CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

F	ORM	C/Oł	-
COVER S	SHEE	T PG	1

The C/OH Instruction	Guide explains how to comple	ete this form.	1 Filer ID (Ethics Commi 00020990	,	2 Total pages	filed: 140
3 CANDIDATE /	MS / MRS / MR	FIRST		МІ	OFFICE	USE ONLY
OFFICEHOLDER	The Honorable	Royce				USE UNET
NAME		,			Date Received	
					ELECTRONIC	CALLY FILED
	NICKNAME	LAST		SUFFIX	01/15/2025	
		West				
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					
	Dallas, 1X 75205-1004				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	<u>I</u>	
TREASURER NAME		Frederick D				
	NICKNAME	LAST		SUFFIX		
		Todd				
		1044				
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE)	ΔΡ.	T / SUITE #; CITY;		TATE; ZIP CODE
TREASURER	1335 Cecile Circle		7.4			
ADDRESS						
(Residence or Business)						
	Cedar Hill, TX 75104					
7 CAMPAIGN	AREA CODE PHON	E NUMBER	EXTENSION			
TREASURER	(817) 296-3592					
PHONE	(011) 200 0002					
8 REPORT						
TYPE	X January 15	30th day before	e election	Runoff		ampaign treasurer
		-			appointment (of	
	July 15	8th day before	election	Exceeded modified reporting limit	Final Report (At	ttach C/OH-FR)
9 PERIOD COVERED	Month Day Year			Month Day	Year	
COVERED	07/01/2024	11	HROUGH	12/31/202	24	
10 ELECTION	ELECTION DATE				—	
	Month Day Year		Primary	Runoff	Other	
	11/05/2024		Seneral	Special		
11 OFFICE	OFFICE HELD (if any)	I		12 OFFICE SOUGHT	(if known)	
	State Senator District 23			State Senator D		
		GO	FO PAGE 2			
Forms provided by Te	exas Ethics Commission	www.et	hics.state.tx.u	S	Vers	sion V4.1.0.5dd2ace2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 140

13 C / OH NAME	West, Royce (The Ho	norable)	14 Filer ID 00020990	(Ethics Commission Filers)				
15 NOTICE FROM POLITICAL COMMITTEE(S)	ommittees to support the cholder's knowledge or blice of such expenditures.							
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME						
	X GENERAL	Texas Realtors Political Action Committee	(TREPAC)					
		COMMITTEE ADDRESS						
		1115 San Jacinto Blvd						
		Suite 200						
		Austin, TX 78701						
COMMITTEE CAMPAIGN TREASURER NAME								
		Cantu, Leslie						
		COMMITTEE CAMPAIGN TREASURER ADDR	ESS					
		P.O. Box 2246						
		Austin, TX 78768						
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER TH ES OF LOANS, OR CONTRIBUTIONS MADE EL		\$ 130.43				
	NS)	\$ 349,562.43						
EXPENDITURE TOTALS	\$ 2,890.83							
	4. TOTAL POLITIC		\$ 259,989.43					
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	LAST DAY OF THE	\$ 1,943,044.03					
OUTSTANDING LOAN TOTALS	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 t	companying report is to be reported by me				
		The H	onorable Royce West					
			of Candidate or Officeho					
AFFIX NO	TARY STAMP / SEAL AB	DVE						
Sworn to and subso	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 offic	er administering	Printed name of officer administering	Title of office	r administering oath				

FORM C/OH **SUBTOTALS - C/OH COVER SHEET PG 3** 3 of 140 19 Filer ID 18 FILER NAME (Ethics Commission Filers) 00020990 West, Royce (The Honorable) **20** SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS 1. \$ 339,680.43 2. X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS 9,882.00 \$ SCHEDULE B: PLEDGED CONTRIBUTIONS \$ З. 4. SCHEDULE E: LOANS \$ 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 209,890.75 \$ 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$ 7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 8. 49,794.68 \$ X SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS 9. \$ 304.00 SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH 10. \$ SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 11. \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 12. X \$ 59,314.06 TO FILER

<u> </u>						
Th	ne Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 1/36 Rpt: 4/140	
2 FIL	LER NAME			3	Filer ID (Ethics Commissio	on Filers)
		e (The Honorable)			00020990	
4 Dat	ıte	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
10/)/10/2024	A&M Political Action Committee				\$5,000.00
	1	6 Contributor address; City; State; Zip Code		1		
	I					
	I					
	I	Austin, TX 78768-4609				
8 Prir	ncipal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
Dat	ite	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
10/)/10/2024	ACT for Texas Classroom Teachers Association				\$1,500.00
	I	Contributor address; City; State; Zip Code		ł		
	I	······				
	I					
	I	Austin, TX 78767-1489				
Priı	incipal occu	pation / Job title (See Instructions)	Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ		
Dat	ate	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
)/30/2024	AGC-Texas Building Branch PAC				\$2,500.00
		Contributor address; City; State; Zip Code		•		· /
	I					
	I					
	I	Austin, TX 78701-2656				
Priı	incipal occu	pation / Job title (See Instructions)	Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ		
Dat	ate	Full name of contributor Out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	/15/2024	AT&T Inc. Texas Political Action Committee			· · · · · · · · · · · · · · · · · · ·	\$2,000.00
		Contributor address; City; State; Zip Code		ł		·-,
	I					
	I					
	I	Austin, TX 78701-2471				
Pri	incipal occu	pation / Job title (See Instructions)	Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ		
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Dat		Full name of contributor out-of-state PAC (ID#:		Γ	Amount of Contribution (\$)	
	./15/2024	Akdogan, Urve	/		Allount of Contribution (+)	\$150.00
	10/202 .	Contributor address; City; State; Zip Code		\mathbf{I}		Ψ 1 00.00
	I	Continuation address, City, State, Zip Code				
	I					
	I	Plano, TX 75025-2447				
Pri	incipal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u>		
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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 2/36 Rpt: 5/140 2 FILER NAME Filer ID (Ethics Commission Filers) 3 West, Royce (The Honorable) 00020990 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 10/11/2024 Alford, Cedric \$250.00 6 Contributor address; City; State; Zip Code Sachse, TX 75048-4482 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 10/11/2024 \$100.00 Anton, Bruce Contributor address; City; State; Zip Code Dallas, TX 75201-7845 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) Date 10/11/2024 Apartment Association of Greater Dallas Political Action Committee \$1,000.00 Contributor address; City; State; Zip Code Irving, TX 75038-3220 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 12/12/2024 \$1,000.00 Aransas-Corpus Christi Pilots PAC Contributor address; City; State; Zip Code Corpus Christi, TX 78403-2767 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 09/30/2024 \$10,000.00 Arnold, Greg Contributor address; City; State; Zip Code Dallas, TX 75201-6915 Principal occupation / Job title (See Instructions) Employer (See Instructions) President & CEO **Truman Arnold Companies**

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 3/36 Rpt: 6/140 2 FILER NAME Filer ID (Ethics Commission Filers) 3 West, Royce (The Honorable) 00020990 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 09/10/2024 Associated General Contractors of TX PAC \$2,500.00 6 Contributor address; City; State; Zip Code Austin, TX 78768-2185 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/16/2024 Austin Firefighters Association Political Action Committee \$3,000.00 Contributor address; City; State; Zip Code Austin, TX 78752-2013 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 11/15/2024 Ayata, Ozkan \$100.00 Contributor address; City; State; Zip Code Tulsa, OK 74136-6939 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 11/26/2024 \$2,000.00 Bank of America Corporation State and Federal PAC Contributor address; City; State; Zip Code Wilmington, DE 19808-1611 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 10/07/2024 \$250.00 Barbour, Priscilla Contributor address; City; State; Zip Code Dallas, TX 75236-3021 Principal occupation / Job title (See Instructions) Employer (See Instructions)

The Instru	uction Guide explains how to complete this f	orm.		Total pages Schedule A1: Sch: 4/36 Rpt: 7/140	
2 FILER NAMI	E		3	Filer ID (Ethics Commissio	on Filers)
	ce (The Honorable)			00020990	
4 Date	5 Full name of contributor Out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
12/13/2024	Barnes & Thornburg LLP Texas PAC				\$1,000.00
	6 Contributor address; City; State; Zip Code				
	Indianapolis, IN 46204-3506				
8 Principal occ	cupation / Job title (See Instructions)	9 Employer (See Instructions	s)		
Date	Full name of contributor out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)	
10/10/2024					\$2,500.00
	Contributor address; City; State; Zip Code		"		
	Dallas, TX 75205-2936				
	cupation / Job title (See Instructions)	Employer (See Instructions	s)		
Medical Do	octor (Allergist)	Self			
Date	Full name of contributor out-of-state PAC (ID#:)	T	Amount of Contribution (\$)	
10/11/2024	Benson, Darryl Keith				\$500.00
Contributor address; City; State; Zip Code			1		
D i singless	Dallas, TX 75227-8442		Ĺ		
Principal occ	cupation / Job title (See Instructions)	Employer (See Instructions	S)		
D 11-		<u> </u>	1		
Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	<u>*1 000 00</u>
12/12/2024					\$1,000.00
	Contributor address; City; State; Zip Code				
	Houston, TX 77056-1226				
Principal occ	cupation / Job title (See Instructions)	Employer (See Instructions	s)		
Education		The College of Healthca		Professionals	
Date	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	
10/03/2024		/			\$500.00
10/00/202 .	Contributor address; City; State; Zip Code				4000.00
	Collinuation address, City, State, Zip Code				
	Dallas, TX 75249-3027				
Principal occ	Lupation / Job title (See Instructions)	Employer (See Instructions	s)		

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 5/36 Rpt: 8/140
2 FILER NAME West, Royce	e (The Honorable)		3 Filer ID (Ethics Commission Filers) 00020990
4 Date 12/13/2024	5 Full name of contributor X out-of-state PAC (ID#: CWA COPE PCC	200002089)	7 Amount of Contribution (\$) \$1,000.00
	6 Contributor address; City; State; Zip Code		
	Washington, DC 20001-2760		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions))
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
09/09/2024	Carona Sr., John J.		\$10,000.00
	Contributor address; City; State; Zip Code		
	Dallas, TX 75205-9806		
Principal occu Chairman/CE	upation / Job title (See Instructions) EO	Employer (See Instructions) Associations Inc.)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
10/11/2024	Carter, E. Leon	\$2,500.00	
	Dallas, TX 75287-7528		
	upation / Job title (See Instructions)	Employer (See Instructions))
Attorney		Carter Arnett PLLC	
Date	Full name of contributor X out-of-state PAC (ID#:	200148031)	Amount of Contribution (\$)
10/10/2024	Caterpillar Inc PAC		\$1,500.00
	Contributor address; City; State; Zip Code		
	Irving, TX 75039-3712		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
10/11/2024	Chapman, Randall D.		\$150.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78741-3876		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 6/36 Rpt: 9/140 2 FILER NAME Filer ID (Ethics Commission Filers) 3 West, Royce (The Honorable) 00020990 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 12/05/2024 Charter Communications Inc. Texas PAC \$5,000.00 6 Contributor address; City; State; Zip Code Austin, TX 78701-5007 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/02/2024 \$100.00 Chase, Scott Contributor address; City; State; Zip Code Dallas, TX 75201-4867 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 10/10/2024 **Chevron Employees PAC** \$1,500.00 Contributor address; City; State; Zip Code San Ramon, CA 94583-0716 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/17/2024 \$1,000.00 Colyandro, John Contributor address; City; State; Zip Code Austin, TX 78731-5330 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Public Affairs** Colyandro Public Affairs Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) \$1,000.00 12/09/2024 Comcast Corporation & NBCUniversal Political Action Committee - Texas Contributor address; City; State; Zip Code Philadelphia, PA 19103-2855 Principal occupation / Job title (See Instructions) Employer (See Instructions)

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	The Instru	ction Guide explains how to	o complete this fe	orm.	1	Total pages Schedule A1: Sch: 7/36 Rpt: 10/140	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
-		e (The Honorable)				00020990	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
4	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	09/16/2024	Comerica Inc. PAC	-				\$3,500.00
		6 Contributor address; City; State	te; Zip Code				
		1					
		Dallas, TX 75201-4612					
8	Principal occu	I pation / Job title (See Instructions)		9 Employer (See Instructions)	;)		
I	-	·			, 		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/08/2024	Dallas Police Officer's PAC					\$1,000.00
		Contributor address; City; State					
		1					
		1					
		Dallas, TX 75215-1101]			
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions))		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/12/2024	Davis Kaufman PLLC					\$1,000.00
		Contributor address; City; State; Zip Code					
		Austin, TX 78701-1724			Ĺ		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions))		
=	Dete		7	000011010	_	Amount of Contribution (ft)	
	Date		x out-of-state PAC (ID#: <u>C</u>) (200211318		Amount of Contribution (\$)	<u>ቀ1 000 00</u>
	12/12/2024	Deloitte Political Action Com					\$1,000.00
		Contributor address; City; State	e; Zip Code				
		1					
		Washington, DC 20044-036	35				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)			
	·	· · · · ·	ļ		,		
-	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/25/2024	Dow Inc PAC					\$2,000.00
		Contributor address; City; State	e: Zip Code				
			- /				
		1					
		Midland, MI 48642-4815					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions))		

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	The Instru	ction Guide explains hov	<i>N</i> to complete this f	orm.	1	Total pages Schedule A1: Sch: 8/36 Rpt: 11/140	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
-		e (The Honorable)				00020990	J,
4	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	10/11/2024	Doyle, Carolyn					\$200.00
		6 Contributor address; City; S	state; Zip Code				
		Plano, TX 75075-2602					
8	Principal occu	upation / Job title (See Instructions	s)	9 Employer (See Instructions	;)		
	Date	Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	09/26/2024	Dunning, Thomas M.					\$1,000.00
		Contributor address; City; S					
		Dallas, TX 75220-2227					
		upation / Job title (See Instructions	s)	Employer (See Instructions	;)		
	Retired			Retired			
	Date	Full name of contributor	X out-of-state PAC (ID#:	C00097568)	Γ	Amount of Contribution (\$)	
	09/23/2024	Employees of RTX Corpo	oration PAC				\$1,000.00
		Contributor address; City; State; Zip Code					
		Arlington, VA 22209-3914		1	L		
	Principal occu	upation / Job title (See Instructions	s)	Employer (See Instructions	;)		
			!		—		
	Date	Full name of contributor	x out-of-state PAC (ID#:			Amount of Contribution (\$)	
	12/12/2024	Enterprise Holdings Inc. F	Political Action Commit				\$1,000.00
		Contributor address; City; S	tate; Zip Code				
		Saint Louis, MO 63105-4	ΝΟΟΙ				
┝──	Principal occu	upation / Job title (See Instructions		Employer (See Instructions	\sum_{i}		
	Ешира осса		5)		ッ		
⊨				<u> </u>	—	1	
	Date 12/12/2024	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$1,000.00
	12/12/2024		Ptata: Zin Cada				Φ1,000.00
		Contributor address; City; S	tate; Zip Code				
		Austin, TX 78701-2508					
	Principal occu	upation / Job title (See Instructions		Employer (See Instructions	<u> </u> ເ)		
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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 9/36 Rpt: 12/140 2 FILER NAME Filer ID (Ethics Commission Filers) 3 West, Royce (The Honorable) 00020990 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 10/11/2024 Focused Advocacy Political Action Committee (PAC) \$2,500.00 6 Contributor address; City; State; Zip Code Austin, TX 78746-6773 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/27/2024 Friends of Baylor Med \$2,500.00 Contributor address; City; State; Zip Code Houston, TX 77010-3095 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) Date 12/12/2024 Friends of The Texas Tech University System PAC \$5,000.00 Contributor address; City; State; Zip Code Lubbock, TX 79409-0005 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 12/12/2024 \$5,000.00 Friends of UNT Political Action Committee Contributor address; City; State; Zip Code Dallas, TX 75380-3272 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#:_ \$1,000.00 10/11/2024 Friends of UT Dallas PAC Contributor address; City; State; Zip Code Dallas, TX 75240-6387 Principal occupation / Job title (See Instructions) Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 10/36 Rpt: 13/140 2 FILER NAME Filer ID (Ethics Commission Filers) 3 West, Royce (The Honorable) 00020990 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 12/13/2024 Friends of UT Southwestern Medical Center \$5,000.00 6 Contributor address; City; State; Zip Code Dallas, TX 75230-1330 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 12/12/2024 Friends of the University PAC \$2,500.00 Contributor address; City; State; Zip Code Austin, TX 78763-0552 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 11/15/2024 Gaiypov, Vepa \$150.00 Contributor address; City; State; Zip Code Scottsdale, AZ 85257-2603 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/02/2024 \$5,000.00 Garcia, Domingo A. Contributor address; City; State; Zip Code Dallas, TX 75208-4169 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Domingo Garcia Law Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 10/10/2024 Gary, Printice \$1,500.00 Contributor address; City; State; Zip Code Dallas, TX 75248-3845 Principal occupation / Job title (See Instructions) Employer (See Instructions) Real Estate Developer **Carleton Residential Properties**

	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 11/36 Rpt: 14/140	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
-		(The Honorable)				00020990	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	11/15/2024	Gene, Fatih					\$250.00
		6 Contributor address; City; Sta	ate; Zip Code				
		Carland TX 75040 2702					
	Drincinal occu	Garland, TX 75040-2703 pation / Job title (See Instructions)		9 Employer (See Instructions	<u> </u>		
ľ	Fincipal occu				»)		
⊨	Date	Full name of contributor	x out-of-state PAC (ID#:	.00076810)		Amount of Contribution (\$)	
	12/13/2024	General Motors Company					\$2,000.00
		Contributor address; City; Sta	ate; Zip Code		1		
			07				
⊢	<u> </u>	Washington, DC 20001-14			Ĺ		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
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	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	# 500.00
	10/11/2024	Giddings, Helen					\$500.00
		Contributor address; City; Sta	ate; Zip Code				
		Dallas, TX 75208-6658					
⊢	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>ا</u> ة)		
F	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/26/2024	Ginsburg, Valerie					\$5,000.00
		Contributor address; City; Sta	ate; Zip Code		1		
		Dallas, TX 75201-1904	r		Ĺ		
	Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
╘					_		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	¢1 000 00
	10/03/2024	Gore, Debra	the Zin Onde				\$1,000.00
		Contributor address; City; Sta	ate; Zip Code				
		Austin, TX 78735-6472					
⊢	Principal occu	pation / Job title (See Instructions)	I	Employer (See Instructions	1 5)		
	Not Employe			Not Employed			
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6 Contributor address; City; State; Zip Code Albany, NY 12207-2510 9 B Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 09/23/2024 Gruber, Diane Contributor address; City; State; Zip Code Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Real Estate Agent Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 09/08/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 09/08/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 09/08/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 01/01/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 10/11/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 10/11/2024 Full name of contributor out-of-state PAC (ID#:					
West, Royce (The Honorable) 00020990 4 Date 5 Full name of contributor out-distate PAC (IDE:) 7 Amount of Contribution (\$) 12/13/2024 Greenberg Traurig P.A. PAC 5 Automation (\$) 0 Contributor address: City: State: Zip Code 7 Albany, NY 12207-2510 9 Employer (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-distate PAC (IDE:) Amount of Contribution (\$) 09/23/2024 Full name of contributor out-distate PAC (IDE:) Amount of Contribution (\$) 09/23/2024 Full name of contributor out-distate PAC (IDE:) Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Real Estate Agent Dave Perry Miller Real Estate Employer (See Instructions) Real Estate Agent Dave Perry Miller Real Estate S5.000. 09/08/2024 Full name of contributor out-distate PAC (IDE:) Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) 10/11/2024 Full name of contributor		ction Guide explains how to complete this f	orm.		
West, Royce Che Honorable 00020990 4 Date 12/13/2024 5 Full name of contributor out-of-state PAC (Der) Greenberg Traurig P.A. PAC 7 Amount of Contribution (\$) \$1,000. 6 Contributor address; City; State; Zip Code 5 Contributor address; City; State; Zip Code 5 8 Principal occu- address; City; State; Zip Code 9 Employer (See Instructions) Amount of Contribution (\$) \$5,000. 09/23/2024 Full name of contributor out-of-state PAC (Der) Amount of Contribution (\$) \$5,000. 09/23/2024 Full name of contributor out-of-state PAC (Der) Amount of Contribution (\$) \$5,000. 09/23/2024 Gruber, Diane Contributor address; City; State; Zip Code Amount of Contribution (\$) \$5,000. Principal occupation / Job title (See Instructions) Real Estate Agent Employer (See Instructions) Dave Perry Miller Real Estate Date Full name of contributor out-of-state PAC (Der) Amount of Contribution (\$) \$5,000. 09/08/2024 Full name of contributor out-of-state PAC (Der) Amount of Contribution (\$) \$5,000. 10/11/2024 Full name of contributor out-of-state PAC (Der) <td< td=""><td>2 FILER NAME</td><td></td><td></td><td>3 Filer ID (Ethics Commission</td><td>on Filers)</td></td<>	2 FILER NAME			3 Filer ID (Ethics Commission	on Filers)
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6 Contributor address; City; State; Zip Code Albany, NY 12207-2510 9 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (IDF;) Amount of Contribution (\$) Gruber, Diane Date Full name of contributor out-of-state PAC (IDF;) Amount of Contribution (\$) S5,000. Principal occupation / Job title (See Instructions) Employer (See Instructions) Dave Perry Miller Real Estate Amount of Contribution (\$) Gruber, Grady M Oafle Full name of contributor out-of-state PAC (IDF;) Amount of Contribution (\$) S5,000. Og/08/2024 Full name of contributor out-of-state PAC (IDF;) Amount of Contribution (\$) S5,000. Og/08/2024 Full name of contributor out-of-state PAC (IDF;) Amount of Contribution (\$) S5,000. Date Full name of contributor out-of-state PAC (IDF;) Amount of Contribution (\$) S1,000. 10/11/2024 Full name of contributor out-of-state PAC (IDF;) Amount of Contribution (\$) S1,000. 10/11/2024 Full name of contributor out-of-state PAC (IDF;	4 Date	5 Full name of contributor Out-of-state PAC (ID#:_	ī	7 Amount of Contribution (\$)	
6 Contributor address; City; State; Zip Code Albany, NY 12207-2510 9 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 0ate Full name of contributor out-of-state PAC (ID#	12/13/2024				\$1,000.00
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 09/23/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 09/23/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 09/23/2024 Contributor address; City; State; Zip Code Date Date Instructions) Employer (See Instructions) Real Estate Agent Dave Perry Miller Real Estate Amount of Contribution (\$) \$5,000. 09/08/2024 Gruber, Grady M out-of-state PAC (ID#:) Amount of Contribution (\$) 09/08/2024 Gruber, Grady M contributor address; City; State; Zip Code Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Attorney Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 10/11/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 10/11/2024 Full name of contributor out-of-state PAC					
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 0 Date 09/23/2024 Full name of contributor Gruber, Diane out-of-state PAC (ID#:) Amount of Contribution (\$) \$5,000. 0 Principal occupation / Job title (See Instructions) Real Estate Agent Employer (See Instructions) Dave Perry Miller Real Estate 0 Date 09/08/2024 Full name of contributor out-of-state PAC (ID#:) Gruber, Grady M Amount of Contribution (\$) S5,000. 09/08/2024 Gruber, Grady M out-of-state PAC (ID#:) Gruber, Grady M Amount of Contribution (\$) S5,000. 09/08/2024 Gruber, Grady M out-of-state PAC (ID#:) Grouper (See Instructions) Contributor address; City; State; Zip Code Amount of Contribution (\$) S5,000. Principal occupation / Job title (See Instructions) Attorney Employer (See Instructions) Greenberg Traurig LLP Amount of Contribution (\$) S1,000. Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) S1,000. 10/11/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) S1,000. 10/11/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) S1,000. Principal occupation / Job title (See Instructions) Employer (See Instructions) <td< td=""><td></td><td></td><td></td><td></td><td></td></td<>					
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Principal occupation / Job title (See Instructions) Real Estate Agent Employer (See Instructions) Dave Perry Miller Real Estate Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 09/08/2024 Gruber, Grady M Amount of Contribution (\$) 09/08/2024 Gruber, Grady M \$5,000. Contributor address; City; State; Zip Code Amount of Contribution (\$) Dallas, TX 75201-2283 Employer (See Instructions)					
Principal occupation / Job title (See Instructions) Real Estate Agent Employer (See Instructions) Dave Perry Miller Real Estate Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 09/08/2024 Gruber, Grady M					
Date Agent Dave Perry Miller Real Estate Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) Amount of Contribution (\$) 09/08/2024 Gruber, Grady M Contributor address; City; State; Zip Code Amount of Contribution (\$) \$5,000. Date Dallas, TX 75201-2283 Employer (See Instructions) Employer (See Instructions) Attorney Full name of contributor out-of-state PAC (ID#: Out-of-state PAC (ID#: Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) \$1,000. 10/11/2024 Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) \$1,000. Principal occuration / Job title (See Instructions) Contributor address; City; State; Zip Code Amount of Contribution (\$) \$1,000. Principal occuration / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) \$1,000. Principal occuration / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:		Dallas, TX 75201-2283			
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 09/08/2024 Gruber, Grady M \$5,000. Contributor address; City; State; Zip Code S5,000. Dallas, TX 75201-2283 Employer (See Instructions) Attorney Greenberg Traurig LLP Date Full name of contributor out-of-state PAC (ID#:) 10/11/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contributor address; City; State; Zip Code Amount of Contribution (\$) 10/11/2024 Full name of contributor out-of-state PAC (ID#:) Austin, TX 78701-1957 Austin, TX 78701-1957 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) \$1,000. Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) \$1,000. Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)	Principal occ	upation / Job title (See Instructions)	Employer (See Instructions)		
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Contributor address; City; State; Zip Code Dallas, TX 75201-2283 Principal occupation / Job title (See Instructions) Attorney Date Full name of contributor Out-of-state PAC (ID#:) Amount of Contribution (\$) HOMEPAC of the Texas Assn. of Builders Contributor address; City; State; Zip Code Austin, TX 78701-1957 Principal occupation / Job title (See Instructions) Employer (See Instructions) Greenberg Traurig LLP Austin, TX 78701-1957 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) State; Zip Code Austin, TX 78701-1957 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)	Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
Contributor address; City; State; Zip Code Dallas, TX 75201-2283 Principal occupation / Job title (See Instructions) Attorney Employer (See Instructions) Greenberg Traurig LLP Date Full name of contributor out-of-state PAC (ID#:) HOMEPAC of the Texas Assn. of Builders Amount of Contribution (\$) \$1,000. 10/11/2024 Full name of contributor address; City; State; Zip Code Amount of Contribution (\$) \$1,000. Principal occupation / Job title (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Austin, TX 78701-1957 Employer (See Instructions) \$mount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)	09/08/2024				\$5,000.00
Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Greenberg Traurig LLP Date Full name of contributor out-of-state PAC (ID#:) 10/11/2024 HOMEPAC of the Texas Assn. of Builders Amount of Contribution (\$) Contributor address; City; State; Zip Code Austin, TX 78701-1957 \$1,000. Principal occupation / Job title (See Instructions) Employer (See Instructions) \$1,000. Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)					
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10/11/2024 HOMEPAC of the Texas Assn. of Builders \$1,000. Contributor address; City; State; Zip Code Austin, TX 78701-1957 \$1,000. Principal occupation / Job title (See Instructions) Employer (See Instructions) \$1,000. Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)	Attorney		Greenberg Traurig LLP		
Contributor address; City; State; Zip Code Austin, TX 78701-1957 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$))	Amount of Contribution (\$)	
Contributor address; City; State; Zip Code Austin, TX 78701-1957 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)	10/11/2024				\$1,000.00
Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:)		Contributor address; City; State; Zip Code			
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Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:)		Austin TX 78701-1957			
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)					
	Principal occi		Employer (See Instructions)		
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		upation / Job title (See Instructions)			
Contributor address; City; State; Zip Code	Date	Full name of contributor out-of-state PAC (ID#:			\$250.00
	Date	Full name of contributor out-of-state PAC (ID#:_ Harris, Mark			\$250.00
	Date	Full name of contributor out-of-state PAC (ID#:_ Harris, Mark			\$250.00
Hyattsville, MD 20782-2638	Date	Full name of contributor out-of-state PAC (ID#:_ Harris, Mark			\$250.00
Principal accuration / Job title (See Instructions)	Date	upation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Harris, Mark Contributor address; City; State; Zip Code			\$250.00
	Date 10/02/2024	upation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Harris, Mark Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$250.00
	Date 10/02/2024	Full name of contributor out-of-state PAC (ID#:_ Harris, Mark Contributor address; City; State; Zip Code Hyattsville, MD 20782-2638)	Amount of Contribution (\$)	\$250.00
	Date 10/02/2024	Full name of contributor out-of-state PAC (ID#:_ Harris, Mark Contributor address; City; State; Zip Code Hyattsville, MD 20782-2638)	Amount of Contribution (\$)	\$250.00

