FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00083378 20 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Thomas C. NAME Date Received **ELECTRONICALLY FILED** 10/04/2024 NICKNAME LAST **SUFFIX** West CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** MAILING Amount Receipt # **ADDRESS** REDACTED PER 254.0313, GOV'T CODE Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Gerald R. NAME NICKNAME LAST **SUFFIX** Villarrial **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE: **TREASURER ADDRESS** REDACTED PER 254.0313, GOV'T CODE (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (254) 753-6437 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff X appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 07/01/2024 09/26/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other χ General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge District 19 McLennan District Judge District 19th

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 20

13 C / OH NAME	West, Thomas C. (T	ne Honorable)	14 Filer ID 00083378	(Ethics Commission Filers)						
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder. These expenditures may have been made without the candidate's or office consent. Candidates and officeholders are required to report this information only if they receive no committee types.									
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME								
	GENERAL COMMITTEE ADDRESS									
	SPECIFIC									
		COMMITTEE CAMPAIGN TREASURER NAME	<u> </u>							
		COMMITTEE CAMPAIGN TREASURER ADDR	RESS							
16 CONTRIBUTION TOTALS		I ZED POLITICAL CONTRIBUTIONS(OTHER THES OF LOANS, OR CONTRIBUTIONS MADE E		\$ 0.00						
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOA	ANS)	\$ 8,805.00						
EXPENDITURE TOTALS	\$ 0.00									
	4. TOTAL POLIT	ICAL EXPENDITURES		\$ 17,258.67						
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THI RIOD	LAST DAY OF THE	\$ 24,432.51						
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS. TING PERIOD	AS OF THE LAST DAY	\$ 12,500.00						
17 AFFIDAVIT		I swear, or affirm, under pen true and correct and include under Title 15, Election Cod	s all information required t							
		The Ho	norable Thomas C. W	est						
		Signature	of Candidate or Officeho	lder						
AFFIX NO	ΓARY STAMP / SEAL AΒ	DVE								
		aidertify which, witness my hand and seal of office.	, this the	day						
	er administering oath	Printed name of officer administering oath	Title of office	r administering oath						

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

					3 of 20
18 FILEF		ME omas C. (The Honorable)	19 Filer ID 00083378	(Eth	nics Commission Filers)
20 SCHE NAME	EDULE E OF S		SUBTOTAL AMOUNT		
1.	X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	8,605.00
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	200.00
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	
4.	Х	SCHEDULE E(J): LOANS (JUDICIAL)		\$	12,500.00
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$	17,258.67
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	
				•	

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 1/5 Rpt: 4/20
2	FILER NAME West, Thom	as C. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00083378
4	Date 07/22/2024	5 Full name of contributor Abbe, R.D. (Mr.)6 Contributor address; City;	7	Amount of Contribution (\$) \$350.00		
		Waco, TX 76710				
8		Principal Occupation		9 Contributor's Job Title		
	Financial Ad			Owner		
10		employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
12	none	s a child, law firm of parent(s) (if	i anu)	none		
12	in continuator is	s a cilliu, iaw iliiii oi pareili(s) (ii	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)	T	Amount of Contribution (\$)
	07/08/2024	Adams, Charles (Mr.) Contributor address; City;	<u> </u>			\$500.00
		Waco, TX 76708				
	Contributor's I	Principal Occupation		Contributor's Job Title	•	
	retired			retired		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	none			none		
	If contributor is	s a child, law firm of parent(s) (if	any)			
H	Date	Full name of contributor	out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)
	09/16/2024	Ammons J.D., Rob (Mr.)				\$1,000.00
		Contributor address; City;	State; Zip Code			
		Houston, TX 77006				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Attorney			Owner/Partner		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
	The Ammon			none		
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 2/5 Rpt: 5/20
2	FILER NAME West, Thom	as C. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00083378
4	Date 09/16/2024	5 Full name of contributorDavis, Vernon (Mr.)6 Contributor address; City; \$	7	Amount of Contribution (\$) \$350.00		
		Waco, TX 76703				
8		Principal Occupation		9 Contributor's Job Title		
	construction			owner		
10		employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
12	none	s a child, law firm of parent(s) (if	and	none		
12	in continuator is	s a ciliiu, iaw iiiiii oi pareiii(s) (ii	arry)			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Π	Amount of Contribution (\$)
	07/08/2024	Diaz J.D., Carlos (Mr.) Contributor address; City; \$	State; Zip Code			\$500.00
	Contributorio	Waco, TX 76708		Contributorio lob Titlo		
	Attorney	Principal Occupation		Contributor's Job Title Owner		
		employer/law firm		Law firm of contributor's sp	2011	co (if amy)
	Carlos Diaz			none	Jou.	se (ii diiy)
		s a child, law firm of parent(s) (if	anv)	1.0.10		
		o a oa, .a.v o . pa. o(e) (<i>,</i>			
_	Date	Full name of contributor	out-of-state PAC (ID#:)	Ī	Amount of Contribution (\$)
	08/22/2024	Digital Media Butterfly	_			\$255.00
		Contributor address; City; S	State; Zip Code			
		Waco, TX 76712				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if	any)	<u> </u>		

