form.	1	
1 Total pages Schedule F4:				3 Filer ID	(Ethics Commission Filers)
Sch: 6/40 Rpt:	West, Royce (The Honorable)			0002099	90
TOTAL OF UNITEMI	ZED EXPENDITURES CHARGE	ED TO A CRE	EDIT CARD	\$	1,147.34
5 Date	6 Payee name				
10/20/2023	Avis Rent - A-Car				
7 Amount (\$)	8 Payee address; City;	State; Zip C	ode		
\$291.98	7714 Airport Blvd				
	Houston, TX 77061-4102				
9 TYPE OF EXPENDITURE	X Political	Non-Po	litical		
10 PURPOSE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description		
OF EXPENDITURE	Transportation Equipment & Re	elated	ı <u>–</u>		Complete Schedule T.
LXI LINDITORE	Expense		ı —	in, TX, officeholder I	
			Hall of Fame		on - University of Houston
44 Ochanica ONII V if alice at	Condidate (Office helder research	0#:			- 11-1
11 Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office so	ugnt	Опіс	e held
Date	Payee name				
08/08/2023	CitiBusiness Card				
Amount (\$)	Payee address; City;	State; Zip C	ode		
\$75.00	PO Box 9001037				
	Louisville, KY 40290-1037				
TYPE OF EXPENDITURE	X Political	Non-Po	litical		
PURPOSE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description		
OF EXPENDITURE	Fees		ı <u>—</u>		Complete Schedule T.
				in, TX, officeholder I	living expense
			Annual Mem	nbership Fee	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office so	<u>l</u> ught	Office	e held

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental 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 Printing Expense Salaries/Wages/Contract Labor Travel Out of District Gift/Awards/Memorials Expense Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 7/40 Rpt: West, Royce (The Honorable) 00020990 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 1,147.34 5 Date Payee name 07/31/2023 City of Austin Amount (\$) Payee address; City; State; Zip Code \$93.66 PO Box 2267 Austin, TX 78768-2267 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Officeholder Utility Service (Austin) 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 07/20/2023 Constant Contact Inc. Amount (\$) Payee address; City; State; Zip Code \$133.25 1601 Trapelo Rd Ste 329 Waltham, MA 02451-7357 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense **Email Messaging Service Fee** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental 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 Printing Expense Salaries/Wages/Contract Labor Travel Out of District Gift/Awards/Memorials Expense Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 8/40 Rpt: West, Royce (The Honorable) 00020990 \$ 1,147.34 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 08/20/2023 Constant Contact Inc. Amount (\$) Payee address; State; Zip Code \$239.85 1601 Trapelo Rd Ste 329 Waltham, MA 02451-7357 **TYPE OF** Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense **Email Messaging Service Fee** 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/20/2023 Constant Contact Inc. Amount (\$) Payee address; City; State; Zip Code \$239.85 1601 Trapelo Rd Ste 329 Waltham, MA 02451-7357 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense **Email Messaging Service Fee** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental 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 Printing Expense Salaries/Wages/Contract Labor Travel Out of District Gift/Awards/Memorials Expense Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 9/40 Rpt: West, Royce (The Honorable) 00020990 \$ 1,147.34 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 10/20/2023 Constant Contact Inc. Amount (\$) Payee address; State; Zip Code \$239.85 1601 Trapelo Rd Ste 329 Waltham, MA 02451-7357 **TYPE OF** Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense **Email Messaging Service Fee** 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/20/2023 Constant Contact Inc. Amount (\$) Payee address; City; State; Zip Code \$239.85 1601 Trapelo Rd Ste 329 Waltham, MA 02451-7357 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense **Email Messaging Service Fee** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental 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 Travel Out of District Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 10/40 Rpt: West, Royce (The Honorable) 00020990 \$ 1,147.34 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 12/20/2023 Constant Contact Inc. Amount (\$) Payee address; State; Zip Code City; \$239.85 1601 Trapelo Rd Ste 329 Waltham, MA 02451-7357 **TYPE OF** Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense **Email Messaging Service Fee** 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 07/29/2023 **Digital Space** Amount (\$) Payee address; City; State; Zip Code \$23.45 2300 Glades Rd Ste 301E Boca Raton, FL 33431-7386 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense **Email Hosting** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental 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 Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 11/40 Rpt: West, Royce (The Honorable) 00020990 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 1,147.34 5 Date Payee name 08/29/2023 **Digital Space** Amount (\$) Payee address; City; State; Zip Code \$23.45 2300 Glades Rd Ste 301E Boca Raton, FL 33431-7386 **TYPE OF** Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense **Email Hosting** 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 09/29/2023 **Digital Space** Amount (\$) Payee address; City; State; Zip Code \$23.45 2300 Glades Rd Ste 301E Boca Raton, FL 33431-7386 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense **Email Hosting** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental 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 Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 12/40 Rpt: West, Royce (The Honorable) 00020990 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 1,147.34 5 Date Payee name 10/29/2023 **Digital Space** Amount (\$) Payee address; City; State; Zip Code \$23.45 2300 Glades Rd Ste 301E Boca Raton, FL 33431-7386 TYPE OF Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense **Email Hosting** 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 11/29/2023 **Digital Space** Amount (\$) Payee address; City; State; Zip Code \$23.45 2300 Glades Rd Ste 301E Boca Raton, FL 33431-7386 TYPE OF Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense **Email Hosting** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental 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 Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 13/40 Rpt: West, Royce (The Honorable) 00020990 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 1,147.34 5 Date Payee name 12/29/2023 **Digital Space** Amount (\$) Payee address; State; Zip Code City; \$23.45 2300 Glades Rd Ste 301E Boca Raton, FL 33431-7386 TYPE OF Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense **Email Hosting** 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 08/03/2023 El Ranchitia Restaurant Dallas Amount (\$) Payee address; City; State; Zip Code \$279.33 610 W Jefferson Blvd Dallas, TX 75208-4724 TYPE OF Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Officeholder and Staff Dinner Meeting Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Committee EXPENDITURE CATEGORIES FOR BOX 10(a) Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Cift/Awards/Memorials Expense Legal Services Total pages Schedule F4: 2 FILER NAME EXPENDITURE CATEGORIES FOR BOX 10(a) Event Expense Fees Office Overhead/Rental Expense Polling Expense Printing Expense Printing Expense Salaries/Wages/Contract Labor Travel Out of District Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.