	The Instru	ction Guide explains how to	complete this for	m.	1	Total pages Schedule A1: Sch: 13/36 Rpt: 16/140	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
-		e (The Honorable)				00020990	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	10/08/2024	Hawkins III, Albert					\$1,500.00
		6 Contributor address; City; State;	Zip Code				
		Austin, TX 78750-8307					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u> נו		
	Consultant			Albert Hawkins Public P		cy Consulting	
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	11/14/2024	HillCo PAC					\$2,500.00
		Contributor address; City; State;					
		Austin, TX 78701-2458	i				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date		out-of-state PAC (ID#:)		Amount of Contribution (\$)	# 4 000 00
	10/14/2024						\$1,000.00
		Contributor address; City; State;	Zip Code				
		Bedford, TX 76021-3836					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	;)		
	Technology			Tactura	,		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/12/2024	Houston Pilots PAC		· · · · · · · · · · · · · · · · · · ·		()	\$2,500.00
		Contributor address; City; State;	Zip Code				
		Deer Park, TX 77536-3270					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date		out-of-state PAC (ID#: CO	0271007)		Amount of Contribution (\$)	
	09/23/2024	Humana Inc. Political Action (Committee				\$1,000.00
		Contributor address; City; State;	Zip Code				
		Washington, DC 20004-1458					
⊢	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	L;)		
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2		e (The Honorable)			3	Filer ID (Ethics Commission 00020990	on Filers,
4	Date	5 Full name of contributor out-of-stat	te PAC (ID#:)	7	Amount of Contribution (\$)	
	09/12/2024	Hunt, Ray L.					\$10,000.00
	I	6 Contributor address; City; State; Zip Code	e				
	I						
	I						
		Dallas, TX 75201-2300					
8		pation / Job title (See Instructions)	9	9 Employer (See Instructions	;)		
	Executive Ch	1airman		Hunt Consolidated Inc.			
F	Date	Full name of contributor 🔲 out-of-stat	ite PAC (ID#:)		Amount of Contribution (\$)	
	12/12/2024	Jackson Walker L.L.P. Political Action					\$1,500.00
	1	Contributor address; City; State; Zip Code	е				
	I						
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		Austin, TX 78701-4042	r		Ļ		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	;)		
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	Date		te PAC (ID#:)		Amount of Contribution (\$)	
	10/11/2024	Jackson, Terry J					\$1,000.00
	I	Contributor address; City; State; Zip Code	9				
	I						
		Grand Prairie, TX 75052-7060					
\vdash	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Accountant			Pappas Restaurants)		
╞	Date	Full name of contributor	te PAC (ID#:		_	Amount of Contribution (\$)	
	10/21/2024	Jamison, Calvin D	le PAC (ID#	/			\$1,000.00
		Contributor address; City; State; Zip Code					Ψ1,000.00
	I	Cultinului duuless, City, State, Zip Couc	3				
	I						
	I	Dallas, TX 75379-8054					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	;)		
	Administrato	r		UTD			
╞	Date	Full name of contributor out-of-stat	te PAC (ID#:)	Γ	Amount of Contribution (\$)	
	10/08/2024	Johansen, Mark L.					\$1,000.00
	Contributor address; City; State; Zip Code						
	I						
	I						
		Dallas, TX 75225-7400					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	;)		
	Attorney			Egan Nelson LP			
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	The Instru	ction Guide explains how	v to complete this f	orm.	1	Total pages Schedule A1: Sch: 15/36 Rpt: 18/140	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
-		e (The Honorable)				00020990	///////////////////////////////////////
4	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	10/11/2024	Johnson, Willis		l			\$250.00
		6 Contributor address; City; S	State; Zip Code		1		
		Dallas, TX 75215-1841					
8	Principal occu	upation / Job title (See Instructions	5)	9 Employer (See Instructions	5)		
	Owner			JBJ Marketing			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	10/11/2024	Johnson, Willis	—				\$1,000.00
		Contributor address; City; S			1		
		-		I			
		Dallas, TX 75215-1841		l			
	Principal occu	upation / Job title (See Instructions	s)	Employer (See Instructions	5)		
	Owner		1	JBJ Marketing			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	12/06/2024	Junior & Community Colle		,		Amount of Container (1)	\$1,000.00
	12/00/202	Contributor address; City; S	-		ł		Ψ1,000
			lale, Zip Coue	I			
				I			
		Austin, TX 78701-1686		I			
	Principal occu	Jupation / Job title (See Instructions	<u></u>	Employer (See Instructions	<u>ا</u> ج)		
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╞═	Date	Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	12/13/2024	Justice and Unity for Soci					\$500.00
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				l			
		Austin, TX 78701-1668		l			
⊢	Principal occu	I upation / Job title (See Instructions	s)	Employer (See Instructions	<u>لــــــــــــــــــــــــــــــــــــ</u>		
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⊨	Date	Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	10/10/2024	Keever, Graham		/		Allound of Continents (1)	\$450.00
	10, 10, 2	Contributor address; City; S	State: Zin Code		ł		¥
			lale, zip coue	I			
		Austin, TX 78759-7518		l			
┢	Principal occu	upation / Job title (See Instructions		Employer (See Instructions	<u>ال</u>		
	T Intopui oosa	pation roop the coor monutations	5)		"		
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2	FILER NAME				3	Filer ID (Ethics Commission	on Filers)
	West, Royce	e (The Honorable)				00020990	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	10/09/2024	Keyes, Katrina	_				\$1,200.00
	I	6 Contributor address; City; St	tate; Zip Code		"		
	I						
	I						
		Dallas, TX 75204-2725					
8		upation / Job title (See Instructions	s)	9 Employer (See Instruction	ıs)		
	Business Ow	vner		K Strategies			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)	
	10/11/2024	King Family Trust					\$1,500.00
		Contributor address; City; St			"		
	I						
	I						
		Desoto, TX 75115-7404					
	Principal occu	upation / Job title (See Instructions	s)	Employer (See Instruction	ıs)		
	Date	Full name of contributor	out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)	
	10/29/2024	King, Royle					\$500.00
	!	Contributor address; City; State; Zip Code			"		
	I						
	I						
		Dallas, TX 75228-1741					
	Principal occu	upation / Job title (See Instructions	s)	Employer (See Instruction	ıs)		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	_
	10/11/2024	Knox Jr., McKinley W					\$500.00
	I	Contributor address; City; St	tate; Zip Code		"		
	I						
	I						
		Joshua, TX 76058-5230					
	Principal occu	upation / Job title (See Instructions	s)	Employer (See Instruction	is)		
L		 	!		, -		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	11/15/2024	Konuk, Ahmet					\$150.00
	I	Contributor address; City; St	ate; Zip Code				
	I						
	I	Mulio TX 75009 4621					
┢	Dringingl agg	Wylie, TX 75098-4621		Employer (See Instruction			
	Phincipal occu	upation / Job title (See Instructions	·)	Employer (See Instruction	IS)		
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The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: Sch: 17/36 Rpt: 20/140 2 FILER NAME West, Royce (The Honorable) 3 Filer ID (Ethics Commission F 00020990 4 Date 10/07/2024 5 Full name of contributor Kramer, William A. 6 Contributor address; City; State; Zip Code 7 Amount of Contribution (\$) 8 Principal occupation / Job title (See Instructions) Attorney 9 Employer (See Instructions) Republic Title of Texas Inc.	Filers) 1,000.00
2 FILER NAME West, Royce (The Honorable) 3 Filer ID (Ethics Commission F 00020990 4 Date 10/07/2024 5 Full name of contributor out-of-state PAC (ID#:) Kramer, William A. 7 Amount of Contribution (\$) (\$) 6 Contributor address; City; State; Zip Code 5 Contributor address; City; State; Zip Code 5 8 Principal occuration / Job title (See Instructions) 9 Employer (See Instructions) 9	
West, Royce (The Honorable) 00020990 4 Date 10/07/2024 5 Kramer, William A. 6 Contributor address; City; State; Zip Code Dallas, TX 75204-4064 9 Employer (See Instructions)	
10/07/2024 Kramer, William A. \$1 6 Contributor address; City; State; Zip Code \$1 Dallas, TX 75204-4064 Dallas, TX 75204-4064 \$1 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	1,000.00
 6 Contributor address; City; State; Zip Code Dallas, TX 75204-4064 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 	1,000.00
6 Contributor address; City; State; Zip Code Dallas, TX 75204-4064 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	
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8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	
Attorney Republic Litle of Lexas Inc.	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)	
12/10/2024 Legacy 44 PAC \$1	1,500.00
Contributor address; City; State; Zip Code	
Austin, TX 78756-3522	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)	
10/18/2024 Lewis, Peter C.	\$500.00
Contributor address; City; State; Zip Code	
Dallas, TX 75244-6727	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)	
10/11/2024 Linebarger Goggan Blair & Sampson LLP \$2	2.500.00
	2,500.00
	2,500.00
	2,500.00
	2,500.00
Contributor address; City; State; Zip Code	2,500.00
Contributor address; City; State; Zip Code Austin, TX 78760-7428	2,500.00
Contributor address; City; State; Zip Code Austin, TX 78760-7428	2,500.00
Contributor address; City; State; Zip Code Austin, TX 78760-7428 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)	2,500.00
Contributor address; City; State; Zip Code Austin, TX 78760-7428 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)	
Contributor address; City; State; Zip Code Austin, TX 78760-7428 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor 10/28/2024 Lloyd Gosselink Rochelle & Townsend P.C. \$1	
Contributor address; City; State; Zip Code Austin, TX 78760-7428 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor 10/28/2024 Lloyd Gosselink Rochelle & Townsend P.C. \$1	
Contributor address; City; State; Zip Code Austin, TX 78760-7428 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor 10/28/2024 Lloyd Gosselink Rochelle & Townsend P.C. \$1	
Contributor address; City; State; Zip Code Austin, TX 78760-7428 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor IO/28/2024 Lloyd Gosselink Rochelle & Townsend P.C. Contributor address; City; State; Zip Code	
Contributor address; City; State; Zip Code Austin, TX 78760-7428 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Out-of-state PAC (ID#:) Amount of Contribution (\$) Lloyd Gosselink Rochelle & Townsend P.C. Contributor address; City; State; Zip Code Austin, TX 78701-2478	
Contributor address; City; State; Zip Code Austin, TX 78760-7428 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Out-of-state PAC (ID#:) Amount of Contribution (\$) Lloyd Gosselink Rochelle & Townsend P.C. Contributor address; City; State; Zip Code Austin, TX 78701-2478	

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The Instruc	ction Guide explains how to complete this	s form.	Sch: 18/36 Rpt: 21/140
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
West, Royce	e (The Honorable)		00020990
4 Date	5 Full name of contributor out-of-state PAC (ID:	#:)	7 Amount of Contribution (\$)
10/11/2024	Lonon, Justin		\$500.00
	6 Contributor address; City; State; Zip Code]
	Frisco, TX 75033-1337		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)
Date	Full name of contributor out-of-state PAC (ID;)#:)	Amount of Contribution (\$)
10/03/2024	Matthews, John H.		\$5,000.00
	Contributor address; City; State; Zip Code]
	Argyle, TX 76226-9569		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)
Developer	• •	Matthews Southwest/Ma	
Date	Full name of contributor out-of-state PAC (ID;		Amount of Contribution (\$)
11/12/2024 McGuire, Michael			\$2,500.00
	Contributor address; City; State; Zip Code		1
	Dallas TV 75205 2126		
Bringinal occu	Dallas, TX 75205-3126	Employor (See Instructions	
President/CE	pation / Job title (See Instructions) EO	Employer (See Instructions Andrews Distributing Co	
Date			Amount of Contribution (\$)
10/10/2024	Full name of contributor X out-of-state PAC (ID) McGuireWoods Federal PAC	#:	\$1,000.00
10/10/202	Contributor address; City; State; Zip Code		
	Richmond, VA 23219-3956		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)
			1
Date 10/11/2024	Full name of contributor X out-of-state PAC (ID) McKesson Corporation Employees PAC	#: <u>C00108035</u>)	Amount of Contribution (\$)
10/11/2024			\$1,500.00
	Contributor address; City; State; Zip Code		
	Washington, DC 20004-2173		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 19/36 Rpt: 22/140	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
-		(The Honorable)			00020990	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	10/23/2024	Medlock, Kenneth				\$1,500.00
		6 Contributor address; City; State; Zip Code				
		Duncanville, TX 75137-3734				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Real Estate	Broker	Townview Realtors			
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	10/14/2024	Mitchell, Verna George				\$100.00
		Contributor address; City; State; Zip Code				
		Dallas, TX 75232-3318				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	 5)		
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	12/12/2024	Moak Casey PAC				\$1,000.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78701-5002				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	10/04/2024	National Association of Social Workers PAC				\$200.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78701-2010				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> چ)		
				,		
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	10/11/2024	Netzer, Jeffrey	/			\$250.00
		Contributor address; City; State; Zip Code				,
		Contributor address, City, State, Zip Code				
		Dallas, TX 75219-5318				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)		
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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 Total pages Schedule A1: 1 The Instruction Guide explains how to complete this form. Sch: 20/36 Rpt: 23/140 2 FILER NAME Filer ID (Ethics Commission Filers) 3 West, Royce (The Honorable) 00020990 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 10/28/2024 North Texas Automobile Dealers PAC \$5,000.00 6 Contributor address; City; State; Zip Code Irving, TX 75062-2781 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 12/09/2024 Nucor Corporation Political Action Committee of Texas \$500.00 Contributor address; City; State; Zip Code Jewett, TX 75846-3374 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 08/22/2024 Nye Jr., Erle Allen \$15,000.00 Contributor address; City; State; Zip Code Dallas, TX 75225-7117 Principal occupation / Job title (See Instructions) Employer (See Instructions) CEO **Oncor Electric Delivery Company** Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/08/2024 \$500.00 Ogletree, John Contributor address; City; State; Zip Code Houston, TX 77095-4959 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of Contribution (\$) \$4,000.00 10/11/2024 Oncor Texas State Political Action Committee of Oncor Electric Delivery Contributor address; City; State; Zip Code Dallas, TX 75202-1234 Principal occupation / Job title (See Instructions) Employer (See Instructions)

	The Instru	ction Guide explains how to c	omplete this forr	n.	1	Total pages Schedule A1: Sch: 21/36 Rpt: 24/140	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
		(The Honorable)				00020990	,
4	Date	5 Full name of contributor	it-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	12/12/2024	Pardue, Leslie					\$2,500.00
		6 Contributor address; City; State; Zi					
		-					
		Austin, TX 78737-4487					
8		pation / Job title (See Instructions)	9	Employer (See Instructions)		
	Consultant			Self			
Γ	Date	Full name of contributor	it-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/11/2024	Parrish, Roland					\$750.00
		Contributor address; City; State; Zi					
		Dallas, TX 75208-6624					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
F	Date	Full name of contributor	it-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/11/2024	Payne, Colleen J					\$2,000.00
		Contributor address; City; State; Zi	p Code				
		-					
		Richardson, TX 75081-1970					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	President			MCI Diagnostics			
F	Date	Full name of contributor	It-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/10/2024	Political Action Committee of Th	ne Independent Insu	Irance Agents of Texas			\$2,500.00
		Contributor address; City; State; Zi					
			•				
		Austin, TX 78768-4487					
⊢	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
F	Date	Full name of contributor	It-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/12/2024	Red Rock Texas PAC					\$4,000.00
		Contributor address; City; State; Zi	p Code				
		Austin, TX 78701-2114					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 22/36 Rpt: 25/140 2 FILER NAME Filer ID (Ethics Commission Filers) 3 West, Royce (The Honorable) 00020990 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 10/10/2024 Russell, Victor F \$250.00 6 Contributor address; City; State; Zip Code Carrollton, TX 75007-1920 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/23/2024 Ryan Texas PAC \$5,000.00 Contributor address; City; State; Zip Code Dallas, TX 75240-5050 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 12/12/2024 Sabine Pilot PAC \$1,000.00 Contributor address; City; State; Zip Code Port Arthur, TX 77640-2001 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 12/12/2024 \$500.00 Sampson Public Affairs LLC Contributor address; City; State; Zip Code Austin, TX 78749-5202 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 10/11/2024 \$250.00 Sampson, Demetris A Contributor address; City; State; Zip Code Dallas, TX 75376-3834 Principal occupation / Job title (See Instructions) Employer (See Instructions)

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2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
		e (The Honorable)			00020990	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	10/10/2024	Sanders, Tyrus				\$1,500.00
		6 Contributor address; City; State; Zip Code				
		Murphy, TX 75094-4139				
8	Principal occu Banker	pation / Job title (See Instructions)	9 Employer (See Instructions Regions Bank	5)		
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/28/2024	Sazerac Company Inc. PAC				\$1,000.00
		Washington, DC 20002-5809				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/04/2024	Schenkel, Pete				\$1,000.00
		Contributor address; City; State; Zip Code				
		Dallas, TX 75208-4349				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Retired		Retired			
F	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	10/10/2024	Sewell, Carl				\$2,500.00
		Contributor address; City; State; Zip Code		1		
		Dallas, TX 75225-6596				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Auto Dealer		Sewell Automotive Com	ipa	nies	
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/13/2024	Shapiro Linn Strategic Consulting LLC				\$750.00
		Contributor address; City; State; Zip Code		1		
		Austin, TX 78734-0001				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
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2	FILER NAME			3	Filer ID (Ethics Commission	on Filers)
	West, Royce	e (The Honorable)			00020990	
4	Date	5 Full name of contributor out-of-state PAC	C (ID#:)	7	Amount of Contribution (\$)	
	10/03/2024	Smith, Robert M				\$1,000.00
		6 Contributor address; City; State; Zip Code		"		
		Dallas, TX 75230-1955				
8		pation / Job title (See Instructions)	9 Employer (See Instructions			
	President &	CEO	Accident & Injury Pain C	Cen	ters Group	
	Date	Full name of contributor out-of-state PAC	C (ID#:)	Γ	Amount of Contribution (\$)	
	09/15/2024	Sparks, Mildred				\$1,000.00
		Contributor address; City; State; Zip Code				
		Grand Prairie, TX 75052-7145				
	-	ipation / Job title (See Instructions)	Employer (See Instructions	s)		
	Real Estate		Self			
	Date	Full name of contributor out-of-state PAC	(ID#:)	T	Amount of Contribution (\$)	
	10/01/2024	Steinhart, Ronald				\$1,000.00
	Contributor address; City; State; Zip Code			"		
		Dallas, TX 75230-3055				
		ipation / Job title (See Instructions)	Employer (See Instructions	s)		
	Not Employe	3d	Not Employed			
	Date	Full name of contributor out-of-state PAC	C (ID#:)	Ţ	Amount of Contribution (\$)	
	10/11/2024	Sutton Jr, Walter L				\$200.00
		Contributor address; City; State; Zip Code]		
	Drive in all a servi	Dallas, TX 75287-6624	E (Cool lastruction			
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	S)		
				-		
	Date	Full name of contributor out-of-state PAC	; (ID#:)		Amount of Contribution (\$)	÷ . =
	12/12/2024	Sween, Paul				\$1,500.00
		Contributor address; City; State; Zip Code				
		Paradise Valley, AZ 85253-2259				
-	Drincinal occu	pation / Job title (See Instructions)	Employer (See Instructions			
		aging Partner	Dominium	5)		