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 3/5 Rpt: 6/20
2	FILER NAME	as C. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00083378
4	Date 07/29/2024	 5 Full name of contributor Fair J.D., Walter (Mr.) 6 Contributor address; City; \$ 	7	Amount of Contribution (\$) \$500.00		
		Valley Mills, TX 76689				
8		Principal Occupation		9 Contributor's Job Title		
_	attorney			owner		
10	Contributor's 6 Fair Law Firi	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
12		s a child, law firm of parent(s) (if	anu)	none		
12	i Continuator i	s a cilliu, iaw ilitii oi pareiit(s) (ii	any)			
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Π	Amount of Contribution (\$)
	09/16/2024	Finley, Gary (Mr.) Contributor address; City; \$	State; Zip Code			\$300.00
		Waco, TX 76712-2118				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Franchise S	eller		Owner		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	none			none		
	If contributor is	s a child, law firm of parent(s) (if	any)			
H	Date	Full name of contributor	out-of-state PAC (ID#:)	Π	Amount of Contribution (\$)
	09/06/2024	McElyea, Edward (Mr.)	–			\$100.00
		Contributor address; City; \$ Woodway, TX 76712	State; Zip Code		•	
	Contributor's I	Principal Occupation		Contributor's Job Title	<u> </u>	
	Investigator	inisipai eesapailen		owner		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
	none			none		
	If contributor is	s a child, law firm of parent(s) (if	any)	1		

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 4/5 Rpt: 7/20
2	FILER NAME	as C. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00083378
4	Date 07/29/2024	Full name of contributor Meeks, James (Mr.) Contributor address; City; S	7	Amount of Contribution (\$) \$500.00		
		Waco, TX 76710				
8		Principal Occupation		9 Contributor's Job Title		
	Construction			owner		
10		employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
12	none	s a child, law firm of parent(s) (if	onu)	11/4		
12	. II CONTINUATOR I	s a ciliiu, iaw iiiiii oi pareiii(s) (ii	arry)			
	Date	Full name of contributor	out-of-state PAC (ID#:)	I	Amount of Contribution (\$)
	07/08/2024	Montez J.D., John (Mr.) Contributor address; City; \$	State; Zip Code			\$500.00
		Waco, TX 76708				
	Contributor's F	Principal Occupation		Contributor's Job Title		
	attorney			owner		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
		f John Montez		none		
	If contributor is	s a child, law firm of parent(s) (if	any)			
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)
	07/22/2024	Patterson, Amy (Ms.)				\$500.00
		Contributor address; City; S Richmond, TX 77406	State; Zip Code		•	
	Contributor's I	Principal Occupation		Contributor's Job Title	<u> </u>	
	unknown	····o.pa. Occupation		unknown		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	none			none		
	If contributor is	s a child, law firm of parent(s) (if	any)	1		