Accounting/Banking Consulting Expense Contributions/ Donations Made By			Transportation Equipment & Related Expense Travel in District Travel Out of District
Candidate/Officeholder/Politica	•	Salaries/Wages/Contract Labor plains how to complete this form.	OTHER (enter a category not listed above)
1 Total pages Schedule F4: Sch: 14/40 Rpt:	FILER NAME West, Royce (The Honorable)		3 Filer ID (Ethics Commission Filers) 00020990
4 TOTAL OF UNITEMIZ	ZED EXPENDITURES CHARGEI	D TO A CREDIT CARD	\$ 1,147.34
5 Date 08/04/2023	6 Payee name Fairfield Inn & Suites		1
7 Amount (\$) \$2,685.15	8 Payee address; City; 501 W Washington St	State; Zip Code	
9 TYPE OF EXPENDITURE	Indianapolis, IN 46204-2706 X Political	Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of Travel Out of District	Check if trave	ol outside of Texas. Complete Schedule T. In, TX, officeholder living expense g - National Conference State Denver CO
11 Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name H	Office sought	Office held
Date 10/03/2023	Payee name FastSigns #13001		
Amount (\$) \$197.91	Payee address; City; 6940 Marvin D Love Fwy Dallas, TX 75237-2618	State; Zip Code	
TYPE OF EXPENDITURE	X Political	Non-Political	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of Printing Expense	Check if trave	l outside of Texas. Complete Schedule T. in, TX, officeholder living expense s West 2023 Fundraiser Poster Board
Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name	Office sought	Office held

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental 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 Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 15/40 Rpt: West, Royce (The Honorable) 00020990 \$ 1,147.34 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD Date Payee name 07/13/2023 Google Fiber (Austin) Amount (\$) Payee address; State; Zip Code \$70.00 1600 Amphitheatre Pkwy Mountain View, CA 94043-1351 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Officeholder Internet Service (Austin) Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 08/13/2023 Google Fiber (Austin) Payee address; Amount (\$) City; State; Zip Code

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental 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 Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 16/40 Rpt: West, Royce (The Honorable) 00020990 \$ 1,147.34 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 09/13/2023 Google Fiber (Austin) Amount (\$) Payee address; State; Zip Code \$70.00 1600 Amphitheatre Pkwy Mountain View, CA 94043-1351 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Officeholder Internet Service (Austin) 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/13/2023 Google Fiber (Austin) Payee address; Amount (\$) City; State; Zip Code \$70.00 1600 Amphitheatre Pkwy

Non-Political

Office sought

(b) Description

Check if travel outside of Texas. Complete Schedule T.

Office held

\(\overline{\text{X}}\) Check if Austin, TX, officeholder living expense Officeholder Internet Service (Austin)

Mountain View, CA 94043-1351

Office Overhead/Rental Expense

(a) Category (See Categories listed at the top of this schedule)

Political

Candidate/Officeholder name

Χ

TYPE OF

PURPOSE

EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental 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 Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 17/40 Rpt: West, Royce (The Honorable) 00020990 \$ 1,147.34 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 11/13/2023 Google Fiber (Austin) Amount (\$) Payee address; State; Zip Code \$70.00 1600 Amphitheatre Pkwy Mountain View, CA 94043-1351

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental 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 Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 18/40 Rpt: West, Royce (The Honorable) 00020990 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 1,147.34 5 Date Payee name 07/01/2023 Google LLC Amount (\$) Payee address; City; State; Zip Code \$51.17 1600 Amphitheatre Pkwy Mountain View, CA 94043-1351 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Google Workspace/GSuite - Email Hosting 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 08/01/2023 Google LLC Payee address: Amount (\$) City; State; Zip Code \$51.17 1600 Amphitheatre Pkwy Mountain View, CA 94043-1351 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Google Workspace/GSuite - Email Hosting

Forms provided by Texas Ethics Commission

Complete ONLY if direct

expenditure to benefit C/OH

Candidate/Officeholder name

www.ethics.state.tx.us

Office sought

Version V3.5.1.0bfcfb67

Office held

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental 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 Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 19/40 Rpt: West, Royce (The Honorable) 00020990 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 1,147.34 5 Date Payee name 09/01/2023 Google LLC Amount (\$) Payee address; City; State; Zip Code \$51.17 1600 Amphitheatre Pkwy Mountain View, CA 94043-1351 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Google Workspace/GSuite - Email Hosting 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 10/01/2023 Google LLC Payee address: Amount (\$) City; State; Zip Code \$51.17 1600 Amphitheatre Pkwy Mountain View, CA 94043-1351 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Google Workspace/GSuite - Email Hosting Complete ONLY if direct Candidate/Officeholder name Office sought Office held

expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental 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 Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 20/40 Rpt: West, Royce (The Honorable) 00020990 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 1,147.34 5 Date Payee name 11/01/2023 Google LLC Amount (\$) Payee address; City; State; Zip Code \$51.17 1600 Amphitheatre Pkwy Mountain View, CA 94043-1351 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Google Workspace/GSuite - Email Hosting 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica		Salaries/Wages/C	ental Expense Transpor Travel in Travel O ontract Labor OTHER (nn/Fundraising Expense tation Equipment & Related Expense District at of District enter a category not listed above)
1 Total pages Schedule F4: Sch: 21/40 Rpt:	2 FILER NAME West, Royce (The Honorable)	·	3 Filer ID 00020	
4 TOTAL OF UNITEMIZ	ZED EXPENDITURES CHARGED	TO A CREDIT	CARD \$	1,147.34
5 Date 11/30/2023	6 Payee name Grand Hyatt Nashville			
7 Amount (\$) \$945.63	8 Payee address; City; 1000 Broadway	State; Zip Code		
0 TYPE OF	Nashville, TN 37203-3101			
9 TYPE OF EXPENDITURE	X Political	Non-Political		
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of Travel Out of District		escription Check if travel outside of Texa Check if Austin, TX, officehold Officeholder Lodging - egislators Annual Mee	er living expense National Black Caucus State
11 Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name H	Office sought	Off	ice held
Date 12/05/2023	Payee name Hotel Washington			
Amount (\$) \$421.08	Payee address; City; 515 15th St NW Washington, DC 20004-1006	State; Zip Code		
TYPE OF EXPENDITURE	X Political	Non-Political		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of Travel Out of District] []	escription Check if travel outside of Texa Check if Austin, TX, officehold Officeholder Lodging - Vall Washington DC	•
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name H	Office sought	Off	ice held

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica		Office Ove Polling Ex Printing Ex Salaries/M	pense /ages/Contract Labor	Transporta Travel in Di Travel Out	
1 Total pages Schedule F4:	2 FILER NAME		-	3 Filer ID	(Ethics Commission Filers)
Sch: 22/40 Rpt:	West, Royce (The Honorable)			000209	90
4 TOTAL OF UNITEMIZ	ZED EXPENDITURES CHARGED	TO A CRE	DIT CARD	\$	1,147.34
5 Date 11/30/2023	6 Payee name Lyft				
7 Amount (\$) \$62.85	8 Payee address; City; 185 Berry St Ste 5000 San Francisco, CA 94107-2503	State; Zip Co	de		
9 TYPE OF EXPENDITURE	X Political	Non-Poli	tical		
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of the Transportation Equipment & Relation Expense		Check if Austi Officeholde	n, TX, officeholder r Rideshare	Complete Schedule T. living expense - National Black Caucus Meeting Nashville TN
11 Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name H	Office sou	ght	Offic	ce held
Date 12/01/2023	Payee name Lyft				
Amount (\$) \$53.55	Payee address; City; 185 Berry St Ste 5000 San Francisco, CA 94107-2503	State; Zip Co	de		
TYPE OF EXPENDITURE	X Political	Non-Poli	tical		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of the Transportation Equipment & Relative Expense		Check if Austi	n, TX, officeholder Rideshare -	White House
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name H	Office sou	ght	Offic	ce held

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Printing Expense Salaries/Wages/Contract Labor Travel Out of District Gift/Awards/Memorials Expense Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 23/40 Rpt: West, Royce (The Honorable) 00020990 4 \$ 1,147.34 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 12/05/2023 Lyft Amount (\$) Payee address; State; Zip Code City; \$41.46 185 Berry St Ste 5000 San Francisco, CA 94107-2503 TYPE OF Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Transportation Equipment & Related **EXPENDITURE** Check if Austin, TX, officeholder living expense Expense Officeholder Rideshare - White House Congressional Ball Washington DC 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 12/05/2023 Lyft Amount (\$) Payee address; City; State; Zip Code \$42.08 185 Berry St

Non-Political

Office sought

(b) Description

Check if travel outside of Texas. Complete Schedule T.

Office held

Check if Austin, TX, officeholder living expense

Officeholder Rideshare - White House Congressional Ball Washington DC

Forms provided by Texas Ethics Commission

TYPE OF

PURPOSE

EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

Ste 5000

Expense

Χ

San Francisco, CA 94107-2503

Political

Candidate/Officeholder name

(a) Category (See Categories listed at the top of this schedule)

Transportation Equipment & Related

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Accounting/Banking Consulting Expense Contributions/ Donations Made By		Polling Exp Printing Exp	pense	Travel in Distri Travel Out of D	District
Candidate/Officeholder/Politica	al Committee Legal Services The Instruction Guide exp		ages/Contract Labor nplete this form.	OTHER (enter	a category not listed above)
1 Total pages Schedule F4:				3 Filer ID	(Ethics Commission Filers)
Sch: 24/40 Rpt:	West, Royce (The Honorable)			00020990	
TOTAL OF UNITEMIZ	ZED EXPENDITURES CHARGED	TO A CRE	DIT CARD	\$	1,147.34
5 Date	6 Payee name				
12/21/2023 7 Amount (\$)	Lyft City	State; Zip Co	do.		
\$124.83	8 Payee address; City; S 185 Berry St Ste 5000 San Francisco, CA 94107-2503	state, Zip Co	ue		
9 TYPE OF EXPENDITURE	X Political	Non-Poli	ical		
10 PURPOSE	(a) Category (See Categories listed at the top of the	nis schedule)	(b) Description		
OF EXPENDITURE	Transportation Equipment & Relat Expense	ed	Check if Austi		
11 Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name H	Office sou	ght	Office h	neld
Date 12/22/2023	Payee name Lyft				
Amount (\$) \$38.43	Payee address; City; S 185 Berry St Ste 5000 San Francisco, CA 94107-2503	State; Zip Co	de		
TYPE OF EXPENDITURE	X Political	Non-Poli	ical		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of the Transportation Equipment & Relate Expense		Check if Austi		•
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name H	Office sou	ght	Office h	neld

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental 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 Printing Expense Salaries/Wages/Contract Labor Travel Out of District Gift/Awards/Memorials Expense Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 25/40 Rpt: West, Royce (The Honorable) 00020990 \$ 1,147.34 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name National Black Caucus of State Legislators 11/06/2023 Amount (\$) Payee address; City; State; Zip Code \$625.00 444 N Capitol St NW Ste 622 Washington, DC 20001-1581 **TYPE OF** Political Non-Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Officeholder Registration Fee 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 08/03/2023 National Conference of State Legislators - Denver Amount (\$) Payee address; City; State; Zip Code \$800.00 7700 E 1st PI Denver, CO 80230-7143 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Staff Registration Fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F4