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 25/36 Rpt: 28/140 2 FILER NAME Filer ID (Ethics Commission Filers) 3 West, Royce (The Honorable) 00020990 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 12/12/2024 TX Petro Marketers & Convenience Store Assoc. PAC \$1,000.00 6 Contributor address; City; State; Zip Code Austin, TX 78701-1671 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/01/2024 Taylor, Ben \$250.00 Contributor address; City; State; Zip Code Dallas, TX 75214-3881 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Amount of Contribution (\$) Date 10/10/2024 Ted B. Lyon & Associates P. C. \$1,000.00 Contributor address; City; State; Zip Code Mesquite, TX 75150-5614 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/11/2024 \$1,000.00 Tenaska Employees Texas Political Action Committee Contributor address; City; State; Zip Code Omaha, NE 68154-5212 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 12/10/2024 Texans for Reasonable Solutions PAC \$2,500.00 Contributor address; City; State; Zip Code Austin, TX 78741-6931 Principal occupation / Job title (See Instructions) Employer (See Instructions)

West, Royce (The Honorable) 00020990	_					—		
West, Royce (The Honorable) 00020990 4 Date 5 Full name of contributor oxt-of-state PAC (DB*		The Instru	ction Guide explains how	to complete this fo	orm.	1		
West, Royce (The Honorable) 00020990 4 Date 5 Full name of contributor out-of-state PAC (DF:) 7 Amount of Contribution (\$) 11/26/204 6 Contributor address; City; State; Zip Code 7 Amount of Contribution (\$) \$ 1,000.00 3 Principal accupation / Job title (See instructions) 9 Employer (See instructions) 7 Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (DE:) Amount of Contribution (\$) 10/11/2024 Full name of contributor out-of-state PAC (DE:) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (DE:) Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) \$ 1,500.00 Date Full name of contributor out-of-state PAC (DE:) Amount of Contribution (\$) 12/13/2024 Full name of contributor out-of-state PAC (DE:) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (DE:) Amount of Contribution (\$) 12/13/2024 Full name of contributor out-of-state PAC (DE:) Amount of Contribution (\$) 12/13/2024 Full name of contributor </td <td>2</td> <td>FILER NAME</td> <td></td> <td></td> <td></td> <td>3</td> <td>Filer ID (Ethics Commissio</td> <td>on Filers)</td>	2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
11/26/2024 Texas AFL- CIO State COPE Fund \$1,000.00 6 Contributor address; City: State; Zip Code Austin, TX 78711-2727 3 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (Der		West, Royce	e (The Honorable)					
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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 Total pages Schedule A1: 1 The Instruction Guide explains how to complete this form. Sch: 27/36 Rpt: 30/140 2 FILER NAME Filer ID (Ethics Commission Filers) 3 West, Royce (The Honorable) 00020990 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 10/11/2024 Texas Association of Property Tax Professionals PAC \$1,000.00 6 Contributor address; City; State; Zip Code Helotes, TX 78023-0933 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 07/30/2024 Texas Association of REALTORS Political Action Committee \$5,000.00 Contributor address; City; State; Zip Code Austin, TX 78768-2246 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) Date 09/16/2024 Texas Association of REALTORS Political Action Committee \$5,000.00 Contributor address; City; State; Zip Code Austin, TX 78768-2246 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/10/2024 Texas Bankers Assn. Bankers PAC \$2,500.00 Contributor address; City; State; Zip Code Austin, TX 78701-2321 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/17/2024 \$5,000.00 Texas Cornerstone Credit Union League PAC Contributor address; City; State; Zip Code Dallas, TX 75265-5147 Principal occupation / Job title (See Instructions) Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 Total pages Schedule A1: 1 The Instruction Guide explains how to complete this form. Sch: 28/36 Rpt: 31/140 2 FILER NAME Filer ID (Ethics Commission Filers) 3 West, Royce (The Honorable) 00020990 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 11/20/2024 **Texas Dental Association Political Action Committee** \$2,000.00 6 Contributor address; City; State; Zip Code Austin, TX 78704-3644 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 12/13/2024 **Texas Early Childcare PAC** \$2,000.00 Contributor address; City; State; Zip Code Austin, TX 78701-1668 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 12/12/2024 Texas Instruments Incorporated Political Action Committee \$1,000.00 Contributor address; City; State; Zip Code Dallas, TX 75243-0592 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 12/12/2024 Texas Medical Association Political Action Committee \$2,500.00 Contributor address; City; State; Zip Code Austin, TX 78701-1624 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#:_ 11/07/2024 \$3,000.00 **Texas Mortgage Bankers PAC** Contributor address; City; State; Zip Code Austin, TX 78701-2186 Principal occupation / Job title (See Instructions) Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 29/36 Rpt: 32/140 2 FILER NAME Filer ID (Ethics Commission Filers) 3 West, Royce (The Honorable) 00020990 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 10/10/2024 Texas Motor Transportation Association TRUCKPAC \$2,000.00 6 Contributor address; City; State; Zip Code Austin, TX 78701-1979 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/23/2024 **Texas Nurse PAC** \$2,000.00 Contributor address; City; State; Zip Code Austin, TX 78759-8444 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 10/11/2024 **Texas Optometric PAC** \$2,000.00 Contributor address; City; State; Zip Code Austin, TX 78701-2020 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 12/12/2024 **Texas Pharmacy Association PAC** \$1,000.00 Contributor address; City; State; Zip Code Austin, TX 78757-8034 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#:_ 10/10/2024 \$1,000.00 **Texas Podiatric Medical PAC** Contributor address; City; State; Zip Code Austin, TX 78701-2342 Principal occupation / Job title (See Instructions) Employer (See Instructions)

	The Instru	ction Guide explains how to complete th	is form.	1	Total pages Schedule A1: Sch: 30/36 Rpt: 33/140	
2	FILER NAME			3	Filer ID (Ethics Commission	on Filers)
-		e (The Honorable)			00020990	
4	Date	5 Full name of contributor out-of-state PAC	ID#:) 7	Amount of Contribution (\$)	
	12/12/2024	Texas Sands PAC				\$4,000.00
		6 Contributor address; City; State; Zip Code				
		Austin, TX 78701-4093				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instr	uctions)		
_	Date	Full name of contributor out-of-state PAC	ID#:)	Amount of Contribution (\$)	
	10/15/2024	Texas Society of Architects Committee				\$2,500.00
						·
		· · · · · · · · · · · · · · · · · · ·				
		Austin, TX 78702-2754				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instr	uctions)		
	Date	Full name of contributor out-of-state PAC	ID#:)	Amount of Contribution (\$)	
	10/18/2024 Texas Society of Certified Public Accountants PAC					\$1,000.00
		Contributor address; City; State; Zip Code				
	Deinsinglasse	Dallas, TX 75254-7465				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instr	uctions)		
	Date	Full name of contributor out-of-state PAC	I ID#:)	Amount of Contribution (\$)	
	11/25/2024	Texas State Teachers Association PAC				\$1,000.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78759-8327				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instr	uctions)		
	Date	Full name of contributor out-of-state PAC	ID#:	_)	Amount of Contribution (\$)	* = 000 00
	10/11/2024	Texas Trial Lawyers Association PAC				\$5,000.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78701-1814				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instr	uctions)		
		· · · · · · · · · · · · · · · · · · ·				
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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 Total pages Schedule A1: 1 The Instruction Guide explains how to complete this form. Sch: 31/36 Rpt: 34/140 2 FILER NAME Filer ID (Ethics Commission Filers) 3 West, Royce (The Honorable) 00020990 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 12/03/2024 **Texas Trial Lawyers Association PAC** \$5,000.00 6 Contributor address; City; State; Zip Code Austin, TX 78701-1814 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/15/2024 Texas United Automobile Workers CAP Volunteer Fund Committee \$2,000.00 Contributor address; City; State; Zip Code Dallas, TX 75247-3753 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 11/05/2024 Texas and Southwestern Cattle Raisers Association State PAC \$2,500.00 Contributor address; City; State; Zip Code Fort Worth, TX 76102-2653 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/11/2024 The Beer Alliance of Texas Political Action Committee \$1,500.00 Contributor address; City; State; Zip Code Austin, TX 78701-2656 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 12/12/2024 \$2,000.00 The Political Action Committee of the Texas Hospital Association Contributor address; City; State; Zip Code Austin, TX 78701-2180 Principal occupation / Job title (See Instructions) Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 32/36 Rpt: 35/140 2 FILER NAME Filer ID (Ethics Commission Filers) 3 West, Royce (The Honorable) 00020990 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 10/23/2024 The Real Estate Council Political Action Committee \$2,000.00 6 Contributor address; City; State; Zip Code Dallas, TX 75201-1104 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 12/12/2024 The Texas State University System PAC \$2,500.00 Contributor address; City; State; Zip Code Austin, TX 78767-1408 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 10/11/2024 Thompson & Horton LLP \$1,500.00 Contributor address; City; State; Zip Code Houston, TX 77027-7554 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/11/2024 Todd II, Frederick D \$2,500.00 Contributor address; City; State; Zip Code Cedar Hill, TX 75104-1535 Principal occupation / Job title (See Instructions) Employer (See Instructions) Arlington Neurosurgical & Spine Associates Physician X out-of-state PAC (ID#: C00542365 Date Full name of contributor Amount of Contribution (\$) 10/11/2024 \$2,000.00 Toyota Motor North America Inc Political Action Committee(Toyota/Lexus Contributor address; City; State; Zip Code Washington, DC 20004-2801 Principal occupation / Job title (See Instructions) Employer (See Instructions)

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	The Instrue	ction Guide explains how to complet	te this fo	orm.	1	Total pages Schedule A1: Sch: 33/36 Rpt: 36/140		
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)	
	West, Royce	(The Honorable)				00020990	,	
4	Date	5 Full name of contributor X out-of-state F			7	Amount of Contribution (\$)		
	10/08/2024	Transport Workers Union Political Actio	on Commit	ttee			\$1,000.00	
		6 Contributor address; City; State; Zip Code						
		Washington, DC 20036-2436						
8	Principal occu	pation / Job title (See Instructions)	!	9 Employer (See Instructions	5)			
	Date	Full name of contributor X out-of-state F	PAC (ID#: <u>C</u>	0064766)		Amount of Contribution (\$)		
	10/11/2024	UPSPAC					\$2,500.00	
		Contributor address; City; State; Zip Code						
	Weshington DC 20002 1172							
	<u> </u>	Washington, DC 20003-1173			Ļ			
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)			
	Date	Full name of contributor out-of-state F)		Amount of Contribution (\$)		
	10/03/2024	Union Pacific Corp. Fund for Effective G	Govt.				\$3,000.00	
		Contributor address; City; State; Zip Code						
		Washington, DC 20005-6621						
⊢	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>			
	i incipai occu				9			
╞	Data			00074404		Amount of Contribution (f)		
	Date 10/10/2024	Full name of contributor x out-of-state F United Health Group	PAC (ID#: <u>C</u>	00274431)		Amount of Contribution (\$)	\$2,000.00	
	10/10/2024						φ2,000.00	
		Contributor address; City; State; Zip Code						
		Washington, DC 20004-2692						
⊢	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	;)			
					,			
⊨	Date	Full name of contributor 🗌 out-of-state F)		Amount of Contribution (\$)		
	10/11/2024	Vallot, Colette	PAC (ID#)			\$1,000.00	
	10/11/2024	Contributor address; City; State; Zip Code					Ψ <u>1</u> ,000.00	
		Contributor address, City, State, Zip Code						
		Dallas, TX 75219-7905						
⊢	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions				
	Policy Consu			Self-Employed				
⊢	-							

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

	The Instru	ction Guide explains how to com	1	Total pages Schedule A1: Sch: 34/36 Rpt: 37/140			
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)	
		e (The Honorable)			00020990	,	
4	Date	5 Full name of contributor out-of-	-state PAC (ID#:)	7	Amount of Contribution (\$)	
	12/02/2024	Van Den Bent, Jerre					\$1,500.00
		6 Contributor address; City; State; Zip Co	Code		1		
		1					
		1					
		Dallas, TX 75208-2424					
8		Ipation / Job title (See Instructions)	9	B Employer (See Instructions)	;)		
	Physical The			Therapy 2000	—		
	Date		-state PAC (ID#:			Amount of Contribution (\$)	
	10/11/2024	Vistra Employee Political Action Co		stra Corp.]		\$2,000.00
		Contributor address; City; State; Zip Co	ode				
		1					
		Ining TV 75020 2470					
	Dringinal occu	Irving, TX 75039-2479		Employer (See Instructions	Γ		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)	5)		
_	Data				—	Amount of Contribution (\$)	
	Date 07/25/2024		-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	U//20/2024	07/25/2024 Vogel, Garrett					\$100.00
		Contributor address; City; State; Zip Code					
		1					
	Dallas, TX 75240-1123						
	Principal occupation / Job title (See Instructions) Employer (See Instructions)		<u>ا</u> چ)				
	Date	Full name of contributor out-of-	-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	08/25/2024	Vogel, Garrett					\$100.00
		Contributor address; City; State; Zip Co			1		
		1					
		1					
		Dallas, TX 75240-1123					
	Principal occu	ipation / Job title (See Instructions)		Employer (See Instructions)	5)		
L					_		
	Date		-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	09/25/2024	09/25/2024 Vogel, Garrett]		\$100.00
	Contributor address; City; State; Zip Code						
		Dallas, TX 75240-1123					
	Drincinal occu	Ipation / Job title (See Instructions)		Employer (See Instructions)	<u> </u>		
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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 35/36 Rpt: 38/140 2 FILER NAME Filer ID (Ethics Commission Filers) 3 West, Royce (The Honorable) 00020990 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 10/25/2024 Vogel, Garrett \$100.00 6 Contributor address; City; State; Zip Code Dallas, TX 75240-1123 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 11/25/2024 \$100.00 Vogel, Garrett Contributor address; City; State; Zip Code Dallas, TX 75240-1123 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 10/11/2024 Von Eschenbach, Warren J \$350.00 Contributor address; City; State; Zip Code Dallas, TX 75209-6243 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/06/2024 \$1,000.00 Ward, Mitchell Contributor address; City; State; Zip Code Dallas, TX 75230 Principal occupation / Job title (See Instructions) Employer (See Instructions) Chairman MW Logistics LLC Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 10/10/2024 \$700.00 Watkins Jr, Myron Contributor address; City; State; Zip Code Rowlett, TX 75088-3812 Principal occupation / Job title (See Instructions) Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 36/36 Rpt: 39/140 2 FILER NAME Filer ID (Ethics Commission Filers) 3 West, Royce (The Honorable) 00020990 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 10/10/2024 Wholesale Beer Distributors of Texas PAC \$1,500.00 6 Contributor address; City; State; Zip Code Austin, TX 78701-2434 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/11/2024 \$1,000.00 Williams, Michael R Contributor address; City; State; Zip Code Fort Worth, TX 76107-2621 Principal occupation / Job title (See Instructions) Employer (See Instructions) Chancellor University of North Texas Systems Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 10/10/2024 Williams, Todd A. \$1,500.00 Contributor address; City; State; Zip Code Dallas, TX 75219-3923 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/08/2024 Wilson, Thomas Kirk \$2,500.00 Contributor address; City; State; Zip Code Dallas, TX 75229-5570 Principal occupation / Job title (See Instructions) Employer (See Instructions) CEO Western Frontier Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 10/11/2024 \$500.00 Wright, Laura Contributor address; City; State; Zip Code Dallas, TX 75230-2924 Principal occupation / Job title (See Instructions) Employer (See Instructions)

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A2: Sch: 1/3 Rpt: 40/140				
2 FILER NAME	e (The Honorable)	3 Filer ID (Ethics Commission Filers) 00020990				
4						
TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	\$				
5 Date 11/13/2024	 6 Full name of contributor out-of-state PAC (ID#: Public Blueprint LLC 7 Contributor address; City; State; Zip Code Austin, TX 78701-2522 	 8 Amount of contribution (\$) 9 In-kind contribution description \$290.00 The Austin Club Catering service for Austin Goes West Fundraiser October 10 2024 				
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	Check if travel outside of Texas. Complete Schedule TJUDICIAL) (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 contributo	r's spouse (if any) (FOR JUDICIAL)			
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date 07/01/2024	Full name of contributor out-of-state PAC (ID#: Skyview Development LLC Contributor address; City; State; Zip Code)	Amount of In-kind contribution contribution (\$) description \$1,232.00 Rent - Campaign Office Space			
	Dallas, TX 75203-1842		I I Check if travel outside of Texas. Complete Schedule T.			
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON				
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	· · ·			
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	itor's spouse (if any) (FOR JUDICIAL)			
If contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date Full name of contributor out-of-state PAC (ID#: 08/01/2024 Skyview Development LLC Contributor address; City; State; Zip Code)	Amount of In-kind contribution contribution (\$) description \$1,232.00 I Rent - Campaign Office Space			
	Dallas, TX 75203-1842		Check if travel outside of Texas. Complete Schedule T.			
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	-JUDICIAL) (See instructions)			
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	o 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)					

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A2: Sch: 2/3 Rpt: 41/140				
2 FILER NAME	e (The Honorable)	3 Filer ID (Ethics Commission Filers) 00020990				
4						
TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	\$				
5 Date 09/01/2024	 Full name of contributor out-of-state PAC (ID#: Skyview Development LLC Contributor address; City; State; Zip Code)	8 Amount of 9 In-kind contribution contribution (\$) description \$1,232.00 I Rent - Campaign Office Space			
	Dallas, TX 75203-1842		Check if travel outside of Texas. Complete Schedule T.			
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	-JUDICIAL) (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 contributo	r'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#: 10/01/2024 Skyview Development LLC Contributor address; City; State; Zip Code)	Amount of In-kind contribution contribution (\$) description \$1,232.00 Rent - Campaign Office Space			
	Dallas, TX 75203-1842		Check if travel outside of Texas. Complete Schedule T.			
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	-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 contributo	ributor's spouse (if any) (FOR JUDICIAL)			
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date 11/01/2024	Full name of contributor out-of-state PAC (ID#: Skyview Development LLC Contributor address; City; State; Zip Code)	Amount of In-kind contribution contribution (\$) description \$1,232.00 Rent - Campaign Office Space			
	Dallas, TX 75203-1842		Check if travel outside of Texas. Complete Schedule T.			
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	I-JUDICIAL) (See instructions)				
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	e (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 CONTRIBUTIONS

The Instru	iction Guide explains how to complete this f	1 Total pages Schedule A2: Sch: 3/3 Rpt: 42/140				
2 FILER NAME		3 Filer ID (Ethics Commission Filers)				
-	e (The Honorable)	00020990				
	UNITEMIZED IN-KIND POLITICAL CONTRIB	\$				
5 Date 12/01/2024	 6 Full name of contributor out-of-state PAC (ID#: Skyview Development LLC 7 Contributor address; City; State; Zip Code)	8 Amount of 9 In-kind contribution contribution (\$) description \$1,232.00 Rent - Campaign Office Space			
	Dallas, TX 75203-1842		Check if travel outside of Texas. Complete Schedule T.			
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	-JUDICIAL) (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 contributo	r's spouse (if any) (FOR JUDICIAL)			
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date 12/09/2024	Full name of contributor out-of-state PAC (ID#: Skyview Development LLC Contributor address; City; State; Zip Code)	Amount of contribution (\$) \$2,200.00 Use of Views From the Cliff Rooftop facility - 2024 Dallas Goes West Fundraiser			
	Dallas, TX 75203-1842		I Check if travel outside of Texas. Complete Schedule T.			
Principal occi	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON-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)					

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment					
1	Total pages Cabadula F1					
T	Total pages Schedule F1: Sch: 1/61 Rpt: 43/140	2 FILER NAME 3 Filer ID (Ethics Commission Filers) West, Royce (The Honorable) 00020990				
4	Date 07/08/2024	5 Payee name AT&T (U-Verse)				
6	Amount (\$) \$198.72	7 Payee address; City; State; Zip Code PO Box 5014 Carol Stream, IL 60197-5014				
8	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 Office Internet and Phone Service 				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held				
	Date	Payee name				
	08/14/2024	AT&T (U-Verse)				
	Amount (\$) \$198.72	Payee address; City; State; Zip Code PO Box 5014				
		Carol Stream, IL 60197-5014				
	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 Office Internet and Phone Service 				
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held				
	Date	Payee name				
	09/09/2024	AT&T (U-Verse)				
	Amount (\$) \$198.72	Payee address; City; State; Zip Code PO Box 5014				
		Carol Stream, IL 60197-5014				
	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 Office Internet and Phone Service 				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		elated Expense			
1	Total pages Schedule F1:	: 2 FILER NAME 3 Filer ID (Ethics Co	mmission Filers)			
	Sch: 2/61 Rpt: 44/140					
4	Date 10/08/2024	5 Payee name AT&T (U-Verse)				
6	Amount (\$) \$199.34	7 Payee address; City; State; Zip Code PO Box 5014 Carol Stream, IL 60197-5014				
8	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 Check if Austin, TX, officeholder living expense Campaign Office Internet and Phone Schedule 				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held OH				
	Date	Payee name				
	11/08/2024	AT&T (U-Verse)				
	Amount (\$) \$199.34					
	PURPOSE OF EXPENDITURE	Carol Stream, IL 60197-5014 (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 Check if Austin, TX, officeholder living expense Campaign Office Internet and Phone Schedule				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held OH				
	Date	Payee name				
	12/08/2024	AT&T (U-Verse)				
	Amount (\$) \$199.34	Payee address; City; State; Zip Code PO Box 5014				
		Carol Stream, IL 60197-5014				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule Check if Austin, TX, officeholder living expense Campaign Office Internet and Phone S				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held OH				

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense ttee Legal Services The Instruction Guide explains f	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)		
1	Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)		
	Sch: 3/61 Rpt: 45/140	est, Royce (The Honorable)		00020990		
4	Date 09/03/2024	ayee name aron Ford for Attorney General				
6	Amount (\$)	ayee address; City; State;	Zip Code			
-	\$5,000.00	D Box 96003 as Vegas, NV 89193-6003				
_	DUDDOOF	-	(h)			
8	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of this sche ontributions/Donations Made By andidate/Officeholder/Political Commi	ttee Check if travel	outside of Texas. Complete Schedule T. n, TX, officeholder living expense e-election Campaign		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	ndidate/Officeholder name O	ffice sought	Office held		
	Date	ayee name				
	07/01/2024	ctBlue Texas				
	Amount (\$) \$0.20	ayee address; City; State; O Box 441146	Zip Code			
		est Somerville, MA 02144-0031				
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of this sche	Check if travel	outside of Texas. Complete Schedule T. n, TX, officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name O	ffice sought	Office held		
	Date	avee name				
	08/01/2024	tBlue Texas				
	Amount (\$)	ayee address; City; State;	Zip Code			
	\$0.20	O Box 441146				
		est Somerville, MA 02144-0031				
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of this sche	Check if travel	outside of Texas. Complete Schedule T. h, TX, officeholder living expense		
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH					