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 5/5 Rpt: 8/20
2	FILER NAME West, Thoma	as C. (The Honorable)			1	Filer ID (Ethics Commission Filers) 00083378
4	Date 08/27/2024	5 Full name of contributor Villarrial J.D., Gerald (M 6 Contributor address; City;	_	Amount of Contribution (\$) \$2,500.00		
		Waco, TX 76710				
8		Principal Occupation		9 Contributor's Job Title		
	attorney			Partner		
10		employer/law firm		11 Law firm of contributor's sp		
_	Dunnam & D			Dunnam & Dunnam par	raleç	jal
12	If contributor is	s a child, law firm of parent(s) (i	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)	T	Amount of Contribution (\$)
	09/03/2024	Wardlow, Trevor (Mr.) Contributor address; City;	State; Zip Code			\$50.00
		Waco, TX 76712				
		Principal Occupation		Contributor's Job Title		
	financial inve			owner		
		employer/law firm		Law firm of contributor's sp	oous	e (if any)
	none			none		
	If contributor is	s a child, law firm of parent(s) (i	any)			
=	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	07/29/2024	Willie, David (Mr.)				\$700.00
		Contributor address; City; Waco, TX 76710-7330	State; Zip Code			
H	Contributor's F	I Principal Occupation		Contributor's Job Title		
	Ricoh copier			owner		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	e (if any)
	none			none		
	If contributor is	s a child, law firm of parent(s) (i	any)	1		

NON-MONETARY (IN-KIND CONTRIBUTIONS) POLITICAL		SCHEDULE A2					
	o complete this forn	n.	Total pages Schedule A2: Sch: 1/1 Rpt: 9/20 Filer ID (Ethics Commission Filers)					
		*	00083378					
	he Instruction Guide explains how to complete this form. LER NAME /est, Thomas C. (The Honorable) OTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS ate							
08/13/2024 Russell, David (Mr.)			Amount of contribution (\$) In-kind contribution description \$200.00 Push Cards					
Woodway, TX 76712			Check if travel outside of Texas. Complete Schedule T.					
10 Principal occupation / Job title (FOR NON-JUDIC	AL) (See instructions) 11	Employer (FOR NON-JL	· · · · · · · · · · · · · · · · · · ·					
12 Contributor's principal occupation (FOR JUDICIAL Retired	Contributor's job title (FC Retired	OR JUDICIAL) (See instructions)						
14 Contributor's employer/law firm (FOR JUDICIAL)	15	Law firm of contributor's	spouse (if any) (FOR JUDICIAL)					
none		none						

	LOANS (J	UDICIAL)				SCHED	ULE E(J)
	The Instructio	n Guide explains how to complete this t	form.			iges Schedule 1 Rpt: 10/20	E(J):
2	FILER NAME West, Thomas C	C. (The Honorable)		1	Filer ID	(Ethics Comr	mission Filers)
4	TOTAL OF UN	ITEMIZED LOANS		<u>. </u>		\$	12,500.00
5	Date of loan	7 Name of lender out-of-state PA	AC (ID#:)	9 Loan Amo	ount (\$)
6	Is lender a financial institution?	8 Lender address; City; State;	Zip Code			10 Interest R	
						11 Maturity D	ate
12	Lender's Principal	Occupation	13 Lender's Job Title				
14	Lender's Employe	/Law Firm	15 Law Firm of lender's spous	se (if	any)		
16	If lender is child, la	w firm of parent(s) (if any)					
17	Description of Coll None	ateral	18 Check if personal funds we	ere d	eposited	d into political a (See Instr	
19	GUARANTOR INFORMATION	20 Name of guarantor				22 Amount G	uaranteed (\$)
23	not applicable Guarantor's Princip	21 Guarantor address; City; State;	Zip Code Zip Code				
25	Guarantor's Emplo	yyer/Law Firm	26 Law Firm of guarantor's sp	ous	e (if any)		
27	If guarantor is child	d, law firm of parent(s) (if any)					

