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 10 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Thomas C. NAME Date Received **ELECTRONICALLY FILED** 07/04/2025 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 appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) Х reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 01/01/2025 06/30/2025 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge District 19th McLennan

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 10

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.	committees to support the eholder's knowledge or otice of such expenditures.							
Additional Pages	onal Pages COMMITTEE TYPE COMMITTEE NAME								
	GENERAL	COMMITTEE ADDRESS							
	SPECIFIC	COMMITTEE ADDRESS							
	9. 2910								
COMMITTEE CAMPAIGN TREASURER NAME									
		COMMITTEE CAMPAIGN TREASURER ADDR	ESS						
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS(OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE EL		\$ 0.00					
	2. TOTAL POLIT (OTHER THAN	\$ 0.00							
EXPENDITURE TOTALS	\$ 0.00								
	4. TOTAL POLITICAL EXPENDITURES								
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE RIOD	LAST DAY OF THE	\$ 10,190.23					
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS A TING PERIOD	S OF THE LAST DAY	\$ 0.00					
17 AFFIDAVIT									
		I swear, or affirm, under pena true and correct and includes under Title 15, Election Code	all information required						
		The Hon	orable Thomas C. W	est					
		Signature	of Candidate or Officeho	lder					
AFFIX NO	ΓARY STAMP / SEAL AB	OVE							
		aid	, this the	day					
of	, 20, to co	ertify which, witness my hand and seal of office.							
Signature of offic	er administering oath	Printed name of officer administering oath	Title of office	er administering oath					

SUBTOTALS - JC/OH

		C	OVER SHEET PG 3 3 of 10
18 FILER NA West, Th	(Ethics Commission Filers)		
20 SCHEDUL NAME OF	SUBTOTAL AMOUNT		
1.	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$
4.	SCHEDULE E(J): LOANS (JUDICIAL)		\$
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$ 1,235.80
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTI	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 TO FILER	\$	

FORM JC/OH

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 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: 1/7 Rpt: 4/10	West, Thomas C. (The Honorable) 00083378
4	Date 05/08/2025	5 Payee name Advocacy Center
6	Amount (\$) \$75.00	7 Payee address; City; State; Zip Code 3312 Hillcrest Drive Waco, TX 76708
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fundraiser
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/10/2025	Bush's
	Amount (\$) \$7.99	Payee address; City; State; Zip Code 1301 Hewitt Drive
		Hewitt, TX 76643
	PURPOSE OF EXPENDITURE	(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 Lunch meeting re: campaign
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 01/10/2025	Payee name HEB
	Amount (\$) \$72.53	Payee address; City; State; Zip Code 9100 Woodway Drive
		Woodway, TX 76712
	PURPOSE OF EXPENDITURE	(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 Fundraiser
	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 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

ent Solicitation/Fundraising Expense
ee 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 for	m.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 2/7 Rpt: 5/10	West, Thomas C. (The Honorable)	00083378
4	Date	5 Payee name	
	05/01/2025	Longhorn Steakhouse	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$86.00	4300 Franklin Ave.	
		Waco, TX 76710	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descripti	on
	OF EXPENDITURE	1 000/Develage Expense	if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense
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		o a sateg.	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
–	Date	Payee name	
	01/03/2025	MCRW	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$260.73	P.O. Box 7291	
	,		
		Waco, TX 76710	
_	PURPOSE		on
	OF		orr if travel outside of Texas. Complete Schedule T.
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		MCRW	Gala
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experialiture to benefit C/Oi	1	
	Date	Payee name	
	02/05/2025	MCRW	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$29.48	P.O. Box 7291	
		Waco, TX 76710	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descripti	on
	OF EXPENDITURE	Tood/Develage Expense	if travel outside of Texas. Complete Schedule T.
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		Eurono	on with speaker
H	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		55
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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