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment			Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense y - Gift/Awards/Memorials Expense Printing Expense		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)
	Sch: 4/61 Rpt: 46/140		West, Royce (The Honorable)				00020990
4	Date	5	Payee name				
	07/28/2024		ActBlue Texas				
6	Amount (\$)	7		Zip Co	le		
	\$3.95		PO Box 441146				
			West Somerville, MA 02144-0031				
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description		
	OF EXPENDITURE		Fees				ide of Texas. Complete Schedule T.
						, TX,	, officeholder living expense
					Service Fee		
_							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	Int		Office held
	Date		Payee name				
	08/25/2024		ActBlue Texas				
	Amount (\$)		Payee address; City; State;	Zip Co	le		
	\$4.94		PO Box 441146	p 00.			
	¢ 1.0 1						
			West Somerville, MA 02144-0031				
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description		
EXPENDITURE			Fees				ide of Texas. Complete Schedule T. , officeholder living expense
					Service Fee	, 17,	, unicendider living expense
	Complete ONLY if direct		Candidate/Officeholder name C	Office sou	iht		Office held
	expenditure to benefit C/OF				,		
-	Date		Payee name				
	09/01/2024		ActBlue Texas				
				Zip Co	10		
	Amount (\$) \$0.20		Payee address; City; State; PO Box 441146	Zip Co	le		
	φ0.20		FO B0X 441140				
			West Somerville, MA 02144-0031				
	PURPOSE	(a)			(b) Description		
	OF	(4)	Category (See Categories listed at the top of this sche Fees	edule)		outsi	ide of Texas. Complete Schedule T.
	EXPENDITURE				Check if Austin	, TX,	, officeholder living expense
					Service Fee		
L							
	Complete ONLY if direct		Candidate/Officeholder name C	Office sou	Iht		Office held
	expenditure to benefit C/OH						

	EXPENDITURE CATEGORIES FOR BOX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services 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)		
Ļ		The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1: Sch: 5/61 Rpt: 47/140	2 FILER NAME West, Royce (The Honorable)	3 Filer ID (Ethics Commission Filers) 00020990		
4	Date	5 Payee name			
	09/08/2024	ActBlue Texas			
6	Amount (\$) \$395.00	 Payee address; City; State; Zip Code PO Box 441146 West Somerville, MA 02144-0031 			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
Ū	OF	Fees Check if travel o	utside of Texas. Complete Schedule T. TX, officeholder living expense		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	09/15/2024	ActBlue Texas			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$39.50	PO Box 441146 West Somerville, MA 02144-0031			
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	09/29/2024	ActBlue Texas			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$201.45	PO Box 441146			
		West Somerville, MA 02144-0031			
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense		
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Ofling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Cabadula F1		2 Filer ID (Ethios Commission Filers)			
1	Total pages Schedule F1: Sch: 6/61 Rpt: 48/140	West, Royce (The Honorable)	3 Filer ID (Ethics Commission Filers) 00020990			
4	Date	Payee name				
	10/06/2024	ActBlue Texas				
6	Amount (\$) \$598.05	Payee address; City; State; Zip Code PO Box 441146 West Somerville, MA 02144-0031				
8	PURPOSE	a) Category (See Categories listed at the top of this schedule) (b) Description				
U	OF	Fees Check if travel	outside of Texas. Complete Schedule T. , TX, officeholder living expense			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	10/13/2024	ActBlue Texas				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$760.40	PO Box 441146 West Somerville, MA 02144-0031				
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	10/20/2024	ActBlue Texas				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$63.20	PO Box 441146				
		West Somerville, MA 02144-0031				
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services 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)			
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)			
	Sch: 7/61 Rpt: 49/140	West, Royce (The Honorable)	00020990			
4	Date	Payee name				
	10/27/2024	ActBlue Texas				
6	Amount (\$) \$44.44	Payee address; City; State; Zip Code PO Box 441146 West Somerville, MA 02144-0031				
8	PURPOSE	b) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE Fees Image: Construction of the state of the stateo					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	11/03/2024	ActBlue Texas				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$19.95	PO Box 441146 West Somerville, MA 02144-0031				
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	12/01/2024	ActBlue Texas				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$4.15	PO Box 441146				
		West Somerville, MA 02144-0031				
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Cor	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2			•	3	Filer ID (Ethics Commission Filers)
-	Sch: 8/61 Rpt: 50/140	2	West, Royce (The Honorable)				00020990
4	Date	5	Payee name				
	12/08/2024		ActBlue Texas				
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de		
	\$59.25		PO Box 441146				
			West Somerville, MA 02144-0031				
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description		
	OF EXPENDITURE		Fees	ouulo)		outsi	ide of Texas. Complete Schedule T.
	EXPENDITORE					, TX	, officeholder living expense
					Service Fee		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	yht		Office held
	Date		Payee name				
	07/09/2024		African American Museum				
				7:0.00			
	Amount (\$)			Zip Co	le		
	\$10,000.00		PO Box 150157				
			Dallas, TX 75315-0157				
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description		
	OF EXPENDITURE		Contributions/Donations Made By				ide of Texas. Complete Schedule T.
			Candidate/Officeholder/Political Comm	ittee			, officeholder living expense
					2024 Pledge	- 5	0th Anniversary Celebration
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name C	Office sou	ght		Office held
	Date		Payee name				
	12/20/2024		Alvarado, Myrna				
	Amount (\$)		Payee address; City; State;	Zip Co	de		
	\$1,500.00		9536 Jennie Lee Ln				
			Dallas, TX 75227-8029				
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description		
	OF EXPENDITURE		Gift/Awards/Memorials Expense				ide of Texas. Complete Schedule T.
							, officeholder living expense
					2024 Year Ei	ומו	DUIIUS
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght		Office held
	openditore to benefit C/Of	•					

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	FILER NAME	B Filer ID (Ethics Commission Filers)			
	Sch: 9/61 Rpt: 51/140	West, Royce (The Honorable)	00020990			
4	Date 12/20/2024	Payee name Barton, Lajuana D.				
6	Amount (\$)	Payee address; City; State; Zip Code				
•	\$4,000.00	608 Sapling Way				
		Desoto, TX 75115-3827				
8	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. 'X, officeholder living expense ar End Bonus			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	12/20/2024	Bass, Kelvin				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$4,000.00	441 Rolling Oaks Rdg Cedar Hill, TX 75104-6716				
	PURPOSE OF EXPENDITURE		itside of Texas. Complete Schedule T. 'X, officeholder living expense ar End Bonus			
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	07/02/2024	Best Buy				
	Amount (\$) \$378.86	Payee address;City;State;Zip Code731 N Highway 67				
		Cedar Hill, TX 75104-2142				
	PURPOSE OF EXPENDITURE		itside of Texas. Complete Schedule T. 'X, officeholder living expense S			
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	-	S Expense Printing Expe	oense ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	LER NAME			3 Filer ID (Ethics Commission Filers)		
	Sch: 10/61 Rpt:	est, Royce (The Honorab	ole)		00020990		
4	Date	ayee name					
Ľ	07/01/2024	adillac Financial Leasing					
6	Amount (\$)	ayee address; City;	State; Zip Co	10			
ľ	\$918.79	D Box 78143	State, Zip Co	ie			
	ψ510.75	0 000 70140					
		2000 AZ 95062 9142					
_		noenix, AZ 85062-8143					
8	PURPOSE OF	ategory (See Categories listed at t	, ,	(b) Description	nuteida of Towas, Complete Schoolule T		
	EXPENDITURE	ansportation Equipment / kpense	And Related		putside of Texas. Complete Schedule T. , TX, officeholder living expense		
		(perise			Vehicle Lease		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	ndidate/Officeholder name	Office sou	lht	Office held		
	Date	ayee name					
	08/01/2024	adillac Financial Leasing					
	Amount (\$)	ayee address; City;	State; Zip Co	le			
	\$918.79	O Box 78143					
		noenix, AZ 85062-8143					
	PURPOSE	ategory (See Categories listed at t	the top of this schedule)	(b) Description			
	OF EXPENDITURE	ansportation Equipment	And Related		putside of Texas. Complete Schedule T. , TX, officeholder living expense		
		kpense			Vehicle Lease		
				Childenoider			
⊢	Complete ONLY if direct	ndidate/Officeholder name	Office sou	iht	Office held		
	expenditure to benefit C/Oł						
	Date	ayee name					
	09/01/2024	adillac Financial Leasing					
			Stata: Zin Ca	10			
	Amount (\$) \$918.79	ayee address; City; O Box 78143	State; Zip Co	ie			
	\$910.79	J DUX 70143					
		10enix, AZ 85062-8143					
	PURPOSE	ategory (See Categories listed at t	the top of this schedule)	(b) Description			
	OF EXPENDITURE	ansportation Equipment			outside of Texas. Complete Schedule T.		
	EXPENDITORE	kpense			, TX, officeholder living expense		
				Officeholder '	Vehicle Lease		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	ndidate/Officeholder name	Office sou	lht	Office held		
	supervisione to benefit C/Of						

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment			Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Travel in District Travel Out of Distr	upment & Related Expense
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID	(Ethics Commission Filers)
	Sch: 11/61 Rpt:		West, Royce (The Honorable)				00020990	
4	Date	5	Payee name			•		
	10/01/2024		Cadillac Financial Leasing					
6	Amount (\$)	7	Payee address; City; State;	Zip Co	le			
	\$918.79		PO Box 78143					
			Phoenix, AZ 85062-8143					
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description			
	OF EXPENDITURE		Transportation Equipment And Related	<i>'</i>	Check if travel		ide of Texas. Compl	
			Expense				, officeholder living e	xpense
					Officeholder	ve	nicie Lease	
_	Operation ONITY is diverged						0#5	1
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	office sou	int		Office hel	
	Date		Payee name					
	11/01/2024		Cadillac Financial Leasing					
	Amount (\$)		Payee address; City; State;	Zip Co	le			
	\$918.79		PO Box 78143					
			Phoenix, AZ 85062-8143					
_	PURPOSE	(a)			(b) Description			
	OF	"	Category (See Categories listed at the top of this sche Transportation Equipment And Related			outs	ide of Texas. Compl	ete Schedule T.
	EXPENDITURE		Expense		Check if Austin	I, TX	, officeholder living e	xpense
					Officeholder	Vel	hicle Lease	
	Complete ONLY if direct		Candidate/Officeholder name C	office sou	Jht		Office held	d
	expenditure to benefit C/OI							
	Date		Payee name					
	12/01/2024		Cadillac Financial Leasing					
	Amount (\$)		Payee address; City; State;	Zip Co	le			
	\$918.79		PO Box 78143					
			Phoenix, AZ 85062-8143					
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description			
	OF EXPENDITURE		Transportation Equipment And Related				ide of Texas. Compl	
			Expense				, officeholder living e	xpense
					Officeholder	ve	Lease	
_	Complete ONIL V if direct	Ļ	Candidate/Officeholder name C	office soug	iht		Office held	4
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF			muce sou(jin		Unice nell	u L

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)				
	Sch: 12/61 Rpt:	West, Royce (The Honorable)	00020990				
4	Date	5 Payee name					
	12/01/2024	Cadillac Financial Leasing					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$431.95	PO Box 78143					
		Phoenix, AZ 85062-8143					
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense				
			ehicle Lease Tax Payment				
9	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	07/15/2024	Carter, Kaitlyn					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$789.29	1742 Windmill Hill Ln					
		Desoto, TX 75115-2764					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense				
		Summer Inter					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	07/31/2024	Carter, Kaitlyn					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$1,432.48	1742 Windmill Hill Ln					
		Desoto, TX 75115-2764					
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense n Payroll				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment			nmittee Legal Service	e Expense Iemorials Expense	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 13/61 Rpt:		West, Royce (The Ho	norable)				00020990	
4	Date	5	Payee name						
	07/01/2024		Charter Communicati	ons					
6	Amount (\$)	7	Payee address; City	/; State;	Zip Co	de			
	\$152.13		PO Box 223085						
			Pittsburgh, PA 15251	-2085					
8	PURPOSE	(a)	Category (See Categories	isted at the top of this sche	edule)	(b) Description			
	OF EXPENDITURE		Office Overhead/Ren		ŕ			ide of Texas. Com	
								, officeholder living	
						District Office	e Ca	able Service	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder n	ame C	Office sou	ght		Office he	eld
	Date		Payee name						
	08/01/2024		Charter Communicati	ons					
	Amount (\$)		Payee address; City	/: State:	Zip Co	de			
	\$152.13		PO Box 223085	, ,					
	\$102.10		1 0 20% 220000						
			Pittsburgh, PA 15251	-2085					
	PURPOSE OF	(a)	Category (See Categories	isted at the top of this sche	edule)	(b) Description			
	EXPENDITURE		Office Overhead/Ren	tal Expense				ide of Texas. Com , officeholder living	
								-	expense
						District Office	. 00		
	Complete ONIL V if direct		andidata/Officabaldar n			sht		Office be	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder n	ame c	Office sou	JIIL		Office he	eiu.
		1							
	Date		Payee name						
	09/01/2024		Charter Communicati	ons					
	Amount (\$)		Payee address; City	r; State;	Zip Co	de			
	\$152.13		PO Box 223085						
			Pittsburgh, PA 15251	-2085					
	PURPOSE	(a)	Category (See Categories	isted at the top of this sche	edule)	(b) Description			
	OF EXPENDITURE		Office Overhead/Ren	tal Expense				ide of Texas. Com	
								, officeholder living	
						District Office	e Ca	able Service	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder n	ame C	Office sou	ght		Office he	eld
		-							

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)				
	Sch: 14/61 Rpt:	West, Royce (The Honorable)	00020990				
4	Date	5 Payee name					
	10/01/2024	Charter Communications					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$152.13	PO Box 223085					
		Pittsburgh, PA 15251-2085					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE		utside of Texas. Complete Schedule T.				
			TX, officeholder living expense Cable Service				
9	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	11/01/2024	Charter Communications					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$152.13	PO Box 223085					
		Pittsburgh, PA 15251-2085					
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense Cable Service				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	12/01/2024	Charter Communications					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$152.13	PO Box 223085					
		Pittsburgh, PA 15251-2085					
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense Cable Service				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense nmittee Legal Services The Instruction Guide explains	Office Ov Polling E Printing E Salaries/	verhea xpense Expense Wages	se s/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Sch: 15/61 Rpt:		West, Royce (The Honorable)					00020990
4	Date	5	Payee name					
	12/02/2024		Circle Ten Council BSA					
6	Amount (\$)	7	Payee address; City; State	; Zip C	ode			
	\$2,500.00		8605 Harry Hines Blvd					
			Dallas, TX 75235-3014					
8	PURPOSE	(a)	Category (See Categories listed at the top of this sch	nedule)	(b)	Description		
	OF EXPENDITURE		Contributions/Donations Made By					ide of Texas. Complete Schedule T.
			Candidate/Officeholder/Political Comn	nittee				officeholder living expense
						Donation - 20)24	Capital and Endowment Funds
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office so	ught			Office held
	Date		Payee name					
	07/03/2024		CitiBank N.A.					
	Amount (\$)		Payee address; City; State	; Zip C	ode			
	\$1,184.00		PO Box 78025	, 1				
	\$1,10 HOU							
			Phoenix, AZ 85062-8025					
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	nedule)	(b)	Description		
	EXPENDITURE		Credit Card Payment					ide of Texas. Complete Schedule T. , officeholder living expense
								2024 Statement
						Fayment - Ju	iiy 2	2024 Statement
	Operation ONITY is diverged			0.000				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	Office so	ugnt			Office held
	Date		Payee name					
	08/03/2024		CitiBank N.A.					
				; Zip C	odo			
	Amount (\$)			, zip С	oue			
	\$2,672.66		PO Box 78025					
			Phoenix, AZ 85062-8025					
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	nedule)	(b)	Description		
	OF EXPENDITURE		Credit Card Payment					ide of Texas. Complete Schedule T.
								officeholder living expense
						Payment - Al	ugu	st 2024 Statement
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office so	ught			Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Glft/Awards/Memorials Expense Printing Expense Legal Services 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)					
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)					
	Sch: 16/61 Rpt:	West, Royce (The Honorable)	00020990					
4	Date 09/03/2024	Payee name CitiBank N.A.						
6	Amount (\$) \$178.97	7 Payee address; City; State; Zip Code PO Box 78025 Phoenix, AZ 85062-8025						
8	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 2024 Statement						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	10/03/2024	CitiBank N.A.						
	Amount (\$) \$1,586.92	Payee address; City; State; Zip Code PO Box 78025						
	PURPOSE OF EXPENDITURE		putside of Texas. Complete Schedule T. , TX, officeholder living expense					
			ctober 2024 Statement					
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	11/03/2024	CitiBank N.A.						
	Amount (\$) \$1,309.92	Payee address;City;State;Zip CodePO Box 78025						
		Phoenix, AZ 85062-8025						
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense ovember 2024 Statement					
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)				
	Sch: 17/61 Rpt:	West, Royce (The Honorable)	00020990				
4	Date 12/03/2024	Payee name CitiBank N.A.					
6	Amount (\$)	Payee address; City; State; Zip Code					
	\$1,120.48	PO Box 78025 Phoenix, AZ 85062-8025					
8	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 - December 2024 Statement					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	07/08/2024	CitiBusiness Card					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$1,322.22	PO Box 78081 Phoenix, AZ 85062-8081					
	PURPOSE OF EXPENDITURE		el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense July 2024 Statement				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	08/08/2024	CitiBusiness Card					
	Amount (\$) \$7,304.20	Payee address;City;State;Zip CodePO Box 78081					
		Phoenix, AZ 85062-8081					
	PURPOSE OF EXPENDITURE		el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense August 2024 Statement				
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fee Foc Gift nmittee Leg	nt Expense s d/Beverage Expense /Awards/Memorials E al Services e Instruction Gui	xpense	Office Ove Polling Exp Printing Ex Salaries/W	rhead/ pense pense ages/C	Contract Labor		Transportation E Travel in District Travel Out of Dis		
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission	n Filers)
	Sch: 18/61 Rpt:		West, Royce (The Honorable	e)					00020990		
4	Date	5	Payee name									
	09/09/2024		CitiBusiness C	ard								
6	Amount (\$)	7 Payee address; City; State; Zip Code										
	\$6,497.07		PO Box 78081									
			Phoenix, AZ 8	5062-8081								
8	PURPOSE	(a)	Category (See C	atomorian listed at the	top of this och	adula)	(b) r	Description				
-	OF		Credit Card Pa			ieuuie)	[-	outsid	de of Texas. Com	plete Schedule T.	
	EXPENDITURE			-			[officeholder living		
							I	Payment - Se	epte	ember 2024	Statement	
_			Canadialata (Officad							Office by		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officer	loider name		Office sou	gnt			Office he	eid	
	Date		Payee name									
	10/08/2024		CitiBusiness C	ard								
	Amount (\$)		Payee address;	City;	State;	; Zip Co	de					
	\$1,164.66 PO Box 78081											
			Phoenix, AZ 8	5062-8081								
	PURPOSE OF EXPENDITURE	(a)	Category (See C Credit Card Pa		e top of this sch	nedule)	[, TX,	officeholder living		
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officer	older name	() Dffice sou	ght			Office he	eld	
	Date		Payee name									
	11/08/2024		CitiBusiness C	ard								
-	Amount (\$)		Payee address;	City;	State	; Zip Co	de					
	\$3,020.95		PO Box 78081									
			Phoenix, AZ 8				<u> </u>					
	PURPOSE OF	(a)	Category (See C		top of this sch	nedule)	(b) [г	Description	Outeir	de of Texas Com	plete Schedule T.	
	EXPENDITURE		Credit Card Pa	lyment					, TX,	officeholder living	j expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Office	older name	(Dffice sou	ght			Office he	eld	
⊢												

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Committee Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)					
	Sch: 19/61 Rpt:	West, Royce (The Honorable)	00020990					
4	Date 12/09/2024	5 Payee name CitiBusiness Card						
6	Amount (\$) \$20,566.23	7 Payee address; City; State; Zip Code PO Box 78081 Phoenix, AZ 85062-8081						
8	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense ecember 2024 Statement					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	07/29/2024	City of Austin						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$85.88	PO Box 2267 Austin, TX 78768-2267						
	PURPOSE OF EXPENDITURE	Check if Austin,	outside of Texas. Complete Schedule T. TX, officeholder living expense Jtility Service (Austin)					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	08/28/2024	City of Austin						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$101.77	PO Box 2267						
		Austin, TX 78768-2267						
	PURPOSE OF EXPENDITURE	X Check if Austin,	outside of Texas. Complete Schedule T. TX, officeholder living expense Jtility Service (Austin)					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expe nmittee Legal Services The Instruction Guide		Office Over Polling Exp Printing Exp Salaries/Wa	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)	
	Sch: 20/61 Rpt:		West, Royce (The Honorable)					00020990	
4	Date	5	Payee name						
	09/30/2024		City of Austin						
6	Amount (\$)	7	Payee address; City;	State;	; Zip Coo	le			
	\$88.79		PO Box 2267						
			Austin, TX 78768-2267						
8	PURPOSE	(a)	Category (See Categories listed at the top	of this sch	edule)	(b) Description			
	OF EXPENDITURE		Office Overhead/Rental Expense		,	Check if travel		ide of Texas. Complete Schedule T.	
	EXPENDITORE							, officeholder living expense	
						Officeholder	Util	lity Service (Austin)	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office soug	lht		Office held	
	Date		Payee name						
	10/29/2024		City of Austin						
	Amount (\$)		Payee address; City;	State;	; Zip Coo	le			
	\$84.56 PO Box 2267								
			Austin, TX 78768-2267						
	PURPOSE OF	(a)	Category (See Categories listed at the top		edule)	(b) Description			
	EXPENDITURE		Office Overhead/Rental Expense	se				ide of Texas. Complete Schedule T. , officeholder living expense	
								lity Service (Austin)	
						0	•		
	Complete ONLY if direct		andidate/Officeholder name		 Office soug	Iht		Office held	
	expenditure to benefit C/OI	Н							
	Date		Payee name						
	11/27/2024		City of Austin						
	Amount (\$)		Payee address; City;	Stato	; Zip Coo	10			
	\$70.96		PO Box 2267	Siale,	, zip cot	ie			
	\$70.90		FO D0X 2207						
			Austin, TX 78768-2267						
	PURPOSE OF	(a)	Category (See Categories listed at the top		edule)	(b) Description			
	EXPENDITURE		Office Overhead/Rental Expens	se				ide of Texas. Complete Schedule T.	
								, officeholder living expense lity Service (Austin)	
						Chicenoluel	Ju		
-	Complete ONL V if direct	Ļ	andidate/Officeholder name			uht		Office held	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF			C	Office soug	pric			

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Loan Rep Office Ove Polling Ex Printing E Salaries/V	ayme erhea pense xpens Vages	nt/Reimbursement d/Rental Expense e se s/Contract Labor		Transportation I Travel in Distric Travel Out of Di	
1	Total pages Schedule F1:	2					3	Filer ID	(Ethics Commission Filers)
-	Sch: 21/61 Rpt:	[-	West, Royce (The Honorable)				ľ	00020990	()
			west, Noyce (The Honorable)					00020990	
4	Date	5	Payee name						
	10/04/2024		Cloverleaf Productions LLC						
6	Amount (\$)	7	Payee address; City; State	; Zip Co	ode				
	\$700.00 3131 Main St								
	Apt 1112								
			•						
			Dallas, TX 75226-1622						
8	PURPOSE	(a)	Category (See Categories listed at the top of this sch	edule)	(b)	Description			
	OF EXPENDITURE		Event Expense						nplete Schedule T.
								officeholder livin	
	Entertainment - 2024 Dallas Goes West Fundraiser								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ight			Office h	eld
	Date		Payee name						
	08/16/2024		Dallas AFL-CIO C.O.P.E FUND						
		_		; Zip Co	, do				
	Amount (\$)			, zip cu	Jue				
	\$280.00								
			Ste 240						
			Dallas, TX 75204-5168						
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	edule)	(b)	Description			
	OF		Event Expense	,			outsi	de of Texas. Con	nplete Schedule T.
	EXPENDITURE		·			Check if Austin	, TX,	officeholder livin	g expense
									ts & 1/2 Page Ad -
						Annual Labor	r Da	ay Breakfas	t
	Complete ONLY if direct	. (Candidate/Officeholder name	Office sou	ight			Office h	eld
	expenditure to benefit C/OI	Н							
	Data	<u> </u>							
	Date		Payee name						
	08/07/2024		Dallas County Democratic Party						
	Amount (\$)		Payee address; City; State	; Zip Co	ode				
	\$500.00		1414 N Washington Ave						
			Dallas, TX 75204-5261		i				
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	nedule)	(b)	Description			
	EXPENDITURE		Contributions/Donations Made By	uitte e					nplete Schedule T.
			Candidate/Officeholder/Political Comm	nittee				officeholder livin	
						Donation - La	aUU	Day PICIII	c Display Table
	Complete <u>ONLY</u> if direct		Candidate/Officeholder name	Office sou	ight			Office h	eld
	expenditure to benefit C/OI	1							