Advertising Expense

Event Expense

EXPENDITURE CATEGORIES FOR BOX 10(a)

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica		Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling E nse Printing	vernead/Rental Expense Expense Expense /Wages/Contract Labor	!	Travel in Distri Travel Out of D	
		The Instruction Guide	explains how to c	complete this form.			
1 Total pages Schedule F4: Sch: 26/40 Rpt:		E ce (The Honorable)			3	Filer ID 00020990	(Ethics Commission Filers)
4 TOTAL OF UNITEMIZ	ZED EXPEND	DITURES CHARGE	ED TO A CRI	EDIT CARD	\$		1,147.34
5 Date 08/11/2023	6 Payee name Rental Sto						
7 Amount (\$) \$764.24	8 Payee addre		State; Zip C	Code			
	Grand Prai	rie, TX 75052-8191					
9 TYPE OF EXPENDITURE	X	Political	Non-Po	blitical			
10 PURPOSE OF EXPENDITURE	1 ,	see Categories listed at the top rhead/Rental Expens		Check if Au	stin, TX, 1S (2)	officeholder livi Rental - C	Officeholder Meeting with
11 Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office so	pught		Office I	held
Date 08/24/2023	Payee name Southwest						
Amount (\$) \$278.98	Payee addre PO Box 36 Dallas, TX	•	State; Zip C	Code			
TYPE OF EXPENDITURE	X	Political	Non-Po	olitical			
PURPOSE OF EXPENDITURE	(a) Category (s Travel Out	Gee Categories listed at the top of District	of this schedule)	Check if Au	stin, TX, er Leg	officeholder livi	avel- Attorney General
Complete ONLY if direct expenditure to benefit C/Ol		ficeholder name	Office so	pught		Office I	held

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Accounting Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica		Office Over Polling Exp se Printing Exp Salaries/Wi	pense ages/Contract Labor	Transportation Travel in Distr Travel Out of	
1 Total pages Schedule F4: Sch: 27/40 Rpt:				3 Filer ID 00020990	(Ethics Commission Filers)
4 TOTAL OF UNITEMIA	ZED EXPENDITURES CHARGE	D TO A CREI	DIT CARD	\$	1,147.34
5 Date 08/25/2023	6 Payee name Southwest Airlines				
7 Amount (\$) \$278.98	8 Payee address; City; PO Box 36647	State; Zip Coo	de		
	Dallas, TX 75235-1647				
9 TYPE OF EXPENDITURE	X Political	Non-Politi	ical		
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of Travel Out of District	of this schedule)	Check if Austin	, TX, officeholder liv	avel- Attorney General
11 Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office soug	jht	Office	held
Date 09/07/2023	Payee name Southwest Airlines				
Amount (\$) \$278.98	Payee address; City; PO Box 36647 Dallas, TX 75235-1647	State; Zip Coo	de		
TYPE OF EXPENDITURE	X Political	Non-Politi	ical		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of Travel Out of District	of this schedule)	Check if Austin	, TX, officeholder liv	avel- Attorney General
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office soug	jht	Office	held

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made E Candidate/Officeholder/Politic	By -	Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services	Polli kpense Print	ng Expens ting Exper			Travel in Distri	
		The Instruction Guid	de explains how t	o comp	lete this form.			
1 Total pages Schedule F4:	2 FILER NAME					3	Filer ID	(Ethics Commission Filers)
Sch: 28/40 Rpt:	West, Royce	e (The Honorable	·)				00020990)
4 TOTAL OF UNITEM	ZED EXPEND	ITURES CHAR	GED TO A C	REDI	T CARD	\$		1,147.34
5 Date	6 Payee name					•		
09/08/2023	Southwest A	Airlines						
7 Amount (\$)	8 Payee addres	ss; City;	State; Zip	Code				
\$278.98	PO Box 366		, ,					
	Dallas, TX 7	75235-1647						
9 TYPE OF EXPENDITURE	X	Political	Non-	-Politica	d .			
10 PURPOSE	(a) Category (Se	ee Categories listed at the	top of this schedule)	(b)	Description			
OF EXPENDITURE	Travel Out of	of District			=			omplete Schedule T.
LAPENDITORE					—		, officeholder livi	
					Officeholder Impeachme	Leo nt T	gislative Tra rial Austin	avel- Attorney General TX
11 Complete ONLY if direct expenditure to benefit C/C	Candidate/Offic OH	ceholder name	Office	sought			Office	held
Date	Payee name							
09/09/2023	Southwest A	Airlines						
Amount (\$)	Payee addres	ss; City;	State; Zip	Code				
\$93.00	PO Box 366	-	Otato,p					
Ψ33.00	1 0 80% 300	7-71						
	Dallas, TX 7	75235-1647						
TYPE OF EXPENDITURE	X	Political	Non-	-Politica	ıl			
PURPOSE	(a) Category (Se	ee Categories listed at the	top of this schedule)	(b)	Description			
OF EXPENDITURE	Travel Out of	of District			Check if trave	l outs	ide of Texas. Co	omplete Schedule T.
EXPENDITURE					Check if Austi	in, TX	, officeholder livi	ng expense
								avel- Attorney General
					Impeachme	nt i	riai Austin	IX
Complete ONLY if direct expenditure to benefit C/C	Candidate/Office OH	ceholder name	Office	sought			Office	held