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

1 Total pages Schedule F1: Sch: 37 Rpt: 61.0 Vest, Thomas C. (The Honorable) Vest, Thomas C. (Credit Card Payment	The Instruction Guide explains how to complete this form.	
Sch: 3/7 Rpt: 6/10 West, Thomas C. (The Honorable) 00083378 4 Date	1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	-
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Amount (\$) 7 Payee address: City; State; Zip Code \$21.15 P.O. Box 7291	4	Date	5 Payee name	_
\$21.15 P.O. Box 7291 Waco, TX 76710 8 PURPOSE OF EXPENDITURE (a) Callepory (see Casegories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if foreit clusted if travel cotated of Tieras. Complete Schedule T. Check if Austin, TX, discended in ling expense Luncheon with speaker Office held Payee name MCRW Amount (5) Payee address; City; State; Zip Code EXPENDITURE (a) Category (see Casegories listed at the top of this schedule) Food/Beverage Expense Complete ONLY if direct expenditure to benefit CrOH Purpose Food/Beverage Expense Complete ONLY if direct expenditure to benefit CrOH Payee name MCRW Amount (5) Payee name MCRW Food/Beverage Expense Complete ONLY if direct expenditure to benefit CrOH Payee name MCRW Amount (6) Payee name MCRW Amount (7) Payee name MCRW Amount (8) Payee name MCRW Amount (9) Payee address; City; State; Zip Code \$29.43 P.O. Box 7291 Waco, TX 76710 PURPOSE EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if mired coulside of Texas, Complete Schodule T. Check if Austin, TX, office/loader of Texas, Complete Schodule T. Check if Austin, TX, office/loader of Texas, Complete Schodule T. Check if Austin, TX, office/loader of Texas, Complete Schodule T. Check if Austin, TX, office/loader of Texas, Complete Schodule T. Check if Austin, TX, office/loader of Texas, Complete Schodule T. Check if Austin, TX, office/loader of Texas, Complete Schodule T. Check if Austin, TX, office/loader of Texas, Complete Schodule T. Check if Austin, TX, office/loader of Texas, Complete Schodule T. Check if Austin, TX, office/loader of Texas, Complete Schodule T. Check if Texas Complete Check if Austin, TX, office/loader of Texas, Complete Schodule T. Check if Austin, TX, office/loader of Texas, Complete Schodule T. Check		02/10/2025		
Waco, TX 76710	6	Amount (\$)	7 Payee address; City; State; Zip Code	-
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Purpose OF EXPENDITURE				
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9 Complete ONLY if direct expenditure to benefit C/OH Date 03/10/2025		EXPENDITURE	Check if Austin, TX, officeholder living expense	
Date 03/10/2025 Amount (\$) Payee address; City; State; Zip Code P.O. Box 7291 Waco, TX 76710 PURPOSE OF EXPENDITURE Candidate/Officeholder name Office sought Office held Payee address; City; State; Zip Code P.O. Box 7291 Waco, TX 76710 (a) Category (see Categories listed at the top of this schedule) Food/Beverage Expense Complete QNLY if direct expenditure to benefit C/OH Date 04/09/2025 Amount (\$) Payee name 04/09/2025 Amount (\$) Payee address; City; State; Zip Code P.O. Box 7291 Waco, TX 76710 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Complete QNLY if direct (a) Category (see Categories listed at the top of this schedule) Check if Austin, TX, officeholder of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Luncheon with speaker Complete QNLY if direct Candidate/Officeholder name Office sought Office held Complete QNLY if direct Candidate/Officeholder name Office sought Office held			Luncheon with speaker	
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Complete ONLY if direct Candidate/Officeholder name Office sought Office held		EXPENDITURE	Check if Austin, TX, officeholder living expense	
			Luncheon with speaker	
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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	, -	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/7 Rpt: 7/10	West, Thomas C. (The Honorable) 00083378
4	Date 05/08/2025	5 Payee name MCRW
6	Amount (\$)	7 Payee address; City; State; Zip Code
Ü	\$27.40	P.O. Box 7291
	Ψ21110	1101 BOX 1201
		Waco, TX 76710
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
Ī	OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Luncheon with speaker
_	Complete ONLY if direct	Condidate/Officeholder name Office county Office hold
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	D-4-	
	Date	Payee name
	06/04/2025	MCRW
	Amount (\$)	Payee address; City; State; Zip Code
	\$29.48	P.O. Box 7291
		Waco, TX 76710
	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
		Luncheon with speaker
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/17/2025	McLennan County Republican Club
	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	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Luncheon with speaker
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	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