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I	Office Ove Polling Exp Printing Ex Salaries/W	rhead bense pens ages	e /Contract Labor		Travel in District Travel Out of Distri	ipment & Related Expense
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 22/61 Rpt:		West, Royce (The Honorable)					00020990	·
4	Date	5	Payee name						
	08/27/2024		Dallas County Democratic Party						
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de				
	\$10,000.00		1414 N Washington Ave						
			Dallas, TX 75204-5261						
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b)	Description			
	EXPENDITURE		Contributions/Donations Made By					de of Texas. Comple officeholder living e	
			Candidate/Officeholder/Political Comm	ittee				-	dan Dinner Host
						Sponsorship	~~~		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name C	Office sou	ght			Office held	3
	Date		Payee name						
	07/15/2024		Department of Treasury						
	Amount (\$)		Payee address; City; State;	Zip Co	de				
	\$398.40		INTERNAL REVENUE SERV	·					
			Ogden, UT 84201-0001						
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b)	Description			
	EXPENDITURE		Salaries/Wages/Contract Labor					de of Texas. Comple officeholder living e	
						Payroll Taxes		onicentitider inving e.	Apende
							-		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name C	Office sou	ght			Office held	1
	_	_							
	Date		Payee name						
	07/31/2024		Department of Treasury						
	Amount (\$)			Zip Co	de				
	\$498.03		INTERNAL REVENUE SERV						
			Ogden, UT 84201-0001						
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b)	Description			
	EXPENDITURE		Salaries/Wages/Contract Labor					de of Texas. Comple officeholder living e	
						Payroll Taxes		onicendider living e	xpense
						· ayron raves			
	Complete ONLV if direct	Ļ	Candidato/Officabalder pame		ab+			Office held	4
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	JIIL			Unice nel	4

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Con	nmittee	Event Expense Fees Food/Beverage Ex Gift/Awards/Memo Legal Services	pense	Loan Repa Office Ove Polling Exp Printing Ex Salaries/W	yment/Reimbursement head/Rental Expense ense pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAM	E				3	Filer ID	(Ethics Commission Filers)	
	Sch: 23/61 Rpt:		West, Roy	ce (The Hono	rable)				00020990		
4	Date	5	Payee name	9							
	08/15/2024		2	nt of Treasury							
6	Amount (\$)	7	Payee addre	ess; City;	State	; Zip Co	le				
	\$343.31		INTERNAL	. REVENUE S	SERV						
			Ogden, UT	84201-0001							
8	PURPOSE	(a)	Category (See Categories lister	d at the top of this sch	edule)	(b) Description				
	OF EXPENDITURE			ages/Contrac		icuaic)		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITORE			-					officeholder living	expense	
							Payroll Taxes	5			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Of	ficeholder name	e (Office sou	Jht		Office he	eld	
	Date		Payee name	,							
	08/30/2024		Departmer	nt of Treasury							
	Amount (\$)		Payee addre	ess; City;	State	; Zip Co	le				
	\$236.30 INTERNAL REVENUE SERV										
			Ogden, UT	84201-0001							
	PURPOSE OF EXPENDITURE			See Categories listed ages/Contrac	d at the top of this sch t Labor	nedule)		, тх	de of Texas. Com officeholder living		
	Complete ONLY if direct		Sandidate/Of	ficeholder name		Office sour	uht		Office he	ald	
	expenditure to benefit C/OI					Since Sou	jint		Onice ne		
	Data		Davias nami								
	Date 09/13/2024		Payee name	e nt of Treasury							
			•	,	Chata	. 7:2 0.2					
	Amount (\$) \$236.28		Payee addre	ess; City; . REVENUE S		; Zip Co	le				
	ΦΖ30.20			. REVENUE 3							
			Ogden, UT	84201-0001							
	PURPOSE OF				d at the top of this sch	nedule)	(b) Description				
	EXPENDITURE		Salaries/W	ages/Contrac	t Labor			, тх	de of Texas. Com		
	Complete ONLY if direct	Ļ	Sandidata/Of	ficeholder name			uht		Office he	ald	
	expenditure to benefit C/OF		anuiuate/OI		-	Office sou	jin		Once he	5lu	

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Cor	nmittee	Event Expense Fees Food/Beverage Exp Gift/Awards/Memor Legal Services	pense	Loan Repa Office Ove Polling Ex Printing Ex Salaries/W	yment/Reimbur rhead/Rental Ex pense pense ages/Contract L	xpense Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAM	E					3	Filer ID	(Ethics Commission Filers	.)
	Sch: 24/61 Rpt:		West, Royo	e (The Honor	able)					00020990		
4	Date	5	Payee name	;								
	09/30/2024		Departmen	t of Treasury								
6	Amount (\$)	7	Payee addre	ess; City;	State	; Zip Co	de					
	\$236.29		INTERNAL	REVENUE S	ERV							
			Ogden, UT	84201-0001								
8	PURPOSE	(a)	Category (S	ee Categories listed	at the top of this sch	nedule)	(b) Descrip	otion				
	OF EXPENDITURE			ages/Contract			Chec	k if travel		de of Texas. Com		
	LAFENDITORE									officeholder living	expense	
							Payrol	l Taxes	5			
_			Canadialata (Off							Office he	14	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Off	iceholder name	C	Office sou	gnt			Office he	20	
	Date		Payee name	1								
	10/15/2024		Departmen	t of Treasury								
	Amount (\$)		Payee addre	ess; City;	State	; Zip Co	de					
	\$236.28 INTERNAL REVENUE SERV											
			Ogden, UT	84201-0001								
	PURPOSE	(a)	Category (s	ee Categories listed	at the top of this sch	edule)	(b) Descrip	otion				
	OF EXPENDITURE			ages/Contract		iouulo)			outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITORE			-						officeholder living	expense	
							Payrol	l Taxes	5			
	Complete ONIL V if direct		Candidata/Of	iachaldar nama		Office cou				Office he	Jd	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Januluale/OII	iceholder name	C	Office sou	yn			Office he	eiù	
_	Data	<u> </u>	Deves									
	Date 10/31/2024		Payee name	t of Treasury								
			•	-	Ctata	· Zin Co	do					
	Amount (\$) \$236.28		Payee addre	ess; City; REVENUE S		; Zip Co	ue					
	ΦΖ30.20			REVENUE 5	ERV							
			Ogden, UT	84201-0001								
	PURPOSE OF	(a)		ee Categories listed		nedule)	(b) Descrip					
	EXPENDITURE		Salaries/W	ages/Contract	Labor					de of Texas. Com		
								I Taxes		officeholder living	expense	
							i dyrol	unoc	-			
-	Complete ONLY if direct	L(Candidate/Off	iceholder name	(Office sou	ght			Office he	eld	
	expenditure to benefit C/OI									000 110	-	
-												

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Loan Rep Office Ove Polling Ex Printing E Salaries/V	ayme erhea pense xpens Vages	nt/Reimbursement d/Rental Expense e se s/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)	
	Sch: 25/61 Rpt:		West, Royce (The Honorable)					00020990	
4	Date	5	Payee name						
	11/15/2024		Department of Treasury						
6	Amount (\$) 7 Payee address; City; State; Zip Code								
	\$236.30		INTERNAL REVENUE SERV	· ·					
			Ogden, UT 84201-0001						
8	PURPOSE	(0)	-		(h)	Description			
ð	OF	(a)	Category (See Categories listed at the top of this Salaries/Wages/Contract Labor	schedule)	(D)	Description	outsi	de of Texas. Complete Schedule T.	
	EXPENDITURE		Salaries/Wages/Contract Labor					officeholder living expense	
						Payroll Taxes	5		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	Office sou	ight			Office held	
	Date		Payee name						
	11/27/2024		Department of Treasury						
	Amount (\$)		Payee address; City; Sta	ate; Zip Co	ode				
	\$236.29 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	,		_	outsi	de of Texas. Complete Schedule T.	
								officeholder living expense	
						Payroll Taxes	5		
				- <i>m</i>					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	Office sou	ight			Office held	
	Date		Payee name						
	12/16/2024		Department of Treasury						
	Amount (\$)		Payee address; City; Sta	ate; Zip Co	ode				
	\$236.28		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	outsi	de of Texas. Complete Schedule T.	
	EXPENDITORE							officeholder living expense	
						Payroll Taxes	5		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ight			Office held	
	openditare to benefit C/O								

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Ov Polling Ex Printing E Salaries/V	erhea kpens Expens Nages	se s/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)		
	Sch: 26/61 Rpt:		West, Royce (The Honorable)					00020990		
4	Date	5	Payee name							
	12/20/2024		Department of Treasury							
6	Amount (\$)	7	7 Payee address; City; State; Zip Code							
ľ	\$1,021.72	ľ	INTERNAL REVENUE SERV		Juc					
	Ψ1,021.72									
			0. I I.T. 0.0001 0001							
			Ogden, UT 84201-0001							
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this	schedule)	(b)	Description				
	EXPENDITURE		Salaries/Wages/Contract Labor					ide of Texas. Complete Schedule T. , officeholder living expense		
								2024 Staff Bonus		
9	Complete ONLY if direct		Candidate/Officeholder name	Office sou	Indht			Office held		
Ĵ	expenditure to benefit C/O				igin					
	Date		Payee name							
	12/31/2024		Department of Treasury							
Amount (\$) Payee address; City; State; Zip Code										
	\$236.28		INTERNAL REVENUE SERV							
			Ogden, UT 84201-0001							
	PURPOSE OF	(a)	Category (See Categories listed at the top of this	schedule)	(b)	Description				
	EXPENDITURE		Salaries/Wages/Contract Labor					ide of Texas. Complete Schedule T. , officeholder living expense		
						Payroll Taxes				
						i ayron raxes	,			
_	Complete ONLY if direct		Candidate/Officeholder name	Office sou	Indht			Office held		
	expenditure to benefit C/OI			011100 300	igin			Office field		
_		1								
	Date		Payee name							
	10/18/2024		EDSI dba Edwards & Patterson Sign							
	Amount (\$)			te; Zip Co	ode					
	\$1,041.37		203 S Belt Line Rd							
			Irving, TX 75060-2158							
	PURPOSE	(a)	Category (See Categories listed at the top of this	schedule)	(b)	Description				
	OF EXPENDITURE		Printing Expense					ide of Texas. Complete Schedule T.		
								officeholder living expense		
						Oncenoider	Re-	election Campaign Yard Signs		
_	Operation Operation			05	<u> </u>			Office held		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ught			Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	mmittee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials E Legal Services The Instruction Guid	xpense	Office Overh Polling Expe Printing Exp Salaries/Wa	ense ges/Contract Labor		Travel in District Travel Out of Dist	uipment & Related Expense
1	Total pages Schedule F1:	FILER NAM	ЛЕ				3	Filer ID	(Ethics Commission Filers)
	Sch: 27/61 Rpt:	West, Roy	ce (The Honorable	e)				00020990	
4	Date	Payee nam	e				<u> </u>		
	09/16/2024		Pastor Oscar						
6	Amount (\$)	Payee add	ress; City;	State;	; Zip Cod	e			
	\$1,000.00	115 W Be	It Line Rd						
		Desoto, T	X 75115-4939						
8	PURPOSE	Category	(See Categories listed at the	top of this sch	edule)) Description			
OF Contributions/Donations Made By EXPENDITURE Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Church Donation									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/O	fficeholder name	C	Dffice soug	nt		Office hel	d
	Date	Payee nam	e						
	10/28/2024		no Products						
_	Amount (\$)	Payee add	ress; City;	State:	; Zip Cod	9			
	\$866.00	PO Box 7		,	, _,				
		Dallas, TX	75376-3002						
	PURPOSE OF EXPENDITURE		(See Categories listed at the erhead/Rental Expe		ledule) (Check if Austin	, тх, and		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/O	fficeholder name	C	Office soug	nt		Office hel	d
	Date	Payee nam	e						
	09/17/2024	Friendship	Twenty Foundatio	n					
	Amount (\$)	Payee add	ress; City;	State;	; Zip Cod	9			
	\$1,000.00	PO Box 1	5927						
			ו, TX 76119-0927						
	PURPOSE OF EXPENDITURE	Contributi	(See Categories listed at the ons/Donations Mac :/Officeholder/Politi	le By	,	Check if Austin	і, тх, IP S		expense Sponsorship Judge L.
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/O	fficeholder name	(Office soug	nt		Office hel	d

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	-	ense Polling Expense Printing E	xpense Vages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	ILER NAME			3 Filer ID (Ethics Commission Filers)			
	Sch: 28/61 Rpt:	Vest, Royce (The Honora	ble)		00020990			
4	Date	avee name						
	12/20/2024	Garrett, Amaad						
6	Amount (\$)	ayee address; City;	State; Zip Co	ode				
	\$250.00	14 Saddlebrook						
		esoto, TX 75115-4324						
8	PURPOSE OF EXPENDITURE	ategory (See Categories listed a Sift/Awards/Memorials Ex			outside of Texas. Complete Schedule T. n, TX, officeholder living expense Stipend			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sou	ght	Office held			
	Date	ayee name						
	12/23/2024	Gearing, Christopher						
	Amount (\$)	ayee address; City;	State; Zip Co	ode				
	\$1,000.00	810 Spur 408						
		pt 221						
		allas, TX 75236-3205						
	PURPOSE OF EXPENDITURE	ategory (See Categories listed a alaries/Wages/Contract			outside of Texas. Complete Schedule T. n, TX, officeholder living expense nd Bonus			
	Complete ONLY if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sou	ght	Office held			
	Date	ayee name						
	07/12/2024	George Willis PLLC						
	Amount (\$) \$500.00	ayee address; City; 810 Rocky Creek Dr	State; Zip Co	de				
		ouncanville, TX 75137-36	38					
	PURPOSE OF EXPENDITURE	ategory (See Categories listed a ccounting/Banking	t the top of this schedule)	Check if Austin	outside of Texas. Complete Schedule T. n, TX, officeholder living expense Service for Campaign Office			
	Complete ONLY if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sou	ght	Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Office Averhead/Rental Expense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	P FILER NAME	3 Filer ID (Ethics Commission Filers)					
	Sch: 29/61 Rpt:	West, Royce (The Honorable)	00020990					
4	Date 08/14/2024	Payee name George Willis PLLC						
6	Amount (\$) \$500.00	⁷ Payee address; City; State; Zip Code 1810 Rocky Creek Dr Duncanville, TX 75137-3638						
8	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. n, TX, officeholder living expense Service for Campaign Office					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	09/09/2024	George Willis PLLC						
	Amount (\$) \$500.00	Payee address; City; State; Zip Code 1810 Rocky Creek Dr						
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. n, TX, officeholder living expense Service for Campaign Office					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	10/10/2024	George Willis PLLC						
	Amount (\$) \$500.00	Payee address; City; State; Zip Code 1810 Rocky Creek Dr						
		Duncanville, TX 75137-3638						
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. h, TX, officeholder living expense Service for Campaign Office					
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

EXPENDITURE CATEGORIES FOR BOX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 30/61 Rpt:	West, Royce (The Honorable)	00020990
4	Date 11/10/2024	5 Payee name George Willis PLLC	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$500.00	1810 Rocky Creek Dr Duncanville, TX 75137-3638	
_			
8	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense ervice for Campaign Office
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	12/10/2024	George Willis PLLC	
	Amount (\$) Payee address; City; State; Zip Code		
	\$500.00 1810 Rocky Creek Dr Duncanville, TX 75137-3638		
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense service for Campaign Office
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
Date Payee name			
	07/05/2024	Good Street Baptist Church	
	Amount (\$) Payee address; City; State; Zip Code \$250.00 3110 Bonnie View Rd		
		Dallas, TX 75216-3425	
	PURPOSE OF EXPENDITURE	Candidate/Officeholder/Political Committee	outside of Texas. Complete Schedule T. , TX, officeholder living expense atering - 90th Church Anniversary
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense Transportation Equi Travel in District / - Gift/Awards/Memorials Expense Printing Expense Travel on District						Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers	5)			
	Sch: 31/61 Rpt:		West, Royce (The Honorable)					00020990				
4	Date	5	Payee name				I					
	09/11/2024		Grayson, Pamela (Dr.)									
6	Amount (\$)	7		te; Zip Co	ahe				_			
ľ	\$250.00	ľ	5207 Grovewood St		Juc							
	φ250.00		3207 610760000 31									
			Dallas, TX 75210-3236									
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this s	schedule)	(b)	Description						
	EXPENDITURE		Event Expense					ide of Texas. Complete Schedule T. , officeholder living expense				
								nct Chair GOTV Project Activities				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	Office sou	l ught			Office held				
	Date		Payee name									
	09/03/2024		Harambee Dallas									
	Amount (\$)		Payee address; City; Sta	te; Zip Co	ode							
	\$250.00		5919 Vista Glen Ln	· •								
			Sachse, TX 75048-2652		_							
	PURPOSE OF	(a)	Category (See Categories listed at the top of this s	chedule)	(b)	Description						
	EXPENDITURE		Contributions/Donations Made By Candidate/Officeholder/Political Com	mittoo				ide of Texas. Complete Schedule T. , officeholder living expense				
			Candidate/Officenoide//Political Coff	millee				Annual Festival				
						Denation 00						
	Complete ONLY if direct	Ľ	Candidate/Officeholder name	Office sou	Indht			Office held	_			
	expenditure to benefit C/OI			Office Sol	igin			onice new				
		_										
	Date		Payee name									
	12/10/2024		Harmony Community Development C	•								
	Amount (\$)			te; Zip Co	ode							
	\$5,000.00		PO Box 763354									
			Dallas, TX 75376-3354									
	PURPOSE	(a)	Category (See Categories listed at the top of this s	chedule)	(b)	Description						
	OF EXPENDITURE		Contributions/Donations Made By	· · · · · ,			outsi	ide of Texas. Complete Schedule T.				
	EXPENDITORE		Candidate/Officeholder/Political Com	imittee				, officeholder living expense				
						Donation - Co	omi	munity Outreach				
	Complete ONLY if direct		Candidate/Officeholder name	Office sou	ught			Office held				
	expenditure to benefit C/OI											

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Food/Beverage Expense Polling Expense Travel in District y - Gift/Awards/Memorials Expense Printing Expense Travel Out of District						uipment & Related Expense				
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)			
	Sch: 32/61 Rpt:		West, Royce (The Honorable)					00020990				
4	Date	5	Payee name									
	07/06/2024		Hobby Lobby #247									
6	Amount (\$)	7	Payee address; City; State;	Zip Co	le							
-	\$58.44		316 N Highway 67									
			5 5									
			Cedar Hill, TX 75104-2133									
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Des	cription						
	OF EXPENDITURE	[``	Gift/Awards/Memorials Expense	cuucy	_	•	outsic	de of Texas. Compl	ete Schedule T.			
	EXPENDITORE							officeholder living e				
						clamation ıle' Conver			Alpha Kappa Alpha			
							nuo	///				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	iht			Office held	d			
	Date		Payee name									
	07/08/2024		Hobby Lobby #247									
	Amount (\$)		Payee address; City; State;	Zip Co	le							
	\$75.22 316 N Highway 67											
			5									
			Cedar Hill, TX 75104-2133									
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Des	cription						
	OF EXPENDITURE		Gift/Awards/Memorials Expense					de of Texas. Comple				
								officeholder living e	. Kappa Alpha Boule			
						ional Presi			παρρά Αιρπά Βούιε			
	Complete ONLY if direct		Candidate/Officeholder name C	Office sou	t			Office hel	ч			
	expenditure to benefit C/OF				jiit			Office field	ц -			
_	Date	<u> </u>	Payee name									
	07/09/2024		Hobby Lobby #247									
				Zin Co	10							
	Amount (\$)			Zip Co	le							
	\$30.30		316 N Highway 67									
			Cedar Hill, TX 75104-2133									
	PURPOSE	(a)	Category (See Categories listed at the top of this scho	edule)	(b) Des	cription						
	OF EXPENDITURE		Gift/Awards/Memorials Expense					de of Texas. Comple				
								officeholder living e				
					⊢lag	y case - C	on	suluent's 30t	h Anniversary			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	jht			Office held	d			
-												

	EXPENDITURE CATEGORIES FOR BOX 8(a)												
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense Transp Food/Beverage Expense Polling Expense Travel y - Gift/Awards/Memorials Expense Printing Expense Travel al Committee Legal Services Salaries/Wages/Contract Labor OTHER						Travel in District Travel Out of Di	Equipmen t strict	xpense t & Related Expense not listed above)			
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethic	s Commission Filers)	
	Sch: 33/61 Rpt:		West, Royce (T	he Honorable)						00020990			
4	Date	5	Payee name										
	07/12/2024		Hobby Lobby #	247									
6	Amount (\$)	7	Payee address;	City;	State;	Zip Co	de						
	\$30.30		316 N Highway	67									
			Codor Hill TV 7	E104 2122									
_			Cedar Hill, TX 7										
8	PURPOSE OF	(a)	Category (See Ca			edule)	(b)	Description	outoir	le of Texas. Con	plata Sak		
	EXPENDITURE		Gift/Awards/Me	morials Expens	е					officeholder livin			
												gue Baseball You	th
								Event					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeho	lder name	0	Office soug	ght			Office h	eld		
	Date		Payee name										
	07/17/2024		Hobby Lobby #	247									
	Amount (\$)		Payee address;	City;	State;	Zip Co	de						
	\$50.87		316 N Highway	67									
			Cedar Hill, TX 7	5104-2133									
	PURPOSE OF	(a)	Category (See Ca	egories listed at the top	o of this sche	edule)	(b)	Description					
	EXPENDITURE		Gift/Awards/Me	morials Expens	е					de of Texas. Con officeholder livin			
												nt's Retirement	
	Complete ONLY if direct		Candidate/Officeho	lder name	0)ffice soug	ght			Office h	eld		
	expenditure to benefit C/OF	Н											
	Date		Payee name										
	08/09/2024		Hobby Lobby #	247									
	Amount (\$)		Payee address;	City;	State;	Zip Co	de						
	\$53.03		316 N Highway										
			Cedar Hill, TX 7	5104-2133									
	PURPOSE OF	(a)	Category (See Ca			edule)	(b)	Description					
	EXPENDITURE		Gift/Awards/Me	morials Expens	е					de of Texas. Con officeholder livin			
												nt's 90th Birthday	
								Celebration				-	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeho	lder name	0)ffice soug	ght			Office h	eld		
													\dashv

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense Transportation Equipment Food/Beverage Expense Polling Expense Travel in District y - Gift/Awards/Memorials Expense Printing Expense Travel Out of District										
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)				
	Sch: 34/61 Rpt:		West, Royce (The Honorable)					00020990				
4	Date	5	Payee name									
	09/06/2024		Hobby Lobby #247									
6	Amount (\$)	7	Payee address; City; State	e; Zip Co	ode							
	\$42.20		316 N Highway 67									
			Cedar Hill, TX 75104-2133									
8	PURPOSE	(a)	Category (See Categories listed at the top of this sc	hedule)	(b)	Description						
	OF EXPENDITURE		Gift/Awards/Memorials Expense	include)		·	outsi	ide of Texas. Complete Schedule T.				
	EXPENDITORE							, officeholder living expense				
						Memorial Cei Service	rtific	cate Framed - Constituent's Funera				
				<u></u>								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ight			Office held				
	Date		Payee name									
	10/10/2024		Hobby Lobby #247									
	Amount (\$)		Payee address; City; State	e; Zip Co	bde							
	\$45.23		316 N Highway 67									
			Cedar Hill, TX 75104-2133									
	PURPOSE	(a)	Category (See Categories listed at the top of this sc	hedule)	(b)	Description						
	OF EXPENDITURE		Event Expense					ide of Texas. Complete Schedule T.				
								, officeholder living expense - 2024 Dallas Goes West Fundraise				
						Reception	00					
	Complete ONLY if direct		Candidate/Officeholder name	Office sou	l Iaht			Office held				
	expenditure to benefit C/OF	Н			5							
_	Date		Payee name									
	10/08/2024		IS Sports									
	Amount (\$)		Payee address; City; State	e; Zip Co	ode							
	\$630.00		3333 Cedar Crest Blvd									
			Dallas, TX 75203-2107		1							
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sc	hedule)	(b)	Description						
	EXPENDITURE		Office Overhead/Rental Expense					ide of Texas. Complete Schedule T. , officeholder living expense				
								d Staff Event Polo Shirts				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ight			Office held				
-												

