

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 1

|   |  |  |                                |  |     |            |
|---|--|--|--------------------------------|--|-----|------------|
| The JC/OH Instruction Guide explains how to complete this form.                                       |  | 1 Filer ID<br>(Ethics Commission Filers)<br>00083378 | 2 Total pages filed:<br><br>10 |  |     |            |
| 3 CANDIDATE /<br>OFFICEHOLDER<br>NAME   | MS / MRS / MR<br>The Honorable   | FIRST<br>Thomas C.                                   | MI                             | <b>OFFICE USE ONLY</b><br><br>Date Received<br>ELECTRONICALLY FILED<br>07/04/2025  |     |            |
|   | NICKNAME   | LAST<br>West   | SUFFIX                         |  |     |            |
| 4 CANDIDATE /<br>OFFICEHOLDER<br>MAILING<br>ADDRESS<br><br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE<br><br><b>REDACTED PER 254.0313, GOV'T CODE</b>  |  |                                | Date Hand-delivered or Date Postmarked   |     |            |
|   |  |  |                                | Receipt # Amount   |     |            |
|   |  |  |                                | Date Processed   |     |            |
|   |  |  |                                | Date Imaged  |     |            |
| 5 CAMPAIGN<br>TREASURER<br>NAME   | MS / MRS / MR<br>Mr.   | FIRST<br>Gerald R.                                   | MI                             |  |     |            |
|   | NICKNAME   | LAST<br>Villarrial                                   | SUFFIX                         |  |     |            |
| 6 CAMPAIGN<br>TREASURER<br>ADDRESS<br><br>(Residence or Business)                                     | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br><br><b>REDACTED PER 254.0313, GOV'T CODE</b>  |  |                                |  |     |            |
|   |  |  |                                |  |     |            |
| 7 CAMPAIGN<br>TREASURER<br>PHONE  | AREA CODE  | PHONE NUMBER   | EXTENSION                      |  |     |            |
|   | (254)  | 753-6437   |                                |  |     |            |
| 8 REPORT<br>TYPE  | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) |  |                                |  |     |            |
|   | <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)   |  |                                |  |     |            |
| 9 PERIOD<br>COVERED   | Month  | Day  | Year                           | Month  | Day | Year       |
|   |  | 01/01/2025   |                                | THROUGH  |     | 06/30/2025 |
| 10 ELECTION   | ELECTION DATE<br>Month Day Year  |  |                                | ELECTION TYPE  |     |            |
|   |  |  |                                | <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other<br><input type="checkbox"/> General <input type="checkbox"/> Special |     |            |
| 11 OFFICE   | OFFICE HELD (if any)<br>District Judge District 19th McLennan  |  |                                | 12 OFFICE SOUGHT (if known)  |     |            |

GO TO PAGE 2

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH  
COVER SHEET PG 2

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|   |   |
|---|---|
| <b>13 C / OH NAME</b> West, Thomas C. (The Honorable) | <b>14 Filer ID</b> (Ethics Commission Filers)<br>00083378 |
|---|---|

|   |  |   |    |           |
|---|--|---|----|-----------|
| <b>15 NOTICE FROM POLITICAL COMMITTEE(S)</b><br><br><input type="checkbox"/> Additional Pages | This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures. |   |    |           |
|   | <b>COMMITTEE TYPE</b><br><br><input type="checkbox"/> GENERAL<br><br><input type="checkbox"/> SPECIFIC   | <b>COMMITTEE NAME</b>   |    |           |
|   |  | <b>COMMITTEE ADDRESS</b>  |    |           |
|   |  | <b>COMMITTEE CAMPAIGN TREASURER NAME</b>  |    |           |
|   |  | <b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>   |    |           |
| <b>16 CONTRIBUTION TOTALS</b>   | 1.   | TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ | 0.00      |
|   | 2.   | <b>TOTAL POLITICAL CONTRIBUTIONS</b><br>(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                       | \$ | 0.00      |
| <b>EXPENDITURE TOTALS</b>   | 3.   | TOTAL UNITEMIZED POLITICAL EXPENDITURES   | \$ | 0.00      |
|   | 4.   | <b>TOTAL POLITICAL EXPENDITURES</b>   | \$ | 1,235.80  |
| <b>CONTRIBUTION BALANCE</b>   | 5.   | TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ | 10,190.23 |
| <b>OUTSTANDING LOAN TOTALS</b>  | 6.   | TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD  | \$ | 0.00      |