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: 1/9 Rpt: 11/20	2 FILER NAME West, Thomas C. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00083378
4 Date	5 Payee name
08/08/2024	American Inns of Court-Waco
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$140.00	225 Reinekers Lane
	Suite 770
	Alexandria, VA 22314
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Continuing Education and Civility in the Law
	instructions
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
08/05/2024	Cracker Barrell
Amount (\$)	Payee address; City; State; Zip Code
\$26.28	4275-135
, , ,	
	Lacy Lakeview, TX 76705
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 Seek endorsement from Citizens for Prolife Action
	Seek endorsement from endzens for a folion
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experientare to belieff Gree	
Date	Payee name
09/23/2024	Crawford Booster Club, Kristin
Amount (\$)	Payee address; City; State; Zip Code
\$20.00	200 Pirate Drive
	Crawford, TX 76638
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Flag
Complete CNU V if all	Condidate/Officeholder name Office sought
Complete <u>ONLY</u> 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 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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total nagge Schodule F1:	
	Total pages Schedule F1: Sch: 2/9 Rpt: 12/20	West, Thomas C. (The Honorable) 00083378
4	Date	5 Payee name
	07/29/2024	Creative Waco
6	Amount (\$) \$46.65	7 Payee address; City; State; Zip Code 712 Austin Avenue Waco, TX 76701
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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense parade entry fee
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/19/2024	Digital Media Butterfly
	Amount (\$)	Payee address; City; State; Zip Code
	\$399.00	200 W. Hwy 6, Ste 511
		Waco, TX 76712
	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 Design and print
		Design and print
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/19/2024	Echo Canyon Reporting, LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$10,203.58	3700 Duke Street
		Alexandria, VA 22304
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Mailers/consultant
	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 -