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)								
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)								
1	Sch: 35/61 Rpt:	West, Royce (The Honorable)	00020990								
4	Date 11/04/2024	Payee name IS Sports									
6	Amount (\$) \$300.00	7 Payee address; City; State; Zip Code 3333 Cedar Crest Blvd Dallas, TX 75203-2107									
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense nd Staff Event Polo Shirts								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	12/20/2024	Jasso, Imelda									
	Amount (\$)	Payee address; City; State; Zip Code									
	\$2,000.00	531 Hensley Dr Grand Prairie, TX 75050-4539									
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense ar End Bonus								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	07/15/2024	Johnson, Joycelyn									
	Amount (\$) \$918.98	Payee address; City; State; Zip Code 521 Missionary Rdg									
		Desoto, TX 75115-5233									
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense Iff Payroll								
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								

EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense Til Food/Beverage Expense Polling Expense Til y - Gift/Awards/Memorials Expense Printing Expense Til						Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers)
	Sch: 36/61 Rpt:		West, Royce	(The Honorabl	e)					00020990	
4	Date	5	Payee name								
	07/31/2024		Johnson, Joy	celyn							
6	Amount (\$)	7	Payee address	; City;	State	; Zip Co	le				
	\$918.98		521 Missiona	ry Rdg							
			Desoto, TX 7	5115-5233							
8	PURPOSE OF			Categories listed at th		nedule)	(b) Descript				
	EXPENDITURE		Salaries/Wag	es/Contract La	abor					le of Texas. Comp officeholder living	
							Campa			-	expense
							Campa	ligh Su	an 1	ayron	
9	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Office	holder name	C	ן Office souנָ	Jht			Office he	ld
	Date		Payee name								
	08/30/2024		Johnson, Joy	celyn							
	Amount (\$)		Payee address	; City;	State	; Zip Co	le				
	\$918.97 521 Missionary Rdg										
			Desoto, TX 7	5115-5233							
	PURPOSE OF EXPENDITURE			Categories listed at the es/Contract La		nedule)		t if travel o t if Austin,	TX,	le of Texas. Comp officeholder living Payroll	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Office	holder name	(Dffice sou	Jht			Office he	ld
	Date		Payee name								
	09/13/2024		Johnson, Joy	celyn							
	Amount (\$)		Payee address	; City;	State	; Zip Co	le				
	\$918.99		521 Missiona								
			Desoto, TX 7	5115-5233							
	PURPOSE OF EXPENDITURE			Categories listed at the es/Contract La		nedule)		t if travel o t if Austin,	TX, (le of Texas. Comp officeholder living Payroll	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Office	holder name	(Dffice sou	Jht			Office he	eld

EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense Tra Food/Beverage Expense Polling Expense Tra y - Gift/Awards/Memorials Expense Printing Expense Tra						Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)			
	Sch: 37/61 Rpt:		West, Royce (The Honorable)					00020990			
4	Date	5	Payee name								
	09/30/2024		Johnson, Joycelyn								
6	Amount (\$)	7	Payee address; City;	State	; Zip Coo	le					
	\$918.98		521 Missionary Rdg								
			Desoto, TX 75115-5233								
8	PURPOSE OF	(a)	Category (See Categories listed at the to		edule)	(b) Description					
	EXPENDITURE		Salaries/Wages/Contract Labo	or				de of Texas. Complete Schedule T. officeholder living expense			
						Campaign St					
						Campaign Si	an	T ayron			
9	Complete ONLY if direct expenditure to benefit C/O		andidate/Officeholder name	C	Dffice soug	jht		Office held			
	Date		Payee name								
	10/15/2024		Johnson, Joycelyn								
	Amount (\$)		Payee address; City;	State	; Zip Coo	le					
	\$918.98 521 Missionary Rdg										
			, <u>,</u>								
			Desoto, TX 75115-5233								
	PURPOSE OF	(a)	Category (See Categories listed at the to		edule)	(b) Description					
	EXPENDITURE		Salaries/Wages/Contract Labo	or				de of Texas. Complete Schedule T. officeholder living expense			
						Campaign St					
						Cumpaign Ci	an				
	Complete ONLY if direct		Candidate/Officeholder name	(Office sou	Jht		Office held			
	expenditure to benefit C/OI	Н									
	Date		Payee name								
	10/22/2024		Johnson, Joycelyn								
	Amount (\$)		Payee address; City;	State	; Zip Coo	le					
	\$77.05		521 Missionary Rdg								
			, ,								
			Desoto, TX 75115-5233								
	PURPOSE OF	(a)	Category (See Categories listed at the to	p of this sch	edule)	(b) Description					
	EXPENDITURE		Travel In District					de of Texas. Complete Schedule T. , officeholder living expense			
								Irsement - Campaign Business			
						Mileage Rell	150	isement oumpaign business			
-	Complete ONLY if direct		andidate/Officeholder name	(Office soug	ıht		Office held			
	expenditure to benefit C/OI					-					
-											

EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense Tran Food/Beverage Expense Polling Expense Trav y - Gift/Awards/Memorials Expense Printing Expense Trav al Committee Legal Services Salaries/Wages/Contract Labor OTH The Instruction Guide explains how to complete this form.						Travel in District Travel Out of Distr	uipment & Related Expense		
1	Total pages Schedule F1:	2 F	ILER NAME				3	Filer ID	(Ethics Commission Filers)		
	Sch: 38/61 Rpt:	v	lest, Royce (The Honorabl	e)				00020990			
4	Date	5 P	ayee name								
	10/31/2024	J	ohnson, Joycelyn								
6	Amount (\$)	7 P	ayee address; City;	State	; Zip Coo	le					
	\$918.99		21 Missionary Rdg								
			esoto, TX 75115-5233								
8	PURPOSE OF EXPENDITURE		ategory (See Categories listed at th alaries/Wages/Contract La		nedule)		ı, TX,	de of Texas. Compl officeholder living e Payroll			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		ndidate/Officeholder name	(Office sou	Jht		Office hel	d		
	Date	Р	ayee name								
	11/15/2024	J	ohnson, Joycelyn								
	Amount (\$)	Р	ayee address; City;	State	; Zip Coo	le					
	\$918.98		21 Missionary Rdg esoto, TX 75115-5233								
	PURPOSE OF EXPENDITURE		ategory _{(See Categories listed at th} alaries/Wages/Contract La		nedule)		I, TX,	de of Texas. Compl officeholder living e Payroll			
	Complete ONLY if direct expenditure to benefit C/O		ndidate/Officeholder name	C	Office soug	ıht		Office hel	d		
-	Date	Р	ayee name								
	11/27/2024		ohnson, Joycelyn								
	Amount (\$) \$918.98		ayee address; City; 21 Missionary Rdg	State	; Zip Coo	le					
		D	esoto, TX 75115-5233								
	PURPOSE OF EXPENDITURE		ategory (See Categories listed at th alaries/Wages/Contract La		nedule)		I, TX,	de of Texas. Compl officeholder living e Payroll			
	Complete ONLY if direct expenditure to benefit C/O		ndidate/Officeholder name	C	Office soug	ıht		Office hel	d		

EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense Transmitter Food/Beverage Expense Polling Expense Transmitter / - Gift/Awards/Memorials Expense Printing Expense Transmitter						Travel in District Travel Out of Dis	quipment & Related Expense		
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers)
	Sch: 39/61 Rpt:		West, Royce	e (The Honor	able)					00020990	
4	Date	5	Payee name								
	12/16/2024		Johnson, Jo	ycelyn							
6	Amount (\$)	7	Payee addres	s; City;	State	; Zip Co	de				
	\$918.98		521 Mission	ary Rdg							
			Desoto, TX	75115-5233							
8	PURPOSE	(a)	Category (so	o Catogorios listod	at the top of this sch	odulo)	(b) Desc	cription			
-	OF		Salaries/Wa			ieuuie)			outsic	de of Texas. Com	plete Schedule T.
	EXPENDITURE			-						officeholder living	expense
							Can	npaign St	aff I	Payroll	
_											
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Offic	eholder name		Office sou	ght			Office he	210
	Date		Payee name								
	12/20/2024		Johnson, Jo	ycelyn							
	Amount (\$)		Payee addres	s; City;	State	; Zip Co	de				
	\$5,000.00 521 Missionary Rdg										
			Desoto, TX	75115-5233							
	PURPOSE OF EXPENDITURE		Category _{(Se} Salaries/Wa		at the top of this sch Labor	iedule)		Check if travel o	, TX,	de of Texas. Comp officeholder living 30nus	
										0.00	
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Offic	enolder name	· (Office sou	int			Office he	90
	Date		Payee name								
	12/31/2024		Johnson, Jo	ycelyn							
	Amount (\$)		Payee addres	s; City;	State	; Zip Co	de				
	\$918.99		521 Mission								
			Desoto, TX	75115-5233							
	PURPOSE OF EXPENDITURE		Category _{(Se} Salaries/Wa		at the top of this sch t Labor	nedule)		Check if travel o	, TX,	de of Texas. Comp officeholder living Payroll	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Offic	eholder name	· (Dffice sou	ght			Office he	ld

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/R Fees Office Overhead/Re Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Co The Instruction Guide explains how to complete	ental Expense Transportation Equipment & Related Expense Travel in District Travel Out of District ontract Labor OTHER (enter a category not listed above)									
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)									
	Sch: 40/61 Rpt:	West, Royce (The Honorable)	00020990									
4	Date	Payee name										
	08/15/2024	Johnson, Joycelyn										
6	Amount (\$)	Payee address; City; State; Zip Code										
	\$918.99	521 Missionary Rdg										
		Desoto, TX 75115-5233										
8	PURPOSE	Category (See Categories listed at the top of this schedule) (b) De	escription									
	OF EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ampaign Staff Payroll									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought	Office held									
	Date	Payee name										
	09/26/2024	Legislative Solutions										
	Amount (\$)	Payee address; City; State; Zip Code										
	\$295.00	PO Box 5643										
		Austin, TX 78763-5643										
	PURPOSE OF EXPENDITURE	Event Expense	escription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense mail Distribution - 2024 Austin Goes West undraiser									
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held									
	Date	Payee name										
	10/07/2024	Legislative Solutions										
	Amount (\$)	Payee address; City; State; Zip Code										
	\$295.00	PO Box 5643										
		Austin, TX 78763-5643										
	PURPOSE OF EXPENDITURE	Event Expense	escription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense mail Distribution - 2024 Dallas Goes West undraiser									
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held									

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Food/Beverage Expense Polling Expense Travel in District by - Gift/Awards/Memorials Expense Printing Expense Travel out of District							n Equipment & Related Expense ict District			
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers))
-	Sch: 41/61 Rpt:		West, Royc		onorable)					00020990)	ĺ
4	Date	5	Payee name									
	10/22/2024		Leibowitz, V	/incent								
6	Amount (\$)	7	Payee addres	ss; Cit	y;	State; Zip	cod	e				
	\$2,995.00		6201 Sneed	l Cv	-							
	+_,		Apt 813									
			•									
			Austin, TX 7	/8744-34;	32							
8	PURPOSE	(a)	Category (Se	e Categories	listed at the top of t	this schedule)	(b) Description				
	OF EXPENDITURE		Event Expe					Check if travel	outs	ide of Texas. Co	omplete Schedule T.	
	EXPENDITORE									, officeholder livi		
								Event Planne	er -	2024 Austi	in Goes West Fundraise	er
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Offi	ceholder n	ame	Office	e soug	ht		Office	held	
	Date		Payee name									
	12/20/2024		Leibowitz, V	/incent								
	Amount (\$)	-	Payee addres	ss; Cit	<i>r</i>	State; Zip		0				
	.,		-		y,	State, Zip	5 000					
	\$5,000.00		6201 Sneed	ICV								
			Apt 813									
			Austin, TX 7	78744-343	32							
	PURPOSE	(a)	Category (s		listed at the top of t	this schodulo)	(b) Description				
	OF		Salaries/Wa			una schedule)			outs	ide of Texas. Co	omplete Schedule T.	
	EXPENDITURE			igeo, com				Check if Austin	n, TX	, officeholder livi	ng expense	
								2024 Staff Ye	ear	End Bonus	S	
	Complete ONLY if direct		Candidate/Offi	ceholder n	ame	Office	e soug	ht		Office	held	
	expenditure to benefit C/Oł					0	ooug			0		
		_										
	Date	I	Payee name									
	07/15/2024		Lewis, Doris	5								
	Amount (\$)		Payee addres	ss; Cit	y;	State; Zip	o Cod	e				
	\$1,727.46		3817 Oak A	rbor Dr								
			Dallas, TX 7	75233-290)4							
-	PURPOSE	(a)			listed at the top of t	41-1	1	b) Description				-
	OF					this schedule)	ľ		outs	ide of Texas. Co	mplete Schedule T.	
	EXPENDITURE		Salaries/Wa	iges/Com	ומטו במשטו					, officeholder livi		
								Campaign St				
								1.5		-		
-	Complete ONLV if direct	Ļ	andidate (Offi	coholdor -	200	0#:		ht		Office	hold	_
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Offi	cenoider N	ane	Unice	e soug	in and the second se		Unice	IICIU	
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	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense Transportation Eco Food/Beverage Expense Polling Expense Travel in District y - Gift/Awards/Memorials Expense Printing Expense Travel Out of Dist						Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2 F		· ·		•	3	Filer ID (Ethics Commission Filers)				
-	Sch: 42/61 Rpt:		Vest, Royce (The Honorable)					00020990				
4	Date 07/31/2024		ayee name ewis, Doris									
6	Amount (\$) \$1,727.45	3	ayee address; City; 817 Oak Arbor Dr ballas, TX 75233-2904	State;	Zip Cod	e						
8	PURPOSE OF EXPENDITURE		ategory (See Categories listed at the top alaries/Wages/Contract Labo		edule) (n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense Payroll				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	0	Office soug	ht		Office held				
	Date	F	ayee name									
	07/31/2024	L	ewis, Doris									
	Amount (\$) \$66.33	3	ayee address; City; 817 Oak Arbor Dr pallas, TX 75233-2904	State;	Zip Cod	e						
	PURPOSE OF EXPENDITURE		ategory (See Categories listed at the to ravel In District	p of this sche	edule) (Check if Austin	n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense <pense -="" business<="" campaign="" th=""></pense>				
	Complete ONLY if direct expenditure to benefit C/OF		ndidate/Officeholder name	0	Office soug	ht		Office held				
	Date	F	ayee name									
	08/15/2024		ewis, Doris									
	Amount (\$) \$1,727.45		ayee address; City; 817 Oak Arbor Dr	State;	Zip Cod	e						
			oallas, TX 75233-2904									
	PURPOSE OF EXPENDITURE		ategory (See Categories listed at the top alaries/Wages/Contract Labo		edule) (n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense Payroll				
ļ	Complete ONLY if direct expenditure to benefit C/OF		ndidate/Officeholder name	0	Office soug	ht		Office held				

			EXPENDITURE	CATEGO	RIES FOR	BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment							Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2		•		·	3	Filer ID	(Ethics Commission Filers)			
-	Sch: 43/61 Rpt:		West, Royce (The Honorable	e)			ľ	00020990				
4	Date 08/30/2024		[⊃] ayee name _ewis, Doris									
6	Amount (\$) \$1,727.45	:	Payee address; City; State; Zip Code 3817 Oak Arbor Dr Dallas, TX 75233-2904									
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 Campaign Staff Payroll										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office soug	ht		Office he	ld			
	Date		Payee name									
	09/13/2024		_ewis, Doris									
	Amount (\$) Payee address; City; State; Zip Code \$1,727.45 3817 Oak Arbor Dr											
	PURPOSE OF EXPENDITURE	(a)	Dallas, TX 75233-2904 Category (See Categories listed at the Salaries/Wages/Contract Lat		edule)		η, TX,	ide of Texas. Comp , officeholder living Payroll				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought H					Office held					
	Date		Payee name									
	09/30/2024		_ewis, Doris									
	Amount (\$) \$1,727.45		^P ayee address; City; 3817 Oak Arbor Dr	State;	; Zip Coo	le						
			Dallas, TX 75233-2904									
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the Salaries/Wages/Contract Lab		iedule)		η, TX,	ide of Texas. Comp , officeholder living Payroll				
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Dffice soug	ht		Office he	ld			

		EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursem Fees Office Overhead/Rental Expen Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense	se	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	· · ·	3 Filer ID (Ethics Commission Filers)								
-	Sch: 44/61 Rpt:	West, Royce (The Honorable)		00020990							
4	Date 10/15/2024	Payee name Lewis, Doris									
6	Amount (\$) \$1,727.46	Payee address; City; State; Zip Code 3817 Oak Arbor Dr Dallas, TX 75233-2904									
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 Campaign Staff Payroll 									
9	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought		Office held							
	Date	Payee name									
	10/31/2024	Lewis, Doris									
	Amount (\$) Payee address; City; State; Zip Code \$1,727.45 3817 Oak Arbor Dr Dallas, TX 75233-2904										
	PURPOSE OF EXPENDITURE		avel ou lustin, T	utside of Texas. Complete Schedule T. TX, officeholder living expense ff Payroll							
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	t Office held								
	Date	Payee name									
	11/15/2024	Lewis, Doris									
	Amount (\$) \$1,727.44	Payee address; City; State; Zip Code 3817 Oak Arbor Dr									
		Dallas, TX 75233-2904									
	PURPOSE OF EXPENDITURE		avel ou lustin, T	utside of Texas. Complete Schedule T. TX, officeholder living expense ff Payroll							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought		Office held							

		EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services 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)					
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)					
	Sch: 45/61 Rpt:	West, Royce (The Honorable)	00020990					
4	Date	Payee name						
	11/27/2024	Lewis, Doris						
6	Amount (\$)	Payee address; City; State; Zip Code						
	\$1,727.45	3817 Oak Arbor Dr						
		Dallas, TX 75233-2904						
8	8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Campaign Staff Payroll							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	12/16/2024	Lewis, Doris						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$1,727.46	3817 Oak Arbor Dr Dallas, TX 75233-2904						
	PURPOSE OF EXPENDITURE	A) Category (See Categories listed at the top of this schedule) (b) Description Salaries/Wages/Contract Labor Check if travel of Check if travel o	outside of Texas. Complete Schedule T. , TX, officeholder living expense aff Payroll					
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	12/20/2024	Lewis, Doris						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$5,000.00	3817 Oak Arbor Dr						
		Dallas, TX 75233-2904						
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense nd Bonus					
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held					

		EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Odd/Beverage Expense Gift/Awards/Memorials Expense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)								
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)								
	Sch: 46/61 Rpt:	West, Royce (The Honorable)	00020990								
4	Date 12/31/2024	Payee name									
		Lewis, Doris									
6	Amount (\$) \$1,727.45	Payee address; City; State; Zip Code 3817 Oak Arbor Dr Dallas, TX 75233-2904									
8	PURPOSE OF EXPENDITURE	Salaries/Wages/Contract Labor									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
12/31/2024 Lewis, Doris											
	Amount (\$)Payee address;City;State;Zip Code\$155.243817 Oak Arbor Dr										
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense E Expense - Campaign Business								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	08/06/2024	Lyft									
	Amount (\$) Payee address; City; State; Zip Code \$16.34 185 Berry St Ste 5000 San Francisco, CA 94107-2503										
	PURPOSE OF EXPENDITURE	OF Transportation Equipment And Related									
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held								

			EXPENDITURE C	ATEGORIES FO	R BO	X 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment							Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2 FILER NAME 3 File						Filer ID	(Ethics Commission Filers)			
	Sch: 47/61 Rpt:		(The Honorable)					00020990	· · · ·			
4	Date 08/14/2024	Payee name Medlock-Lee	e. Toska									
6	Amount (\$)	Payee address		State; Zip C	`odo							
U	\$1,500.00	6722 Keswic Dallas, TX 7	k Dr		Jue							
8	PURPOSE	Catagony			(h)	Doccription						
0	OF	 (a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Marketing Consulting & Outreach Support Services 										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Offic	eholder name	Office so	ought			Office he	ld			
	Date	Payee name										
	12/20/2024	Moreno, Tere	esa J.									
	Amount (\$)	Payee address	s; City;	State; Zip C	code							
	\$5,000.00	1120 Mounta Dallas, TX 7										
	PURPOSE OF EXPENDITURE		e Categories listed at the top ges/Contract Labo				i, TX, d	officeholder living	blete Schedule T. expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held H						ld				
-	Date	Payee name										
	08/30/2024	2	antia for Senate									
-	Amount (\$)	Payee address		State; Zip C	ode							
	\$5,000.00	1324 E Madi										
			TX 78520-5758									
	PURPOSE OF EXPENDITURE	Contributions	e Categories listed at the top s/Donations Made fficeholder/Politica	Ву			i, TX, d	officeholder living				
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Offic	eholder name	Office so	ught			Office he	ld			

		EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)									
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)									
	Sch: 48/61 Rpt:	West, Royce (The Honorable)	00020990									
4	Date 09/01/2024	5 Payee name NGP VAN Inc										
6	Amount (\$) \$1,023.36	7 Payee address; City; State; Zip Code 655 15th St NW Ste 650 Washington, DC 20005-5738	655 15th St NW Ste 650 Washington, DC 20005-5738									
8	PURPOSE OF EXPENDITURE	OF Office Overhead/Rental Expense										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held									
	Date	Payee name										
	12/01/2024	NGP VAN Inc										
	Amount (\$) \$1,023.36	Payee address; City; State; Zip Code 655 15th St NW Ste 650 Washington, DC 20005-5738										
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense abase Services									
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held									
	Date	Payee name										
	08/27/2024	Next Generation Action Network Foundation Inc.										
	Amount (\$) \$500.00	Payee address; City; State; Zip Code 1808 S Good Latimer Expy										
		Dallas, TX 75226-2202										
	PURPOSE OF EXPENDITURE	Candidate/Officeholder/Political Committee	utside of Texas. Complete Schedule T. TX, officeholder living expense th Year Anniversary Gala									
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held									

		EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)								
_		· · · · · · · · · · · · · · · · · · ·									
1	Total pages Schedule F1: Sch: 49/61 Rpt:	2 FILER NAME (West, Royce (The Honorable)	3 Filer ID (Ethics Commission Filers) 00020990 00020990								
4	Date 11/22/2024	5 Payee name OMG Cakes & Southern Best Catering LLC									
_		7 Payee address; City; State; Zip Code									
6	Amount (\$) \$310.00										
8	PURPOSE	(b) Description									
 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 Donation - Catering for District 23 Precinct Cha Breakfast Meeting 											
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	07/15/2024	Olivas, Gerardo U									
	Amount (\$)	Payee address; City; State; Zip Code									
	\$950.38 1304 Lakeside Dr										
		Garland, TX 75040-5671									
	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 <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	07/31/2024	Olivas, Gerardo U									
	Amount (\$)	Payee address; City; State; Zip Code									
	\$1,282.32	1304 Lakeside Dr									
		Garland, TX 75040-5671									
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense n Payroll								
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reinbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services 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)								
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	3 Filer ID (Ethics Commission Filers)								
	Sch: 50/61 Rpt:	West, Royce (The Honorable)	00020990								
4	Date 08/15/2024	Payee name Olivas, Gerardo U									
6	Amount (\$) \$1,125.25	Payee address; City; State; Zip Code 1304 Lakeside Dr Garland, TX 75040-5671									
8	8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Summer Intern Payroll Final										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held								
	Date 12/20/2024	Payee name Olivas, Gerardo U									
	Amount (\$) \$500.00	Payee address; City; State; Zip Code 1304 Lakeside Dr Garland, TX 75040-5671									
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense d Bonus								
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	07/01/2024	Plus Three LP									
	Amount (\$) \$419.95	Payee address;City;State;Zip Code2560 US Highway 22# 266Scotch Plains, NJ 07076-1529									
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense ebsite Hosting and Monitoring Invoice								
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held								