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica		Office Overhe Polling Exper se Printing Expe		Travel in District Travel Out of Distric	pment & Related Expense
	The Instruction Guide ex	xplains how to comp	lete this form.		
1 Total pages Schedule F4:			3	•	Ethics Commission Filers)
Sch: 29/40 Rpt:	West, Royce (The Honorable)			00020990	
TOTAL OF UNITEMIZ	ZED EXPENDITURES CHARGE	D TO A CRED	T CARD \$	1	1,147.34
5 Date 09/16/2023	6 Payee nameSouthwest Airlines				
7 Amount (\$) \$233.99	8 Payee address; City; PO Box 36647	State; Zip Code			
	Dallas, TX 75235-1647				
9 TYPE OF EXPENDITURE	X Political	Non-Politic	al		
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of Travel Out of District	of this schedule) (b	Check if Austin, TX		
11 Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name H	Office sough	t	Office held	
Date 09/19/2023	Payee name Southwest Airlines				
Amount (\$) \$371.98	Payee address; City; PO Box 36647 Dallas, TX 75235-1647	State; Zip Code			
TYPE OF EXPENDITURE	X Political	Non-Politic	al		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of Travel Out of District	of this schedule) (b)	Check if Austin, T		
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name	Office sough	t	Office held	

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertishing Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Ov Polling Ex se Printing Ex		Transpo Travel in Travel O	or return a sing Expense retation Equipment & Related Expense relation to the single return to the single retains the single re
	The Instruction Guide e	xplains how to co	mplete this form.		
1 Total pages Schedule F4: Sch: 30/40 Rpt:	FILER NAME West, Royce (The Honorable)			3 Filer ID 00020	,
4	ZED EXPENDITURES CHARGE	D TO A CRE	DIT CARD	\$	1,147.34
5 Date 09/19/2023	6 Payee name Southwest Airlines				
7 Amount (\$) \$263.98	8 Payee address; City; PO Box 36647	State; Zip Co	de		
	Dallas, TX 75235-1647				
9 TYPE OF EXPENDITURE	X Political	Non-Pol	tical		
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of Travel Out of District	of this schedule)	Check if Aus	tin, TX, officehold r Legislative	as. Complete Schedule T. der living expense e Travel- Attorney General stin TX
11 Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name	Office sou	ght	Of	fice held
Date 10/02/2023	Payee name Southwest Airlines				
Amount (\$) \$723.96	Payee address; City; PO Box 36647	State; Zip Co	de		
TYPE OF EXPENDITURE	Dallas, TX 75235-1647 X Political	Non-Pol	tical		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of Travel Out of District	of this schedule)	Check if Aus	tin, TX, officeholo	as. Complete Schedule T. der living expense e Travel - Special Session
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name	Office sou	ght	Of	fice held

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Fees Food/Beverage Expense y - Gift/Awards/Memorials Expense al Committee Legal Services	Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
	•	ins how to complete this form.	, , , , , , , , , , , , , , , , , , , ,
1 Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 31/40 Rpt:	West, Royce (The Honorable)		00020990
	ZED EXPENDITURES CHARGED 1	ΓΟ A CREDIT CARD	\$ 1,147.34
5 Date	6 Payee name		
10/10/2023	Southwest Airlines		
7 Amount (\$) \$367.98	8 Payee address; City; Sta PO Box 36647	ate; Zip Code	
	Dallas, TX 75235-1647		
9 TYPE OF EXPENDITURE	X Political	Non-Political	
10 PURPOSE OF	(a) Category (See Categories listed at the top of this	·	
EXPENDITURE	Travel Out of District	1 <u>–</u>	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense
			r Legislative Travel - Special Session
11 Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name H	Office sought	Office held
Date	Payee name		
10/12/2023	Southwest Airlines		
Amount (\$) \$356.98	Payee address; City; Sta PO Box 36647	ate; Zip Code	
	Dallas, TX 75235-1647		
TYPE OF EXPENDITURE	X Political	Non-Political	
PURPOSE OF	(a) Category (See Categories listed at the top of this	 	
EXPENDITURE	Travel Out of District		el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense
		<u> </u>	r Legislative Travel - Special Session
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name H	Office sought	Office held

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental 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 Printing Expense Salaries/Wages/Contract Labor Travel Out of District Gift/Awards/Memorials Expense Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 32/40 Rpt: West, Royce (The Honorable) 00020990 \$ 1,147.34 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD Date Payee name 10/26/2023 Southwest Airlines Amount (\$) Payee address; State; Zip Code City; \$233.99 PO Box 36647 Dallas, TX 75235-1647 **TYPE OF** Political Non-Political Х **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Travel Out of District **EXPENDITURE** Check if Austin, TX, officeholder living expense Officeholder Legislative Travel - Special Session Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/27/2023 Southwest Airlines

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental 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 Printing Expense Salaries/Wages/Contract Labor Travel Out of District Gift/Awards/Memorials Expense Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 33/40 Rpt: West, Royce (The Honorable) 00020990 \$ 1,147.34 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 10/30/2023 Southwest Airlines Amount (\$) Payee address; State; Zip Code City; \$334.98 PO Box 36647 Dallas, TX 75235-1647 **TYPE OF** Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Travel Out of District **EXPENDITURE** Check if Austin, TX, officeholder living expense Officeholder Legislative Travel - Special Session 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/10/2023 Southwest Airlines Amount (\$) Payee address; City; State; Zip Code \$334.98 PO Box 36647 Dallas, TX 75235-1647 **TYPE OF**