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

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

	Candidate/Officeholder/Politica			Gitt/Awards/Memori Legal Services	als Expense	Salaries/\		se s/Contract Labor		OTHER (enter	a category not listed abo	ve)
	Credit Card Payment			The Instruction	Guide expl	ains how to co	omple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission	on Filers)
	Sch: 3/9 Rpt: 13/20		West, Thom	as C. (The \vdash	lonorable)				00083378		
4	Date	5	Payee name						_			
	07/19/2024		GoodFellas									
6	Amount (\$)	7	Payee addres	s; City;	S	State; Zip Co	ode					
	\$207.98		100 Washing	gton Ave								
			Waco, TX 76	6708								
8	PURPOSE	(a)	Category (so	e Categories listed	at the ten of th	is schodulo)	(b)	Description				
	OF	ľ` <i>í</i>		s/Donations I		iis scriedule)	l` ′		outsi	de of Texas. Co	mplete Schedule T.	
	EXPENDITURE			officeholder/P		ommittee		\Box		officeholder livir	ng expense	
								Christmas in	Jul	У		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Offic	eholder name		Office sou	ught			Office h	neld	
	Date		Payee name									
	08/14/2024		Innovation M	larketing & C	onsultatio	on						
	Amount (\$)		Payee addres		S	State; Zip Co	ode					
	\$267.65		7543 Bosqu	e Blvd.								
			Suite B									
			Waco, TX 76	6712-3774								
	PURPOSE	(a)	Category (Se	e Categories listed	at the top of th	is schedule)	(b)	Description				
	OF EXPENDITURE		Advertising I	Expense				<u> </u>		de of Texas. Co officeholder livir	mplete Schedule T.	
								Design and la				
								· · · · · · · · · · · · · · · · ·	, -			
	Complete ONLY if direct		Candidate/Offic	eholder name		Office sou	<u>I</u> ught			Office h	neld	
	expenditure to benefit C/OI	Н										
_	Date	l	Payee name									
	07/22/2024		Legacy Outf	itters								
	Amount (\$)		Payee addres		S	State; Zip Co	ode					
	\$300.00		400 Schroed	-		, ,						
			Waco, TX 76	6710								
	PURPOSE	-		e Categories listed	at the ten of th	ais schodulo)	(b)	Description				
	OF	'		s/Donations I		iis scriedule)	'		outsi	de of Texas. Co	mplete Schedule T.	
	EXPENDITURE			officeholder/P		ommittee		ш		officeholder livir	ng expense	
								donation for r	min	ıstry		
	0 1 0 0 0 0 0	L	- P. L. 10			0.00	<u> </u>			·		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Offic	cenolder name		Office sou	ught			Office h	neid	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Co 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	
Ļ		1
1	Total pages Schedule F1: Sch: 4/9 Rpt: 14/20	2 FILER NAME West, Thomas C. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00083378
L	•	
4	Date	5 Payee name
	07/05/2024	Lolita's Restaurante
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$43.30	1911 Franklin Ave.
		Waco, TX 76701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense
	EVENDLICKE	Check if Austin, TX, officeholder living expense
		Lunch for volunteers
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	08/07/2024	MCRW
	Amount (\$)	Payee address; City; State; Zip Code
	\$29.17	P.O. Box 7291
		Waco, TX 76710
	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
		Luncheon with speaker
_		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
L	08/19/2024	MCRW
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.00	P.O. Box 7291
		Waco, TX 76710
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	LAI LINDITORL	Candidate/Officeholder/Political Committee
		Luncheon with Speaker
	Complete ONLY if alice -t	Condidate/Officeholder name Office cought
	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 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	ommittee	Legal Serv	s/Memorials Exp rices ruction Guide			ages	/Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed abo	ve)
1	Total pages Schedule F1:	FII FR N	AMF						3	Filer ID	(Ethics Commission	on Filers)
•	Sch: 5/9 Rpt: 15/20		nomas C. ((The Honor	able)					00083378	(Euros Commissio	JIT 1 11013)
4	Date	Payee na	ıme									
	09/06/2024	MCRW										
6	Amount (\$) \$29.17	Payee ac		City;	State;	Zip Co	de					
	Ψ23.11	1.0.00	X 1231									
		Waco, T	X 76710									
8	PURPOSE	a) Category	(See Categori	es listed at the to	op of this sched	dule)	(b)	Description				
	OF EXPENDITURE		ıtions/Dona					=			plete Schedule T.	
		Candida	te/Officeho	lder/Politica	al Commit	tee		ш		officeholder living	g expense	
								Luncheon wit	ui S	ъреакеi		
9	Complete ONLY if direct	Candidate	/Officeholder	name	Of	fice sou	ght			Office he	eld	
	expenditure to benefit C/OI											
	Date	Payee na	ıme									
	08/16/2024	McLenn	an County	Republican	Club							
	Amount (\$)	Payee ac	ldress; C	City;	State;	Zip Co	de					
	\$40.00	P.O. Box	x 24238									
			X 76702									
	PURPOSE OF		(See Categori			dule)	(b)	Description				
	EXPENDITURE		ıtions/Dona ıte/Officeho			too		=		officeholder living	plete Schedule T.	
		Cariulua	ile/Oniceno	iluei/Foillice	ai Commi	ilee		Luncheon wit			, скропос	
										P		
	Complete ONLY if direct expenditure to benefit C/O	Candidate	Officeholder	name	Of	fice sou	ght			Office he	eld	
_	Date	Payee na	ıme									
	09/06/2024	Pay Pal										
\vdash	Amount (\$)	Payee ac	ldress. (City;	State:	Zip Co	de					
	\$4.49	•	1st Street	Jily,	Siale,	∠ıµ C01	ue					
	Ф4.49	ZZII IV.	131 311661									
		San Jos	e, CA 9513	31								
	PURPOSE	a) Category	(See Categori	es listed at the to	op of this sched	dule)	(b)	Description				
	OF EXPENDITURE	Fees						브			plete Schedule T.	
								—		officeholder living	g expense	
								pay pay expe	115	-		
	Complete ONLY if direct	Candidate	/Officeholder	name	Of	fice sou	ght			Office he	eld	
	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	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: 6/9 Rpt: 16/20	West, Thomas C. (The Honorable) 00083378
4	Date	5 Payee name
	07/22/2024	Pay Pal
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$14.95	2211 N. 1st Street
		San Jose, CA 95131
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 Pay Pal expense
		T dy T di experise
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Data	
	Date	Payee name
	09/19/2024	Republican Club of McLennan County
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.00	P.O. Box 24238
		Waco, TX 76702
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	2/11/2/10/12	Candidate/Officeholder/Political Committee
		Luncheon with speakers
L	Commiste ONII V if diseast	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	
┕		
	Date	Payee name
	08/22/2024	Sam's Club
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.00	2301 E Waco Dr.
		waco, TX 76705
	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.
	2/11/2/10/12	Check if Austin, TX, officeholder living expense
		Parade decorations
L	Commission ONU V. M. alling .	Condidate/Officeholder name
I	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		
L		