				EXPENDI	URE CATEGO	RIES FOR	BC)X 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Co Credit Card Payment			Event Expense Loan Repayment/Reimburseme Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.					I/Rental Expense e /Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filer	rs)	
	Sch: 51/61 Rpt:		West, Royc	e (The Hono	rable)					00020990			
4	Date	5	Payee name										
	08/07/2024		Plus Three	LP									
6	Amount (\$)	7	Payee addre	ss; City;	State	; Zip Co	de						
	\$419.95		2560 US Hi	ghway 22									
			# 266										
		Scotch Plains, NJ 07076-1529											
8	PURPOSE	(a)			d at the top of this sch	andulo)	(b)	Description					
	OF			head/Rental		leuule)	()	<u> </u>	outsi	de of Texas. Com	plete Schedule T.		
	EXPENDITURE									officeholder living			
								Campaign W #8977	ebs	site Hosting	and Monitoring Invo	ice	
_						- "				011			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Off	ceholder nam	e (Office sou	gnt			Office h	eld		
	Date		Payee name										
	09/02/2024		Plus Three	LP									
Amount (\$) Payee address; City; State; Zip Code													
	\$419.95		2560 US Hi	ghway 22									
			# 266										
			Scotch Plai	ns, NJ 07076	6-1529								
	PURPOSE	(a)	Category (S	ee Categories liste	d at the top of this sch	nedule)	(b)	Description					
	OF EXPENDITURE			head/Rental		,					plete Schedule T.		
	EXPENDITORE									officeholder living			
								#9012	ebs	site Hosting	and Monitoring Invo	ice	
	Complete ONLY if direct		Candidate/Off	ceholder nam	<u> </u>	Office sou	nht			Office h	eld		
	expenditure to benefit C/OI		Sandidate, On				gin			Onice II			
	Date	1	Payee name									_	
	10/01/2024		Plus Three	LP									
	Amount (\$)		Payee addre		State	; Zip Co	do						
	\$419.95		2560 US Hi		State	, zip co	ue						
	Q110.00		# 266	ginnay 22									
				ns, NJ 07076	\$ 1520								
	DUDDOOF			-			(1-)						
	PURPOSE OF	(a)		ee Categories liste head/Rental	d at the top of this sch	nedule)	(D)	Description	outsi	de of Texas. Corr	nplete Schedule T.		
	EXPENDITURE		Onice Over	neau/Rentai	Expense					officeholder living			
									ebs	site Hosting	and Monitoring Invo	ice	
								#9040					
	Complete ONLY if direct		Candidate/Off	ceholder nam	e (Office sou	ght			Office h	eld		
	expenditure to benefit C/Oł	п											

		EXPENDITURE CA	ATEGORIES FOR E	OX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Fees Food/Beverage Expense Git/Awards/Memorials Exper Legal Services The Instruction Guide e	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)								
1	Total pages Schedule F1:	ILER NAME			3 Filer ID (Ethics Commission Filers)						
	Sch: 52/61 Rpt:	Vest, Royce (The Honorable)			00020990						
4	Date 11/01/2024	Payee name Plus Three LP									
	Amount (\$) \$419.95	# 266 Scotch Plains, NJ 07076-1529									
 8 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 Sched Check if Austin, TX, officeholder living expense Campaign Website Hosting and Mon #9071 											
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sough	t	Office held						
	Date	ayee name									
	12/02/2024	Plus Three LP									
	Amount (\$) \$419.95	Payee address; City; 2560 US Highway 22 266 Scotch Plains, NJ 07076-1529	State; Zip Code								
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top Office Overhead/Rental Expens		Check if Austin,	outside of Texas. Complete Schedule T. TX, officeholder living expense ebsite Hosting and Monitoring Invoice						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sough	t	Office held						
	Date 12/20/2024	Payee name Pryor, Marissa									
	Amount (\$) \$500.00	Payee address; City; 1515 Brodie Ln Apt 2116 Austin, TX 78745-8147	State; Zip Code								
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top Salaries/Wages/Contract Labor			outside of Texas. Complete Schedule T. TX, officeholder living expense Ind Bonus						
	Complete ONLY if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sough	t	Office held						

			EXPENDITURE C	CATEGOR	RIES FOR	во	X 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp hittee Legal Services The Instruction Guide		Office Over Polling Exp Printing Ex Salaries/W	rhead bense pense ages/	Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2 F	II FR NAME					3	Filer ID (Ethics Commission Filers)			
	Sch: 53/61 Rpt:		Vest, Royce (The Honorable)						00020990	(
4	Date	5 F	ayee name									
	07/02/2024		Quorum Report									
6	Amount (\$)	7 F	ayee address; City;	State;	; Zip Coo	de						
	\$389.70	F	O Box 8									
		A	ustin, TX 78767-0008									
8	PURPOSE	(a) (ategory (See Categories listed at the to		(and table)	(b)	Description					
Ũ	OF		ategory (See Categories listed at the to ees	p of this sch	iedule)	(~)		outsio	de of Texas. Com	plete Schedule T.		
	EXPENDITURE	l '				i			officeholder living			
							Officeholder A	٩nn	ual Subscri	ption		
9	Complete ONLY if direct expenditure to benefit C/OF		ndidate/Officeholder name	C	Dffice soug	ght			Office he	eld		
	Date	F	ayee name									
	07/23/2024	1	Ready Refresh									
	Amount (\$)		ayee address; City;	Stato	; Zip Coo						_	
	\$97.59		O Box 856680	State,	, zip cot	ue						
	\$97.59											
		L	ouisville, KY 40285-6680									
	PURPOSE	(a) (ategory (See Categories listed at the to	p of this sch	nedule)	(b)	Description					
	OF EXPENDITURE		Office Overhead/Rental Exper							plete Schedule T.		
						l			officeholder living	•		
							Bottled Water	r an	id Cooler Re	ental Fee - Capitol Offi	ce	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	Ĺ	Office soug	ght			Office he	ala		
	Date	F	ayee name									
	08/22/2024	F	Ready Refresh									
	Amount (\$)	F	ayee address; City;	State:	; Zip Coo	de						
	\$175.51	1	O Box 856680									
	+=:0:01											
		L	ouisville, KY 40285-6680									
	PURPOSE	(a) (ategory (See Categories listed at the to	p of this sch	nedule)	(b)	Description					
	OF EXPENDITURE		Office Overhead/Rental Exper			ļ				plete Schedule T.		
									officeholder living			
							Cooler Renta	ı ar	ia Cleaning	Fee - Capitol Office		
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH											

				EXPENDITURE	CATEGO	RIES FOR	во	X 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fee Foo Gift Imittee Leg	nt Expense is id/Beverage Expense /Awards/Memorials E al Services e Instruction Gui	Expense	Office Ove Polling Exp Printing Ex Salaries/W	rhead pense pense ages/	e Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	2 FILER NAME						3	Filer ID	(Ethics	Commission Filers)	
-	Sch: 54/61 Rpt:		West, Royce (The Honorable	e)				ľ	00020990	(20.000		
4	Date 09/24/2024		Payee name Ready Refresl	ı									
6	Amount (\$) \$21.64		Payee address; City; State; Zip Code PO Box 856680 Louisville, KY 40285-6680										
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Cooler Rental - Capitol Office								edule T.					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Office	older name	(Office sou	ght			Office he	eld		
	Date		Payee name										
	10/23/2024		Ready Refres	ı									
	Amount (\$)Payee address;City;State; Zip Code\$105.25PO Box 856680												
	PURPOSE OF EXPENDITURE	(a)	Louisville, KY Category _{(See C} Office Overhea	ategories listed at the		edule)		Check if Austin	, TX,	de of Texas. Com officeholder living nd Cooler Re	expense	edule T. ee - Capitol Office	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Office	older name	(Office sou	ght			Office he	eld		
	Date		Payee name										
	11/22/2024		Ready Refrest	ı									
	Amount (\$) \$105.25		Payee address; PO Box 85668	City; 0	State	; Zip Co	de						
			Louisville, KY	40285-6680									
	PURPOSE OF EXPENDITURE		Category _{(See C} Office Overhea			edule)		Check if Austin	, TX,	de of Texas. Com officeholder living nd Cooler Re	expense	edule T. ee - Capitol Office	
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Office	older name	C	Office sou	ght			Office he	eld		

	EXPENDITURE CATEGORIES FOR BOX 8(a)													
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Legal Service	ge Expense Iemorials Expens		Office Ove Polling Exp Printing Ex Salaries/W	rhead bense pens ages	se s/Contract Labor		Transporta Travel in D Travel Out	ation Ec District t of Dist	aising Expense quipment & Related trict category not listed a	
1	Total pages Schedule F1:	2	FILER NAME							3	Filer ID		(Ethics Commis	sion Filers)
	Sch: 55/61 Rpt:		West, Royc	e (The Ho	onorable)						000209	990		
4	Date	5	Payee name											
	12/24/2024		Ready Refr	esh										
6	Amount (\$)	7	Payee addre	ss; City	y;	State;	Zip Co	de						
	\$21.64		PO Box 856	680										
			Louisville, k											
8	PURPOSE OF	(a)	Category (S				edule)	(b)	Description			-		
	EXPENDITURE		Office Over	head/Ren	tal Expense	е			Check if travel				olete Schedule T.	
									Cooler Renta					
									Cooler Renta		ce oup		Since	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Offi	ceholder n	ame	0	Office sou	ght			Offi	ce he	ld	
	Date		Payee name											
	11/04/2024		Richard C.	Evans Pri	nting & Gra	aphics								
	Amount (\$)		Payee addre	ss; Cit	v:	State:	Zip Co	de						
	\$410.00		2103 Morre		,	o tato,	p 00							
	φ+10.00		2100 100110	117.000										
			Dallas, TX											
	PURPOSE OF	(a)	Category (Se		listed at the top o	of this sche	edule)	(b)	Description			-		
	EXPENDITURE		Event Expe	nse					Check if travel				expense	
									Graphic Desi					Fundraiser
									Invitation	gn		Juna		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Offi	ceholder n	ame	0)ffice sou	ght			Offi	ce he	ld	
	Date	1	Payee name											
	11/14/2024		Senate Lad	ies Club										
						01-1-1	7: 0	-1 -						
	Amount (\$)		Payee addre		y;	State;	Zip Co	ae						
	\$2,750.00		PO Box 120	968										
			Austin, TX	78711-200	68									
	PURPOSE	(a)	Category (S		listed at the top o	of this sche	edule)	(b)	Description					
	OF EXPENDITURE		Event Expe	nse									lete Schedule T.	
	-								Check if Austin					
									2025 Senate	≓ ∟d		uu DI		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Offi	ceholder n	ame	0	Office sou	ght			Offi	ce he	ld	
-														

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I	Office Ove Polling Exp Printing Ex Salaries/W	rhead/l ense pense ages/C	/Reimbursement Rental Expense Contract Labor e this form.		Transportation E Travel in District Travel Out of Di	
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 56/61 Rpt:		West, Royce (The Honorable)					00020990	
4	Date	5	Payee name						
	09/16/2024		Smith, Cheryl						
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de				
	\$250.00		2822 Rochester Ct						
			Grand Prairie, TX 75052-4581						
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) [Description			
	OF EXPENDITURE		Contributions/Donations Made By		Ī				nplete Schedule T.
			Candidate/Officeholder/Political Comm	ittee	Ĺ			officeholder livin	
						nitiative		AD Gel Ou	t The Vote Post Cards
								011	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name C	Office sou	gnt			Office h	eld
	Date		Payee name						
	07/22/2024		Spectrum (Austin)						
	Amount (\$)		Payee address; City; State;	Zip Co	de				
	\$208.99		PO Box 60074						
			City Of Industry, CA 91716-0074						
	PURPOSE OF		Category (See Categories listed at the top of this sche	edule)	(b) [Description			
	EXPENDITURE		Office Overhead/Rental Expense		Ļ	Check if travel of X Check if Austin,			nplete Schedule T.
						<u>×</u>] onesk i / tasini, Officeholder (gexpense
								,	
	Complete ONLY if direct	C	andidate/Officeholder name C)ffice sou	ght			Office h	eld
	expenditure to benefit C/OF	Н							
	Date		Payee name						
	08/22/2024		Spectrum (Austin)						
	Amount (\$)		Payee address; City; State;	Zip Co	de				
	\$208.99		PO Box 60074						
			City Of Industry, CA 91716-0074						
	PURPOSE		Category (See Categories listed at the top of this sche	edule)	(b) [Description			
	OF EXPENDITURE		Office Overhead/Rental Expense		ļ				nplete Schedule T.
						X Check if Austin, Officeholder (y expense
					,		Jac	ne (Ausuii)	
-	Complete ONLY if direct		andidate/Officeholder name C	Office sou	nht			Office h	eld
	expenditure to benefit C/OF			2000 3000	jiit				
-									

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expe nittee Legal Services The Instruction Guide		Office Over Polling Exp Printing Exp Salaries/Wa	ense Iges/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2		-		-	3	Filer ID (Ethics Commission Filers)
	Sch: 57/61 Rpt:		West, Royce (The Honorable)					00020990
4	Date	5	Payee name					
	09/22/2024		Spectrum (Austin)					
6	Amount (\$)	7	Payee address; City;	State;	; Zip Coo	e		
	\$208.70		PO Box 60074					
		(City Of Industry, CA 91716-007	74				
8	PURPOSE	(a) (Category (See Categories listed at the top	p of this sche	iedule)	b) Description		
	OF EXPENDITURE	(Office Overhead/Rental Expen	se				ide of Texas. Complete Schedule T.
						Officeholder		, officeholder living expense
						Oncenduel	Cai	
9	Complete ONLY if direct		andidate/Officeholder name		Office soug	ht		Office held
Ū	expenditure to benefit C/OI							
	Date		Payee name					
	10/22/2024	I	Spectrum (Austin)					
	Amount (\$)		Payee address; City;	State:	; Zip Coo	e		
	\$208.70		PO Box 60074	o tato,	, <u> </u>			
	+=00.10							
		,	City Of Industry, CA 91716-007	74				
	PURPOSE	(a) (Category (See Categories listed at the top	p of this sche	iedule)	b) Description		
	OF EXPENDITURE		Office Overhead/Rental Expen					ide of Texas. Complete Schedule T.
								, officeholder living expense
						Officeholder	Cal	ble (Austin)
	Complete ONLY if direct		andidate/Officeholder name		Office soug	ht		Office held
	expenditure to benefit C/OI			L. L.				
	Date		Payee name					
	11/22/2024		Spectrum (Austin)					
-	Amount (\$)		Payee address; City;	State:	; Zip Coo	e		
	\$208.70		PO Box 60074					
			City Of Industry, CA 91716-007	74				
	PURPOSE	(a) (Category (See Categories listed at the top	p of this sche	iedule)	b) Description		
	OF EXPENDITURE	(Office Overhead/Rental Expen	se				ide of Texas. Complete Schedule T.
								, officeholder living expense
						Officeholder	Cal	
	Complete ONLY if direct		andidate/Officeholder name	<u>с</u>	Office soug	ht		Office held
	expenditure to benefit C/OI			C	Since Soug			Onice field
-								

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Food/ Gift/Av nmittee Legal	Expense Beverage Expense wards/Memorials Expe Services Instruction Guide		Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Transportation I Travel in Distric Travel Out of Di	
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 58/61 Rpt:		West, Royce (Th	ne Honorable)					00020990	
4	Date	5	Payee name							
	12/22/2024		Spectrum (Austi	n)						
6	Amount (\$)	7	Payee address;	City;	State;	; Zip Co	de			
	\$208.57		PO Box 60074							
			City Of Industry,	CA 91716-007	74					
8	PURPOSE	(a)	Category (See Cate	egories listed at the top	p of this sch	edule)	(b) Description			
	OF EXPENDITURE		Office Overhead	l/Rental Expen	se					nplete Schedule T.
									, officeholder livin	g expense
							Officeholder	Ca	bie (Austin)	
_							1		011	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeho	der name	Ĺ	Office sou	ght		Office h	eld
	Date		Payee name							
	10/07/2024		State Farm							
_	Amount (\$)		Payee address;	City;	State:	Zip Co	de			
	\$682.07		PO Box 680001		,	,p				
	\$00Z.01									
			Dallas, TX 7536	8-0001						
	PURPOSE	(a)	Category (See Cate	egories listed at the top	p of this sch	edule)	(b) Description			
	OF EXPENDITURE		Transportation E	Equipment And	Related	k				nplete Schedule T.
		Expense						, officeholder livin		
							Officenoider	vei	nicie insurai	nce Premium
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeho	der name	C	Office sou	ght		Office h	eld
		_								
	Date		Payee name							
	10/23/2024		Terrell, Gail							
	Amount (\$)		Payee address;	City;	State;	; Zip Co	de			
	\$250.00		PO Box 41561							
			Dallas, TX 7524	1-0561						
	PURPOSE	(a)	Category (See Cate	egories listed at the top	p of this sch	edule)	(b) Description			
	OF EXPENDITURE		Event Expense							nplete Schedule T.
									, officeholder livin	
							2024 Get Oi	it H	ne vote - Pr	recincts 3068 and 3061
_		L	and data (Official)	dan 195					047	ald
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeho	uer name	C	Office sou	jnt		Office h	eiu

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)					
	Sch: 59/61 Rpt:	West, Royce (The Honorable)	00020990					
4	Date	5 Payee name						
	10/16/2024	The Black Academy of Arts and Letters						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$500.00	650 S Griffin St						
		Dallas, TX 75202-5005						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE		Itside of Texas. Complete Schedule T.					
			TX, officeholder living expense					
		Donation - 202	24 Community Events					
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held					
,	expenditure to benefit C/OI		Onice neu					
	Date	Payee name						
	10/04/2024	The Date Catering/Carol Hampton						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$3,950.00	6651 Cattle Dr						
	\$0,000.00							
		Dallas, TX 75241-8806						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Event Expense	Itside of Texas. Complete Schedule T.					
			TX, officeholder living expense					
		Catering Servi Fundraiser	ce - 2024 Dallas Goes West					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held					
	Date							
	11/19/2024	Payee name The Myriad Group & Co c/o Toska Medlock Lee						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$1,000.00	6722 Keswick Dr						
		Dallas, TX 75232-3315						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF		itside of Texas. Complete Schedule T.					
	EXPENDITURE	Check if Austin, T	TX, officeholder living expense					
			sulting and Public Relations Support					
		Service - 2024	Get Out the Vote					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held					
	experiatore to benefit C/O							

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp re Legal Services The Instruction Guide		Office Over Polling Exp Printing Exp Salaries/Wa	ense ges/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	2 FIL	ER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 60/61 Rpt:	We	st, Royce (The Honorable)					00020990	
4	Date	5 Pay	ee name				•		
	11/07/2024	Tw	o Podners Inc.						
6	Amount (\$)	7 Pay	ee address; City;	State;	Zip Coc	e			
	\$397.89	144	1 Robert B Cullum Blvd						
		Da	las, TX 75210-2404						
8	PURPOSE	(a) Cat	egory (See Categories listed at the to	on of this sche	(alube	b) Description			
	OF EXPENDITURE		od/Beverage Expense		duic)		outsi	de of Texas. Com	plete Schedule T.
	EXPENDITORE		U					officeholder living	
						Catering - St	aff ⁻	Thanksgiving	g Luncheon
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		idate/Officeholder name	0	ffice soug	ht		Office he	ld
	Date	Рау	ee name						
	12/06/2024	Tw	o Podners Inc.						
	Amount (\$)	Pay	ee address; City;	State;	Zip Coc	e			
	\$385.56	144	1 Robert B Cullum Blvd						
		Da	las, TX 75210-2404						
	PURPOSE	(a) Cat	egory (See Categories listed at the to	op of this sche	edule)	b) Description			
	OF EXPENDITURE		od/Beverage Expense					de of Texas. Com	
								officeholder living	
						Catering - St	апо	Unristmas Li	uncheon
	Complete ONLY if direct	Cano	idate/Officeholder name	0	ffice soug	ht		Office he	ld
	expenditure to benefit C/OF		idale/Oncerioider fiame	0	nice soug	int int		Onice ne	au
	Data	Dei							
	Date 10/08/2024	-	ee name PS - Dallas Main Office						
				Chattan	7: 0				
	Amount (\$)		ee address; City;	State;	Zip Coc	e			
	\$358.12	40.	. Tom Landry Hwy						
		Da	las, TX 75260-9990						
	PURPOSE	(a) Cat	egory (See Categories listed at the to	op of this sche	dule)	b) Description			
	OF EXPENDITURE		ce Overhead/Rental Exper					de of Texas. Com	
	EXPENDITORE							officeholder living	
						Postage Star	nps	s - Campaigr	o Office Mailings
		0	lidete (Office la stata a		Hing -	h.t.		0.45	14
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		lidate/Officeholder name	0	ffice soug	nı		Office he	10
_									

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Ove Polling Exp Printing Exp Salaries/W	erhead pense xpens Vages	e s/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Sch: 61/61 Rpt:		West, Royce (The Honorable)					00020990
4	Date	5	Payee name					
	12/03/2024		USPS - Dallas Main Office					
6	Amount (\$)	7	Payee address; City; State	; Zip Co	de			
-	\$10.45		401 Tom Landry Hwy	, , ,				
			Dallas, TX 75260-9990					
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sch Office Overhead/Rental Expense	nedule)	(b)	Check if Austin,	, TX,	de of Texas. Complete Schedule T. officeholder living expense tage - Senate Wives Club Dinner
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name (Office sou	ght			Office held
	Date		Payee name					
	07/29/2024		Walgreens Store #5093					
	Amount (\$)		Payee address; City; State	; Zip Co	de			
	\$300.00		1305 N. Beckley Dallas, TX 75203					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sch Contributions/Donations Made By Candidate/Officeholder/Political Comm		(b)	Check if Austin, Donation - Ar	, тх, naz	de of Texas. Complete Schedule T. officeholder living expense con Gift Card - Back to School rce West Leadership Academy
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name (Office sou	ght			Office held
	Date		Payee name					
	12/20/2024		Williams, Chriss					
	Amount (\$) \$2,000.00		Payee address; City; State 717 W Milton Dr	; Zip Co	ode			
			Arlington, TX 76001-7365					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sch Salaries/Wages/Contract Labor	nedule)	(b)		, TX,	de of Texas. Complete Schedule T. officeholder living expense End Bonus
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ight			Office held