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica		pense Po rials Expense Pri	ce Overhead/Rental Expense ling Expense nting Expense aries/Wages/Contract Labor	Travel in Distr Travel Out of	
	The Instruction	Guide explains how	to complete this form.		
1 Total pages Schedule F4: Sch: 34/40 Rpt:	2 FILER NAME West, Royce (The Honor	able)		3 Filer ID 00020990	(Ethics Commission Filers)
4	ZED EXPENDITURES CH		CREDIT CARD	\$	1,147.34
5 Date 11/01/2023	6 Payee name Southwest Airlines				
7 Amount (\$) \$239.98	8 Payee address; City; PO Box 36647	State; Zi	p Code		
9 TYPE OF	Dallas, TX 75235-1647				
EXPENDITURE	X Political	Nor	n-Political		
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed Travel Out of District	at the top of this schedule	Check if trav		
11 Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name H	Offic	e sought	Office	held
Date 11/07/2023	Payee name Southwest Airlines	State; Zi	n Code		
Amount (\$) \$406.98	Payee address; City; PO Box 36647 Dallas, TX 75235-1647	State, 21	p Code		
TYPE OF EXPENDITURE	X Political	Nor	n-Political		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed Travel Out of District	at the top of this schedule	Check if trav	el outside of Texas. Co stin, TX, officeholder liv r Legislative Tr	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name H	Offic	e sought	Office	held

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense 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

Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica		Polling Ex Printing Ex Salaries/W		Travel in District Travel Out of D OTHER (enter	
	The Instruction Guide exp	lains how to co	mplete this form.		
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID	(Ethics Commission Filers)
Sch: 35/40 Rpt:	West, Royce (The Honorable)			00020990	
4 TOTAL OF UNITEMI	ZED EXPENDITURES CHARGED	TO A CRE	DIT CARD	\$	1,147.34
5 Date	6 Payee name				
11/22/2023	Southwest Airlines				
7 Amount (\$)	8 Payee address; City; S	State; Zip Co	de		
\$468.98	PO Box 36647	•			
•					
	Dallas, TX 75235-1647				
9 TYPE OF	 				
EXPENDITURE	X Political	Non-Poli	tical		
10 PURPOSE	(a) Category (See Categories listed at the top of the	his schedule)	(b) Description		
OF EXPENDITURE	Travel Out of District	·		outside of Texas. Co	mplete Schedule T.
EXPENDITURE			Check if Austin	, TX, officeholder livir	ng expense
					nal Black Caucus State
			Legislators, N	nasnville, i in	
11 Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office sou	ght	Office h	neld
Date	Payee name				
12/01/2023	Southwest Airlines				
Amount (\$)	Payee address; City; S	State; Zip Co	de		
\$528.00	PO Box 36647				
	Dallas, TX 75235-1647				
TYPE OF EXPENDITURE	X Political	Non-Poli	tical		
PURPOSE	(a) Category (See Categories listed at the top of the	hic cohodulo)	(b) Description		
OF	Travel Out of District	nis scriedule)		outside of Texas. Co	mplete Schedule T.
EXPENDITURE	Travel Out of District		<u> </u>	, TX, officeholder livir	
			Officeholder	Travel - Attend	d White House
			Congression	al Ball Washin	gton DC
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name	Office sou	ght	Office h	neld

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica		Office Overhead Polling Expense e Printing Expense Salaries/Wages/	e Contract Labor	Travel in District Travel Out of Dis	quipment & Related Expense
1 Total pages Schedule F4: Sch: 36/40 Rpt:	2 FILER NAME West, Royce (The Honorable)		3	Filer ID 00020990	(Ethics Commission Filers)
4 TOTAL OF UNITEMIZ	ZED EXPENDITURES CHARGEI	D TO A CREDIT	CARD \$		1,147.34
5 Date 11/27/2023	6 Payee name Southwest Airlines		l		
7 Amount (\$) \$233.90	8 Payee address; City; PO Box 36647	State; Zip Code			
	Dallas, TX 75235-1647				
9 TYPE OF EXPENDITURE	X Political	Non-Political			
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of Travel Out of District		Check if Austin, TX	side of Texas. Comp K, officeholder living gislative Trav	
11 Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name H	Office sought		Office he	eld
Date 12/07/2023	Payee name Southwest Airlines				
Amount (\$) \$627.80	Payee address; City; PO Box 36647 Dallas, TX 75235-1647	State; Zip Code			
TYPE OF EXPENDITURE	X Political	Non-Political			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of Travel Out of District		Check if Austin, TX		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name H	Office sought		Office he	ld

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica		Polling Expen Printing Expe		Travel in District Travel Out of Dis	quipment & Related Expense trict category not listed above)
	The Instruction Guide exp	plains how to comp	olete this form.		
1 Total pages Schedule F4:	2 FILER NAME		3	B Filer ID	(Ethics Commission Filers)
Sch: 37/40 Rpt:	West, Royce (The Honorable)			00020990	
	ZED EXPENDITURES CHARGED	TO A CREDI	IT CARD	5	1,147.34
5 Date	6 Payee name				
12/08/2023	Southwest Airlines				
7 Amount (\$) \$11.20	8 Payee address; City; PO Box 36647	State; Zip Code	•		
	Dallas, TX 75235-1647				
9 TYPE OF EXPENDITURE	X Political	Non-Politica	al		
10 PURPOSE	(a) Category (See Categories listed at the top of	this schedule) (b) Description		
OF EXPENDITURE	Travel Out of District		Check if travel ou		
				X, officeholder living	Vice President's White
			House Holiday		
11 Complete ONLY if direct expenditure to benefit C/O	I Candidate/Officeholder name H	Office sough	t	Office he	ld
Date	Payee name				
11/04/2023	Spectrum (Austin)				
Amount (\$)	Payee address; City;	State; Zip Code	<u> </u>		
\$385.14	PO Box 60074				
	City Of Industry, CA 91716-0074				
TYPE OF EXPENDITURE	X Political	Non-Politica	al		
PURPOSE	(a) Category (See Categories listed at the top of	this schedule) (b) Description		
OF EXPENDITURE	Office Overhead/Rental Expense		=	tside of Texas. Comp	
				X, officeholder living	expense
			Officeholder C		
			Officeholder C	abie (Austin)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name H	Office sough		Office he	eld
		Office sough			eld
		Office sough			eld
		Office sough			eld
		Office sough			eld
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		Office sough			eld
		Office sough			eld
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		Office sough			eld