**17 AFFIDAVIT**

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

\_\_\_\_\_  
The Honorable Thomas C. West

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering oath

\_\_\_\_\_  
Printed name of officer administering oath

\_\_\_\_\_  
Title of officer administering oath

# SUBTOTALS - JC/OH

FORM JC/OH  
COVER SHEET PG 3

3 of 10

|   |   |   |                 |
|---|---|---|-----------------|
| <b>18 FILER NAME</b><br>West, Thomas C. (The Honorable) |   | <b>19 Filer ID</b> (Ethics Commission Filers)<br>00083378 |                 |
| <b>20 SCHEDULE SUBTOTALS</b><br>NAME OF SCHEDULE        |   |   | SUBTOTAL AMOUNT |
| 1.  | <input type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)                        | \$  |                 |
| 2.  | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$  |                 |
| 3.  | <input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)                                    | \$  |                 |
| 4.  | <input type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)  | \$  |                 |
| 5.  | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS        | \$  | 1,235.80        |
| 6.  | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$  |                 |
| 7.  | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS                  | \$  |                 |
| 8.  | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      | \$  |                 |
| 9.  | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS                             | \$  |                 |
| 10.   | <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH             | \$  |                 |
| 11.   | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                | \$  |                 |
| 12.   | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$  |                 |

# 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  
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 1/7 Rpt: 4/10             | <b>2</b> FILER NAME<br>West, Thomas C. (The Honorable)   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00083378   |
| <b>4</b> Date<br>05/08/2025   | <b>5</b> Payee name<br>Advocacy Center   |  |
| <b>6</b> Amount (\$)<br>\$75.00                                     | <b>7</b> Payee address; City; State; Zip Code<br>3312 Hillcrest Drive<br><br>Waco, TX 76708  |  |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Fundraiser                 |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name  | Office sought Office held  |
| Date<br>01/10/2025  | Payee name<br>Bush's   |  |
| Amount (\$)<br>\$7.99   | Payee address; City; State; Zip Code<br>1301 Hewitt Drive<br><br>Hewitt, TX 76643  |  |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense   | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Lunch meeting re: campaign |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held  |
| Date<br>01/10/2025  | Payee name<br>HEB  |  |
| Amount (\$)<br>\$72.53  | Payee address; City; State; Zip Code<br>9100 Woodway Drive<br><br>Woodway, TX 76712  |  |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense   | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Fundraiser                 |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | 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  
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

|   |  |   |
|---|--|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 2/7 Rpt: 5/10             | <b>2</b> FILER NAME<br>West, Thomas C. (The Honorable)   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00083378  |
| <b>4</b> Date<br>05/01/2025   | <b>5</b> Payee name<br>Longhorn Steakhouse   |   |
| <b>6</b> Amount (\$)<br>\$86.00                                     | <b>7</b> Payee address; City; State; Zip Code<br>4300 Franklin Ave.<br><br>Waco, TX 76710        |   |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Strategic Meeting     |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>01/03/2025  | Payee name<br>MCRW   |   |
| Amount (\$)<br>\$260.73   | Payee address; City; State; Zip Code<br>P.O. Box 7291<br><br>Waco, TX 76710                      |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Event Expense         | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>MCRW Gala             |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>02/05/2025  | Payee name<br>MCRW   |   |
| Amount (\$)<br>\$29.48  | Payee address; City; State; Zip Code<br>P.O. Box 7291<br><br>Waco, TX 76710                      |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Luncheon with speaker |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | 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  
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