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

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

	The Instruction Guide explains how to co	omplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 7/9 Rpt: 17/20	West, Thomas C. (The Honorable)	00083378
4 Date	5 Payee name	•
08/22/2024	Sam's Club	
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode
\$274.98	2301 E Waco Dr.	
	waco, TX 76705	
8 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.
LAI LINDITORE		Conductor nared a
		Candy for parade
Complete ONLY if direct	Condidate/Officeholder name Office acu	Office hold
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ught Office held
Date	Payee name	
08/16/2024	Texas Center for the Judiciary	
Amount (\$)	Payee address; City; State; Zip Co	ode
\$120.00	1210 San Antonio	
	Ste. 800	
	Austin, TX 78701	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Candidate/Onicenoide/Political Committee	Texas Center for Judiciaary education donation
		,
Complete ONLY if direct	Candidate/Officeholder name Office sou	ıght Office held
expenditure to benefit C/O	-1	
Date	Payee name	
07/29/2024	Texas Tape and Label	
Amount (\$)	Payee address; City; State; Zip Co	ode
\$3,200.95	500 South 26th St	
. ,		
	Waco, TX 76706	
PURPOSE		(h) Description
OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Advertising Expense	Check if Austin, TX, officeholder living expense
		signs
	Candidate/Officeholder name Office sou	ught Office held
Complete ONLY if direct	」	
Complete ONLY if direct expenditure to benefit C/O	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

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: 8/9 Rpt: 18/20	West, Thomas C. (The Honorable) 00083378	
4	Date	5 Payee name	
	08/21/2024	Texas Tape and Label	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$768.04	500 South 26th St	
		Waco, TX 76706	
8	PURPOSE		
ľ	OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Comple	te Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living ex	
		Signs	
L			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	I
L	expenditure to benefit C/OI)n	
	Date	Payee name	
l	08/27/2024	Texas Tape and Label	
	Amount (\$)	Payee address; City; State; Zip Code	
l	\$961.26	500 South 26th St	
l		Waco, TX 76706	
⊢	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
l	OF	Advertising Expense Check if travel outside of Texas. Comple	te Schedule T.
l	EXPENDITURE	Check if Austin, TX, officeholder living ex	kpense
l		Signs	
L			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held OH	
	<u>'</u>		
	Date	Payee name	
	07/05/2024	Walmart	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$30.22	600 Hewitt	
		Waco, TX 76712	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Comple	
		Check if Austin, TX, officeholder living exparade decorations	kpense
		paraue decorations	
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	<u> </u>
	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	/ - al Cor	mmittee	Food/Beverage Exp Gift/Awards/Memor Legal Services The Instruction	ense ials Expense Guide explains		se s/Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	trict category not listed above)
┞	Total pages Schedule F1:	12						3	Filer ID	(Ethics Commission Filers)
	Sch: 9/9 Rpt: 19/20			omas C. (The F	lonorable)				00083378	(Luics Commission Filets)
4	Date	5	Payee nam	 ne						
	07/05/2024		Westfest							
6	Amount (\$)	7	Payee addı	ress; City;	State;	Zip Code				
	\$21.00		1110 S. M	1ain Street						
			West, TX	76691						
8	PURPOSE	(a)	Category	(See Categories listed	at the top of this sch	edule) (b)	Description			
	OF EXPENDITURE		Fees				_		ide of Texas. Com	
	EXI ENDITORE						_		, officeholder living	expense
							parade entr	у те	9	
9	Complete ONLY if direct expenditure to benefit C/O	Н	Candidate/O	Officeholder name	C	Office sought			Office he	ld

	OUTSTAN	IDING LOANS	1 Total pages Schedule L: Sch: 1/1 Rpt: 20/20				
	The Instruction	on Guide explains how to complete this form.					
2	FILER NAME West, Thomas C	C. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083378				
	LENDER INFORMATION	4 Name of lender West, Thomas (Mr.)	•				
		5 Lender address; City; State; Zip Code					
		Waco, TX 76712					
	GUARANTOR INFORMATION	6 Name of guarantor					
	X not applicable	7 Guarantor address; City; State; Zip Code					