SCHEDULE F4

	EXPENDITURE CA	ATEGORIES FOR E	3OX 10(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide 6	Office Overho Polling Exper nse Printing Expe Salaries/Wag	ense es/Contract Labor	Travel in District Travel Out of Dis	quipment & Related Expense	
	2 FILER NAME			3 Filer ID	(Ethics Commission Filers)	
Sch: 38/40 Rpt:	West, Royce (The Honorable)			00020990		
TOTAL OF UNITEMIZ	ZED EXPENDITURES CHARGE	ED TO A CRED	IT CARD	\$	1,147.34	
5 Date 12/20/2023	6 Payee name Spectrum (Austin)					
7 Amount (\$) \$196.59	8 Payee address; City; PO Box 60074	State; Zip Code)			
	City Of Industry, CA 91716-007	4				
9 TYPE OF EXPENDITURE	X Political	Non-Politic				
10 PURPOSE OF EXPENDITURE	OF Office Overhead/Pental Expense Check if travel outside of Texas. Complete Schedule T.					
11 Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name H	Office sough	t	Office he	eld	
Date	Payee name					
11/28/2023	Texas Coalition of Black Demo	crats (State)				
Amount (\$)	Payee address; City;	State; Zip Code	;			
\$1,000.00	PO Box 163712					
	Fort Worth, TX 76161-3712					
TYPE OF EXPENDITURE	X Political	Non-Politic	al			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Contributions/Donations Made I Candidate/Officeholder/Political	Ву	Check if Austin			
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name H	Office sough	t	Office he	eld	

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental 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 Printing Expense Salaries/Wages/Contract Labor Travel Out of District Gift/Awards/Memorials Expense Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 39/40 Rpt: West, Royce (The Honorable) 00020990 \$ 1,147.34 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 12/05/2023 The Gallery Collection Amount (\$) Payee address; City; State; Zip Code \$437.75 PO Box 23046 New York, NY 10087-3406 TYPE OF Political Non-Political Х **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Printing Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense 2023 Christmas Greeting Cards Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/20/2023 The Woodland Waterway Marriott Amount (\$) Payee address; City; State; Zip Code \$536.68 1601 Lake Robbins Dr

SCHEDULE F4

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica		Salaries/Wages/C	Rental Expense Transportation Equipment & Related Expense Travel in District Travel Out of District Contract Labor OTHER (enter a category not listed above)
1 Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 40/40 Rpt:	West, Royce (The Honorable)		00020990
4 TOTAL OF UNITEMIZ	ZED EXPENDITURES CHARGE	D TO A CREDIT (CARD \$ 1,147.34
5 Date 10/21/2023	6 Payee name The Woodland Waterway Marrio	tt	
7 Amount (\$) \$295.28	8 Payee address; City; 1601 Lake Robbins Dr	State; Zip Code	
9 TYPE OF	Spring, TX 77380-1162 X Political	Non-Political	
EXPENDITURE	_	ш.	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top o Travel Out of District		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Officeholder Lodging - 22nd Western Region Boule Biennial Meeting
11 Complete ONLY if direct expenditure to benefit C/ON	Candidate/Officeholder name	Office sought	Office held
Date 09/08/2023	Payee name Western Region Boule		
Amount (\$) \$755.54	Payee address; City; 1403 Chesterfield Estates Dr Chesterfield, MO 63005-4467	State; Zip Code	
TYPE OF EXPENDITURE	X Political	Non-Political	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of Fees		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Officeholder Boule Conference Registration
Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name	Office sought	Office held

EXPENDITURE CATEGORIES FOR BOX 10(a)

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

	The Instru	ction Guide explains how to complete this form.	1		ages Schedule K: L/3 Rpt: 151/155
2	FILER NAME		3	Filer I	(Ethics Commission Filers)
	West, Royce	990			
4	Date 07/24/2023	 Name of person from whom amount is received AMLI Management Company Address of person from whom amount is received; City; State; Zip Code 			8 Amount (\$) \$860.73
		Chicago, IL 60604-3123			
		7 Purpose for which amount is received	olitic	al cont	ribution returned to filer
	Date	Name of person from whom amount is received			Amount (\$)
	10/31/2023	American National Bank of Texas			\$2,251.09
		Address of person from whom amount is received; City; State; Zip Code Terrell, TX 75160			
		Purpose for which amount is received Check if p	olitic	al cont	ribution returned to filer
		Interest			
-	Date	Name of person from whom amount is received			Amount (\$)
	11/30/2023	American National Bank of Texas			\$4,760.91
		Address of person from whom amount is received; City; State; Zip Code			•
		Terrell, TX 75160			
		Purpose for which amount is received Check if p Interest	olitic	al cont	ribution returned to filer
					1
	Date	Name of person from whom amount is received			Amount (\$)
	12/31/2023	American National Bank of Texas			\$4,685.28
		Address of person from whom amount is received; City; State; Zip Code			
		Terrell, TX 75160			
		Purpose for which amount is received Check if p Interest	olitic	al cont	ribution returned to filer
	Date	Name of person from whom amount is received			Amount (\$)
	12/01/2023	Southwest Airlines			\$233.90
		Address of person from whom amount is received; City; State; Zip Code			
		Dallas, TX 75235-1647			
		Purpose for which amount is received	olitic	al cont	ribution returned to filer