|   |  |   |
|---|--|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 3/7 Rpt: 6/10             | <b>2</b> FILER NAME<br>West, Thomas C. (The Honorable)   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00083378  |
| <b>4</b> Date<br>02/10/2025   | <b>5</b> Payee name<br>MCRW  |   |
| <b>6</b> Amount (\$)<br>\$21.15                                     | <b>7</b> Payee address; City; State; Zip Code<br>P.O. Box 7291<br><br>Waco, TX 76710             |   |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Luncheon with speaker |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>03/10/2025  | Payee name<br>MCRW   |   |
| Amount (\$)<br>\$29.48  | Payee address; City; State; Zip Code<br>P.O. Box 7291<br><br>Waco, TX 76710                      |   |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Luncheon with speaker        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>04/09/2025  | Payee name<br>MCRW   |   |
| Amount (\$)<br>\$29.48  | Payee address; City; State; Zip Code<br>P.O. Box 7291<br><br>Waco, TX 76710                      |   |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Luncheon with speaker        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | 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  
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

|   |  |   |
|---|--|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 4/7 Rpt: 7/10             | <b>2</b> FILER NAME<br>West, Thomas C. (The Honorable)   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00083378  |
| <b>4</b> Date<br>05/08/2025   | <b>5</b> Payee name<br>MCRW  |   |
| <b>6</b> Amount (\$)<br>\$27.40                                     | <b>7</b> Payee address; City; State; Zip Code<br>P.O. Box 7291<br><br>Waco, TX 76710             |   |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Luncheon with speaker |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>06/04/2025  | Payee name<br>MCRW   |   |
| Amount (\$)<br>\$29.48  | Payee address; City; State; Zip Code<br>P.O. Box 7291<br><br>Waco, TX 76710                      |   |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Luncheon with speaker        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>01/17/2025  | Payee name<br>McLennan County Republican Club  |   |
| Amount (\$)<br>\$40.00  | Payee address; City; State; Zip Code<br>P.O. Box 24238<br><br>Waco, TX 76702                     |   |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Luncheon with speaker        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | 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  
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |  |   |
|---|--|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 6/7 Rpt: 9/10             | <b>2</b> FILER NAME<br>West, Thomas C. (The Honorable)   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00083378  |
| <b>4</b> Date<br>05/01/2025   | <b>5</b> Payee name<br>McLennan County Republican Club   |   |
| <b>6</b> Amount (\$)<br>\$150.00                                    | <b>7</b> Payee address; City; State; Zip Code<br>P.O. Box 24238<br><br>Waco, TX 76702  |   |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Fundraiser            |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>05/16/2025  | Payee name<br>McLennan County Republican Club  |   |
| Amount (\$)<br>\$20.00  | Payee address; City; State; Zip Code<br>P.O. Box 24238<br><br>Waco, TX 76702   |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense   | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Luncheon with speaker |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>03/21/2025  | Payee name<br>Republican Club of McLennan County   |   |
| Amount (\$)<br>\$20.00  | Payee address; City; State; Zip Code<br>P.O. Box 24238<br><br>Waco, TX 76702   |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense   | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Luncheon with speaker |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | 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  
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

|   |  |   |
|---|--|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 7/7 Rpt: 10/10            | <b>2</b> FILER NAME<br>West, Thomas C. (The Honorable)   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00083378  |
| <b>4</b> Date<br>05/12/2025   | <b>5</b> Payee name<br>Simply Delicious  |   |
| <b>6</b> Amount (\$)<br>\$34.00                                     | <b>7</b> Payee address; City; State; Zip Code<br>8714 Lavillage Drive<br><br>Waco, TX 76712  |   |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Give to bake sale fundraiser for the Club |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>03/10/2025  | Payee name<br>Texas Center for the Judiciary   |   |
| Amount (\$)<br>\$120.00   | Payee address; City; State; Zip Code<br>1210 San Antonio<br>Ste. 800<br>Austin, TX 78701   |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Continuing Education Fund                 |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>05/30/2025  | Payee name<br>Trujillos  |   |
| Amount (\$)<br>\$123.08   | Payee address; City; State; Zip Code<br>2612 LaSalle Ave.<br><br>Waco , TX 76706   |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense   | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Pollworkers get to together               |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held   |