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 Travel Out of District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			
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1	Total pages Schedule F1: Sch: 5/7 Rpt: 8/10	2 FILER NAME West, Thomas C. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00083378		
4	Date	5 Payee name		
	02/21/2025	McLennan County Republican Club		
6	Amount (\$) \$20.00	7 Payee address; City; State; Zip Code P.O. Box 24238 Waco, TX 76702		
_	DUDDOOF			
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 Luncheon with speaker		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
	Date	Payee name		
	02/24/2025	McLennan County Republican Club		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$20.00	P.O. Box 24238		
		Waco, TX 76702		
	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		
Luncheon with speaker				
		Euncheon with speaker		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
_				
	Date	Payee name		
L	04/17/2025	McLennan County Republican Club		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$20.00	P.O. Box 24238		
		Waco, TX 76702		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.		
	EXPENDITURE	Check if Austin, TX, officeholder living expense		
		Luncheon with speaker		
	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 Commit 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 Travel Out of District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_		
1	Total pages Schedule F1: Sch: 6/7 Rpt: 9/10	2 FILER NAME West, Thomas C. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00083378
4	Date	5 Payee name
	05/01/2025	McLennan County Republican Club
6	Amount (\$) \$150.00	7 Payee address; City; State; Zip Code P.O. Box 24238 Waco, TX 76702
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 Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fundraiser
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/16/2025	McLennan County Republican Club
	Amount (\$) \$20.00	Payee address; City; State; Zip Code P.O. Box 24238
		Waco, TX 76702
	PURPOSE OF EXPENDITURE	(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 Luncheon with speaker
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/21/2025	Republican Club of McLennan County
	Amount (\$) \$20.00	Payee address; City; State; Zip Code P.O. Box 24238
		Waco, TX 76702
	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 Luncheon with speaker
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

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

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

	Candidate/Officeholder/Politica			egal Services	s Expense	Salaries/V		se s/Contract Labor		OTHER (enter a	strict i category not listed ab	ove)
Credit Card Payment The Instruction Guide explains how to complete this form.												
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commiss	on Filers)
	Sch: 7/7 Rpt: 10/10		West, Thoma	as C. (The Ho	norable)					00083378		
4	Date	5	Payee name					•	_			
	05/12/2025		Simply Delic	ious								
6	Amount (\$)	7	Payee addres	s; City;	State;	Zip Co	de					
	\$34.00		8714 Lavilla	ge Drive								
			Waco, TX 76	6712								
8	PURPOSE	(a)	Category (See	e Categories listed at	the ton of this sche	edule)	(b)	Description				
	OF			s/Donations M		outic)	` ,	:	outsi	de of Texas. Con	plete Schedule T.	
	EXPENDITURE		Candidate/O	fficeholder/Po	itical Commi	ittee		—		officeholder living		
								Give to bake	sal	e fundraise	for the Club	
_												
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	eholder name	0	office sou	ght			Office h	eld	
		_										
	Date	ı	Payee name									
	03/10/2025		Texas Cente	r for the Judic	ary							
	Amount (\$)	l	Payee addres		State;	Zip Co	de					
	\$120.00		1210 San Ar	ntonio								
			Ste. 800									
			Austin, TX 7	8701								
	PURPOSE	(a)	Category (See	Categories listed at	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE			s/Donations M	,			=			plete Schedule T.	
Candidate/Officeholder/Political Committee Continuing Education Fund												
	Complete ONLY if direct		Candidate/Offic	eholder name	0	office sou	ght			Office h	eld	
	expenditure to benefit C/OI						•					
-	Date		Payee name									
	05/30/2025	ı	Trujillos									
	Amount (\$)	├	Payee addres	s; City;	State:	Zip Co	de					
	\$123.08	ı	2612 LaSalle	-	Otato,	2.p 00	uo					
	7220.00			,,,,,,,								
			Waco , TX 7	76706								
	PURPOSE	-					(h)	Description				
	OF		Food/Bevera	Categories listed at	the top of this sche	edule)	(D)	Description Check if travel of	outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE		1 Ood/Dever	ige Experise						officeholder living		
								Pollworkers g	jet i	to together		
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	eholder name	0	office sou	ght			Office h	eld	
	experiulture to beriefft C/Of	П										