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

	The Instru	ction Guide explains how to complete this form.	1			nges Schedule K: '3 Rpt: 152/155
2	FILER NAME		3	Filer	r ID	(Ethics Commission Filers)
	West, Royce	(The Honorable)	l	000	209	990
4	Date	5 Name of person from whom amount is received				8 Amount (\$)
	07/17/2023	Texas Comptroller of Public Accounts				\$1,022.72
		6 Address of person from whom amount is received: City; State; Zip Code				, ,-
		Address of person from whom amount is received, City, State, 21p Code				
		Austin, TX 78711-2068				
		-	olitid	ral co	ontri	bution returned to filer
		West-May 2023 Constitutional Travel	Onti	cai cc	Jiilii	bation retained to mer
_		·			_	
	Date	Name of person from whom amount is received				Amount (\$)
	09/18/2023	Texas Comptroller of Public Accounts				\$1,977.14
		Address of person from whom amount is received; City; State; Zip Code				
		Auglia TV 70711 2000				
		Austin, TX 78711-2068				
		_ ·	Olitio	cai co	ontri	bution returned to filer
		West-Impeachment Rules Austin				
	Date	Name of person from whom amount is received				Amount (\$)
	12/05/2023	Texas Comptroller of Public Accounts]	\$711.36
		Address of person from whom amount is received; City; State; Zip Code				
		Austin, TX 78711-2068				
			- 1:4:			hutian naturna al ta filar
		West-Travel to Austin for Impeachment Trial	OIILIO	cai cc	onuri	bution returned to filer
	Date	Name of person from whom amount is received				Amount (\$)
	12/05/2023	Texas Comptroller of Public Accounts]	\$810.00
		Address of person from whom amount is received; City; State; Zip Code				
		Auglia TV 70711 2000				
		Austin, TX 78711-2068				
			olitio	cal co	ontri	bution returned to filer
		West-Travel for Special Events in Austin				
	Date	Name of person from whom amount is received				Amount (\$)
	12/19/2023	Texas Comptroller of Public Accounts				\$711.36
		Address of person from whom amount is received; City; State; Zip Code				
		Austin, TX 78711-2068				
		<u> </u>	oliti	cal co	ontri	bution returned to filer
L		West-Travel to Capitol for Special Session				

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 3/3 Rpt: 153/155 2 FILER NAME Filer ID (Ethics Commission Filers) West, Royce (The Honorable) 00020990 8 Amount (\$) Date 5 Name of person from whom amount is received 12/19/2023 \$400.00 Texas Comptroller of Public Accounts 6 Address of person from whom amount is received; City; State; Zip Code Austin, TX 78711-2068 Purpose for which amount is received Check if political contribution returned to filer West-Travel to Capitol for Legislative Duties

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCH		

The Instruction Guide explains how to complete this form.					1 Total pages Schedule T: Sch: 1/2 Rpt: 154/155				
2 FILER NAME			3 Filer ID (Ethics Commission Filers)						
West, Royce (The Honorable)					00020990				
4 Name of Contribut	or / Corpor	ation or Labor Org	anization / Pledgor /Paye	ee					
American Airline	·S								
5 Contribution / Expe	enditure rep	oorted on:							
Schedule A2	Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1								
Schedule F2	X	Schedule F4	Schedule G	Schedule H	Schedule COH-UC				
6 Dates of Travel	of Travel 7 Name of person(s) traveling								
	Leibowitz, Vince (Mr.)								
	8 Depart	ure city or name o	f departure location						
08/13/2023	Austin	ı							
	9 Destina	ation city or name	of destination location						
08/13/2023	Indian	a							
10 Means of transport	tation	11 Purpose of tra	avel (including name of c	onference, seminar, or	other event)				
Commercial Airp	olane	Staff Membe	er Travel - National Co	onference of State Le	egislators Summit,				
Name of Contribut	or / Corpor	ation or Labor Org	anization / Pledgor /Paye	ee					
American Airline	!S								
Contribution / Expe	enditure rep	oorted on:							
Schedule A2		Schedule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1				
Schedule F2	X	Schedule F4	Schedule G	Schedule H	Schedule COH-UC				
Dates of Travel	Travel Name of person(s) traveling								
	West, Royce (Sen.)								
	Departure city or name of departure location								
11/28/2023	Dallas								
	Destination city or name of destination location								
11/28/2023	Nashville								
Means of transportation Purpose of travel (including name of conference, seminar, or other event)									
Commercial Airp	olane	Officeholder	Travel - Attend Nation	nal Black Caucus St	ate Legislators - Nashville, TN				
Name of Contribut	or / Corpor	ation or Labor Org	anization / Pledgor /Paye	ee					
Southwest Airlin	es								
Contribution / Expe	enditure rep	oorted on:							
Schedule A2	Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1								
Schedule F2	X	Schedule F4	Schedule G	Schedule H	Schedule COH-UC				
Dates of Travel	Name of person(s) traveling								
	West,	Royce (Sen.)							
	Departure city or name of departure location								
11/30/2023	Nashville Destination city or name of destination location								
11/30/2023	Houst	on							
Means of transportation Purpose of travel (including name of conference, seminar, or other event)					other event)				
Commercial Airplane National Black Caucus State Legislators, Nashville, TN									
I									

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES SCHEDULE T FOR TRAVEL OUTSIDE OF TEXAS Name of Contributor / Corporation or Labor Organization / Pledgor /Payee Southwest Airlines 5 Contribution / Expenditure reported on: Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1 Schedule COH-UC Schedule F2 Schedule F4 Schedule G Schedule H Dates of Travel Name of person(s) traveling West, Royce (Sen.) Departure city or name of departure location 12/04/2023 Destination city or name of destination location 12/04/2023 Washington 10 Means of transportation 11 Purpose of travel (including name of conference, seminar, or other event) Attend White House Congressional Ball Washington DC Commercial Airplane Name of Contributor / Corporation or Labor Organization / Pledgor /Payee Southwest Airlines Contribution / Expenditure reported on: Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1 Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Dates of Travel Name of person(s) traveling West, Royce (Sen.) Departure city or name of departure location 12/20/2023 Dallas Destination city or name of destination location 12/20/2023 Washington Means of transportation Purpose of travel (including name of conference, seminar, or other event) Commercial Airplane Attend Vice President's White House Holiday Reception, Washington, DC