	EXPENDITURE CATEGORIES FOR BOX 10(a)										
	Advertising Expense	Event Expe	ense	Loan Repayment/Reimbursement Office Overhead/Rental Expense	Solicitation/Fundraising Expense						
	Accounting/Banking Consulting Expense		erage Expense	rolling Expense Travel in District							
	Contributions/ Donations Made By Candidate/Officeholder/Politica	l Committee Legal Serv	s/Memorials Expense rices	inting Expense Travel Out of District Ilaries/Wages/Contract Labor OTHER (enter a category not listed above)							
		The Inst	ruction Guide explains I	now to complete this form.							
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)						
	Sch: 1/29 Rpt:	West, Royce (The I	Honorable)		00020990						
4	CREDIT CARD	Name of fina	ncial institution	5 TOTAL OF UNITEMIZE	ED						
	ISSUER	CitiBa	nk N.A.	EXPENDITURES	\$ 1,603.34						
				CHARGED TO A CRE CARD							
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer Paid							
				08/15/2024							
		\$2,508.45 07/22/2024									
7	PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code						
ľ		(u) r uyee name		One Casino Drive							
		Atlantis Paradise Is	land Bahamas	One Guaino Drive							
				Paradise Island Bahan	nas						
8	PURPOSE OF	(a) Category		(b) Description	145						
ľ	EXPENDITURE	(See Categories listed at the top	of this schedule)	、 <i>/</i>	47th Prairie View A&M Alumni						
	X Political	Travel Out of District		National Convention Nassau Bahamas							
	Non-Political		·								
L		(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule	ffice sought	, TX, officeholder living expense Office held						
	Complete <u>ONLY</u> if direct spenditure to benefit C/OH	Canuluale/Onicenoluer	name C	nice sought	Office field						
- e.		(a) Amount Chargod	(b) Data of Charge	(a) Data(a) Cradit Card los	(c) Date(s) Credit Card Issuer Paid						
		(a) Amount Charged	(b) Date of Charge	12/11/2024							
		\$403.98	11/11/2024								
	PAYEE				City Ctata Zin Cod						
	PATEE	(a) Payee name		(b) Payee address;	City, State, Zip Code						
		Southwest Airlines		PO Box 36647	FO B0X 30047						
				Dallas, TX 75235-1647							
⊢	PURPOSE OF	(a) Category			(b) Description						
	EXPENDITURE	(See Categories listed at the top	of this schedule)	Officeholder Travel from attending Higher Education Committee Hearing Austin TX							
	X Political	Travel Out of District									
		–									
	Non-Political		of Texas. Complete Schedule								
	Complete ONLY if direct	Candidate/Officeholder	name C	ffice sought	Office held						
е.	xpenditure to benefit C/OH	(a) Amount Chargod	(b) Data of Charge	(a) Data(a) Cradit Card los							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss 08/15/2024	suer Paid						
		\$777.97	07/29/2024								
	PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code						
		Southwest Airlines		PO Box 36647	PO Box 36647						
					7						
⊢		(a) Catagory		Dallas, TX 75235-1647	, 						
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	ttend 60th Anniversary of the Civil						
		Travel Out of District		Rights Act Commemor							
	X Political										
	Non-Political		of Texas. Complete Schedule		, TX, officeholder living expense						
	Complete ONLY if direct	Candidate/Officeholder	name C	ffice sought	Office held						
e	xpenditure to benefit C/OH										

EXPENDITURE CATEGORIES FOR BOX 10(a)										
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic:	/ - Gift/Award al Committee Legal Serv	rage Expense s/Memorials Expense ices	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	ffice Overhead/Rental Expense Transportation Equipment & Related Expense olling Expense Travel in District rinting Expense Travel Out of District alaries/Wages/Contract Labor OTHER (enter a category not listed above)						
		ruction Guide explains h	ow to complete this form.							
1 Total pages Schedule F4:				3 Filer ID (Ethics Commiss	sion Filers)					
Sch: 2/29 Rpt:	West, Royce (The I	Honorable)		00020990						
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZE EXPENDITURES CHARGED TO A CREE CARD	\$ 1,603.3	34					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer Paid							
	\$629.96	07/29/2024	08/15/2024							
7 PAYEE	(a) Payee name		(b) Payee address;	City, State,	Zip Code					
	Southwest Airlines		PO Box 36647							
			Dallas, TX 75235-1647							
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Officeholder Travel - Attend Elected Official Funeral Service Houston TX							
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin,	Check if Austin, TX, officeholder living expense						
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder		ffice sought	Office held						
expenditure to benefit C/OH										
PAYMENT	(a) Amount Charged \$719.00	(b) Date of Charge 08/01/2024	(c) Date(s) Credit Card Iss 08/15/2024	uer Paid						
PAYEE	(a) Payee name		(b) Payee address;	City, State,	Zip Code					
			PO Box 619616							
	American Airlines									
			Dfw Airport, TX 75261-	9616						
PURPOSE OF	(a) Category		(b) Description							
EXPENDITURE	(See Categories listed at the top Travel Out of District	of this schedule)		Officeholder Travel - National Conference State						
X Political			Legislatures Summit Louisville KY							
Non-Political	(C) X Check if travel outside	of Texas. Complete Schedule	Check if Austin, TX, officeholder living expense							
Complete ONLY if direct	Candidate/Officeholder	name O	ffice sought							
expenditure to benefit C/OH										
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	uer Paid						
	\$231.39	08/01/2024	08/15/2024							
PAYEE	(a) Payee name		(b) Payee address;	City, State,	Zip Code					
	Enterprise Rent-A-0	Car HOU	8601 Panair St							
			Houston, TX 77061-412	14						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description							
X Political	Transportation Equip Expense		Service	Officeholder Transportation - Attend Elected Official Funeral Service						
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin,	TX, officeholder living expense						
Complete ONLY if direct	Candidate/Officeholder	name O	ffice sought	Office held						
expenditure to benefit C/OH										

EXPENDITURE CATEGORIES FOR BOX 10(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	/ - Gift/Award	erage Expense Is/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 Travel Out of District OTHER (enter a category not listed above)				
	The Inst	ruction Guide explains h	now to complete this form.					
1 Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)					
Sch: 3/29 Rpt:	West, Royce (The I	Honorable)		00020990				
4 CREDIT CARD			5 TOTAL OF UNITEMIZE					
ISSUER	see p	revious	EXPENDITURES CHARGED TO A CRED CARD	IT 1,603.34				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	uer Paid				
	\$278.23	07/22/2024	08/15/2024					
7 PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Cod				
			1601 Trapelo Rd					
	Constant Contact	Inc.	Ste 329					
			Waltham, MA 02451-73	Waltham, MA 02451-7357				
8 PURPOSE OF	(a) Category		(b) Description					
	(See Categories listed at the top Fees	(See Categories listed at the top of this schedule)		Email Messaging Service Fee				
X Political								
Non-Political	(C) Check if travel outside of Texas. Complete Schedule T.		T. Check if Austin,	Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct	Candidate/Officeholder	r name C	office sought	Office held				
expenditure to benefit C/OH		_						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	uer Paid				
	\$644.95	07/31/2024	08/15/2024					
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Cod				
	American Airlines		PO Box 619616					
				Dfw Airport, TX 75261-9616				
PURPOSE OF EXPENDITURE	(a) Category		., .	(b) Description				
	(See Categories listed at the top of this schedule) Travel Out of District			Staff Travel - National Conference State Legislatures Summit Louisville KY				
X Political								
Non-Political	(C) X Check if travel outside			TX, officeholder living expense				
Complete ONLY if direct	Candidate/Officeholder	r name C	Office sought	Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu 08/15/2024	ler Pald				
	\$640.98	07/31/2024	00/10/2021					
PAYEE								
PATEE	(a) Payee name		(b) Payee address;	City, State, Zip Cod				
Southwest Airlines		PO Box 36647						
			Dallas, TX 75235-1647					
PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top of this schedule)		()	Staff Travel - National Conference State Legislatures				
X Political	Travel Out of District		Summit Louisville KY					
Non-Political	Non-Political (c) X Check if travel outside of Texas. Complete Schedule T.			Check if Austin, TX, officeholder living expense				
Complete ONLY if direct	Candidate/Officeholder	r name C	office sought	Office held				
expenditure to benefit C/OH								

EXPENDITURE CATEGORIES FOR BOX 10(a)								
			Loan Repayment/Reimbursement Office Overhead/Rental Expense	Solicitation/Fundraising		VDODGO		
Consulting Expense	Food/Beve	Food/Beverage Expense		Travel in District				
Contributions/ Donations Made By Candidate/Officeholder/Politica	l Committee Legal Serv	ls/Memorials Expense ⁄ices	Printing Expense Salaries/Wages/Contract Labor	Travel Out of District OTHER (enter a catego	ory not listed at	oove)		
	The Instruction Guide explains how to complete this form.							
1 Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Eth	ics Commiss	sion Filers)			
Sch: 4/29 Rpt:	West, Royce (The	Honorable)		00020990				
4 CREDIT CARD	Name of fina	ncial institution	5 TOTAL OF UNITEM					
ISSUER	see previous		EXPENDITURES CHARGED TO A CF	+	\$ 1,603.34			
			CARD					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	Issuer Paid				
	\$214.81	08/01/2024	08/15/2024					
	φ214.01	08/01/2024						
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
=	(a) Payee name		1777 Walker St	City,	State,			
	Marriott Marguis He	ouston						
			Houston TX 77010 5022					
8 PURPOSE OF	(a) Catagony		Houston, TX 77010-5023 (b) Description					
8 PURPOSE OF EXPENDITURE	PENDITURE (See Categories listed at the top of this schedule) Travel Out of District		., .	Officeholder Lodging - Attend Elected Official Funeral				
Delitical			Service					
X Political								
Non-Political		of Texas. Complete Schedule		stin, TX, officeholder living ex	pense			
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder	r name C	Office sought	Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	Issuer Paid				
	\$850.00	08/02/2024	08/15/2024					
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
	National Conference of State		7700 E 1st Pl					
			Denver, CO 80230-7	Denver, CO 80230-7143				
PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	INDITURE (See Categories listed at the top of this schedule) Fees		Staff Registration Fe	Staff Registration Fee - Leibowitz				
X Political								
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	e T. Check if Aus	stin, TX, officeholder living ex	pense			
Complete ONLY if direct	Candidate/Officeholder	r name C	Diffice sought	Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	Issuer Paid				
	\$850.00	08/02/2024	08/15/2024					
	\$050.00	00/02/2024						
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
			7700 E 1st Pl		,	p = = = = =		
	National Conference of State							
		Denver, CO 80230-7	7143					
PURPOSE OF	(a) Category		(b) Description	1.0				
EXPENDITURE			Staff Registration Fe	e - Gearing				
X Political	Fees			-				
		/						
	Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, office holder living expense							
Complete <u>ONLY</u> if direct	Candidate/Officeholder	name C	Office sought	Office held				
expenditure to benefit C/OH								

	EXPENDITURE CATEGORIES FOR BOX 10(a)								
			ban Repayment/Reimbursement Solicitation/Fundraising Expense						
Accounting/Banking Consulting Expense			erage Expense	Office Overhead/Rental Expense Polling Expense	Transportation Equipment & Related Expense Travel in District				
		Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Legal Services		Printing Expense Salaries/Wages/Contract Labor	Travel Out of District OTHER (enter a category not listed above)				
		5		now to complete this form.	- · · · - · (-···· · · · · · · · · · · ·				
1	1 Total pages Schedule F4: 2 FILER NAME 3 Filer ID (Ethics Commission Filers								
	Sch: 5/29 Rpt:	West, Royce (The I	Honorable)		00020990				
4	CREDIT CARD	Name of fina	ncial institution	5 TOTAL OF UNITEMIZE					
	ISSUER	see n	revious	EXPENDITURES	\$ 1,603.34				
				CHARGED TO A CREI					
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	suer Paid				
ľ				08/15/2024					
		\$80.47	08/02/2024						
-	PAYEE			(b) Davias address;	City State Zip C) odo			
Ľ	FAILL	(a) Payee name		(b) Payee address;	City, State, Zip C	Joue			
		Circle K #2740796		1102 S Cockrell Hill Rd					
					D				
				Duncanville, TX 75137-3504					
8	PURPOSE OF EXPENDITURE			(b) Description					
		Transportation Equip	,	Fuel for Officeholder Vehicle					
	X Political	Expense							
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin,	TX, officeholder living expense				
9	Complete ONLY if direct	Candidate/Officeholder	name C	office sought	Office held				
е	xpenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	suer Paid				
		\$21.37	08/06/2024	08/15/2024					
	PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip C	Code			
		Lyft		185 Berry St					
				Ste 5000	-				
				San Francisco, CA 941	San Francisco, CA 94107-2503				
	PURPOSE OF	(a) Category		(b) Description					
	EXPENDITURE	(See Categories listed at the top of this schedule)			Officeholder Rideshare - National Conference State				
	X Political	Transportation Equip Expense	neni Anu Reialeu	Legislatures Summit Lo	Legislatures Summit Louisville KY				
	Non-Political				TX, officeholder living expense				
	Complete ONLY if direct	Candidate/Officeholder	•	Diffice sought	Office held				
e	xpenditure to benefit C/OH			-					
F	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	suer Paid				
		\$10.78	08/07/2024	08/15/2024					
		φ10.70	00/01/2024						
-	PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip C	Code			
				185 Berry St					
		Lyft		Ste 5000					
				San Francisco, CA 941	07-2503				
⊢	PURPOSE OF	(a) Category		(b) Description					
	EXPENDITURE	(See Categories listed at the top		()	Officeholder Rideshare - National Conference State				
1	X Political	Transportation Equip	ment And Related	Legislatures Summit Le					
	Non-Political	Expense			TV -ff-sh-ld-sh'				
L									
	Complete <u>ONLY</u> if direct	Candidate/Officeholder	name C	office sought	Office held				
e	xpenditure to benefit C/OH								

EXPENDITURE CATEGORIES FOR BOX 10(a)								
Advertising Expense Accounting/Banking	Event Exp Fees	bense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Transportation Equipment & Related Expense					
Consulting Expense	Food/Bev	erage Expense	Polling Expense	Travel in District	ment & Related Ex	cpense		
Contributions/ Donations Made Candidate/Officeholder/Poli	ical Committee Legal Ser	ds/Memorials Expense vices	Printing Expense Salaries/Wages/Contract Labor	Travel Out of District OTHER (enter a cate	gory not listed abo	ove)		
	The Ins	how to complete this form.						
1 Total pages Schedule F4	2 FILER NAME			3 Filer ID (E	thics Commission	on Filers)		
Sch: 6/29 Rpt:	West, Royce (The	Honorable)		00020990				
4 CREDIT CARD	Name of fina	incial institution	5 TOTAL OF UNITE					
ISSUER	see p	revious	EXPENDITURES CHARGED TO A (1,603.34	1		
			CARD					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Car	rd Issuer Paid				
	\$585.93	08/07/2024	08/15/2024					
	\$000.00	00/01/2024						
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
			101 E Jefferson St					
	Hampton Inn Louis	sville KY						
			Louisville, KY 4020	02-1301				
8 PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top	o of this schedule)		tional Conference S	tate Legislat	ures		
X Political	Traver Out of District	Travel Out of District		Summit Louisville KY				
Non-Political (c) Check if travel outside of Texas. Complete Schedule T.		e T. Check if /	Austin, TX, officeholder living	expense				
9 Complete <u>ONLY</u> if direct			Dffice sought	Office held	•			
expenditure to benefit C/OI								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Ca	rd Issuer Paid				
	\$79.70	08/08/2024	08/15/2024					
	\$15.10	00/00/2024						
PAYEE	(a) Payee name	1	(b) Payee address;	City,	State,	Zip Code		
			PO Box 78081			-		
	CitiBusiness Card							
			Phoenix, AZ 85062	2-8081				
PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top Fees	o of this schedule)	Foreign Transactio	on Fee				
X Political								
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	e T. Check if /	Austin, TX, officeholder living	expense			
Complete ONLY if direct	Candidate/Officeholde	r name C	Office sought	Office held				
expenditure to benefit C/O	4							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Car	rd Issuer Paid				
	\$75.00	08/08/2024	08/15/2024					
PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code		
			PO Box 78081					
	CitiBusiness Card							
			Phoenix, AZ 85062	2-8081				
PURPOSE OF	(a) Category	of this poly	(b) Description					
EXPENDITURE	(See Categories listed at the top Fees	o of this schedule)	Membership Fee					
X Political								
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	e T. Check if /	Austin, TX, officeholder living	expense			
Complete ONLY if direct	Candidate/Officeholde	r name C	Office sought	Office held				
expenditure to benefit C/O	4							
	-							

	EXPENDITORE	5 MADE	ыс		U		S	CHEDULI	₌ F4	
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica		Event Expe Fees Food/Beve Gift/Awards Legal Serv	rage Expense s/Memorials Expense	Loan Repayment/F Office Overhead/R Polling Expense Printing Expense Salaries/Wages/Co	Reimbursement ental Expense ontract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F4:	2 FILER NAME		• • •	· · · · · · · · · · · · · · · · · · ·		3 Filer ID (E	thics Commiss	ion Filers)	
_	Sch: 7/29 Rpt:	West, Royc		Honorable)			00020990		,	
4	CREDIT CARD ISSUER	-	e of finar	ncial institution revious	EXPEN	EXPENDITURES \$ 1 CHARGED TO A CREDIT			1,603.34	
6	PAYMENT	(a) Amount Cha \$192.00	0	(b) Date of Charge 07/22/2024	(c) Date(s 08/15/20) Credit Card Issu)24	uer Paid			
7	PAYEE	(a) Payee name DFW Airpor		g		IATION Dr	City,	State,	Zip Code	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories liste Fees	d at the top	of this schedule)				I University	Alumni	
	Non-Political	(C) Check if tra	vel outside	of Texas. Complete Schedule	т.	Check if Austin, 1	TX, officeholder living	expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Offi	ceholder	name O	ffice sought		Office held			
	PAYMENT	(a) Amount Cha \$64.00	rged	(b) Date of Charge 08/07/2024	(c) Date(s 08/15/20) Credit Card Issu)24	uer Paid			
	PAYEE	(a) Payee name DFW Airpor		g	(b) Payee 2400 AV Dallas, T	IATION Dr	City,	State,	Zip Code	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories liste Fees	d at the top	of this schedule)	(b) Descri Officeho			ence State		
	Non-Political	(C) Check if tra	vel outside	of Texas. Complete Schedule	Т.	Check if Austin, T	TX, officeholder living	expense		
е	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Offi	ceholder	name O	ffice sought		Office held			
	PAYMENT	(a) Amount Cha \$538.92	0	(b) Date of Charge 08/08/2024	(c) Date(s 09/06/20) Credit Card Issu)24	uer Paid			
	PAYEE	(a) Payee name Omni Hotel		lle	(b) Payee 400 S 2r		City,	State,	Zip Code	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories liste Travel Out of		of this schedule)	(b) Descri Officeho		National Confe	rence State		
_	Non-Political	(C) Check if tra	vel outside	of Texas. Complete Schedule	т.	Check if Austin, T	TX, officeholder living	expense		
е	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Offi	ceholder	name O	ffice sought		Office held			

EXPENDITURES MADE BY CREDIT CARD

EXPENDITURES	MADE BY	CREDIT	CARD
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	EXPENDITURE CATEGORIES FOR BOX 10(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	I Committee Gift/Award Legal Serv	erage Expense s/Memorials Expense rices	Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Fransportation Equipment & Related Expense Fravel in District Fravel Out of District DTHER (enter a category not listed above)				
		ruction Guide explains h	ow to complete this form.					
1 Total pages Schedule F4:				3 Filer ID (Ethics Commission Filers)				
Sch: 8/29 Rpt:	West, Royce (The I	Honorable)		00020990				
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDI CARD	\$ 1,603.34				
6 PAYMENT	(a) Amount Charged \$20.47	(b) Date of Charge 08/08/2024	(c) Date(s) Credit Card Issue 09/13/2024	er Paid				
7 PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code				
	Lyft		185 Berry St Ste 5000 San Francisco, CA 9410	7-2503				
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense								
Non-Political (c) Check if travel outside of Texas. Complete Schedule T.			T. Check if Austin, T	K, officeholder living expense				
9 Complete <u>ONLY</u> if direct	9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held							
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged \$217.64	(b) Date of Charge 08/19/2024	(c) Date(s) Credit Card Issue 09/13/2024	er Paid				
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code				
	Lyft		185 Berry St Ste 5000 San Francisco, CA 94107-2503					
PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top Transportation Equip Expense		Officeholder Rideshare - Chicago IL	Democratic National Convention -				
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin, T	K, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name O	ffice sought	Office held				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid				
	\$41.90	08/21/2024	09/13/2024					
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code				
	Lyft		185 Berry St Ste 5000 San Francisco, CA 9410	7-2503				
PURPOSE OF	(a) Category	of this schodule)	(b) Description					
EXPENDITURE	(See Categories listed at the top Transportation Equip Expense		Officeholder Rideshare - Chicago IL	Democratic National Convention -				
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin, T	K, officeholder living expense				
Complete <u>ONLY</u> if direct	Candidate/Officeholder	name O	ffice sought	Office held				
expenditure to benefit C/OH								

EXPENDITURES	MADE BY	CREDIT CARD
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	EXPENDITURE CATEGORIES FOR BOX 10(a)							
				Loan Repayment/Reimbursement Solicitation/Fundraising Expen Office Overhead/Rental Expense Transportation Equipment & R				vnonco
	Accounting/Banking Consulting Expense	Food/Beve	rage Expense	Polling Expense	Tra	avel in District	ni a Relateu i	zypense
	Contributions/ Donations Made By Candidate/Officeholder/Politica	I Committee Legal Serv	s/Memorials Expense ices	Printing Expense Salaries/Wages/Contract Labor		avel Out of District THER (enter a categor	y not listed at	oove)
		The Inst	ruction Guide explains h	ow to complete this form.				
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethio	cs Commiss	ion Filers)
	Sch: 9/29 Rpt:	West, Royce (The I	Honorable)			00020990		
4	CREDIT CARD	Name of fina	ncial institution	5 TOTAL OF UNIT	TEMIZED			
	ISSUER	see p	revious	EXPENDITURE		\$	1,603.3	34
				CHARGED TO / CARD	A CREDIT			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit C	Card Issue	r Paid		
		\$35.55	08/22/2024	09/13/2024				
	\$35.55 06/22/2024							
7	PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code
		(185 Berry St			,	
		Lyft		Ste 5000				
				San Francisco, C	CA 94107	-2503		
8	PURPOSE OF	(a) Category		(b) Description	01104101	2000		
ľ	EXPENDITURE	(See Categories listed at the top	of this schedule)	Officeholder Ride	eshare - [Democratic Nat	tional Co	vention -
	X Political	Transportation Equipment And Related		Chicago IL				
				-				
L	Non-Political		of Texas. Complete Schedule		if Austin, TX,	officeholder living exp	ense	
	9 Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held							
expenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit C 09/13/2024	ard Issuei	r Paid		
		\$13.74	08/23/2024	03/10/2024				
	DAVEE							
	PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code
		Lyft		185 Berry St				
				Ste 5000				
				San Francisco, C	CA 94107	-2503		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Officeholder Ride	ochoro D	Domooratio Not	tional Ca	avantian
		Transportation Equip		Chicago IL	eshare - L		lional Coi	ivenuori -
	X Political	Expense		ooxyo				
	Non-Political		of Texas. Complete Schedule		if Austin, TX,	officeholder living exp	ense	
	Complete ONLY if direct	Candidate/Officeholder	name O	fice sought		Office held		
e	xpenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit C 09/13/2024	Card Issue	r Paid		
		\$35.84	08/24/2024	03/13/2024				
ĺ	PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code
		L vft		185 Berry St				
		Lyft		Ste 5000				
				San Francisco, C	CA 94107	-2503		
	PURPOSE OF	(a) Category (See Categories listed at the top	of this schedule)	(b) Description				
l		Transportation Equip	•	Officeholder Ride	eshare - [Democratic Nat	tional Coi	nvention -
1	X Political	Expense		Chicago IL				
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check	if Austin, TX,	officeholder living exp	ense	
F	Complete ONLY if direct	Candidate/Officeholder	name O	fice sought		Office held		
e	xpenditure to benefit C/OH							
Ľ								

	EXPENDITURE CATEGORIES FOR BOX 10(a)							
Contributions/ Donations Made By - Gift/Awards/ Candidate/Officeholder/Political Committee Legal Service			erage Expense s/Memorials Expense rices	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Tra Tra Tra	licitation/Fundraising l ansportation Equipme avel in District avel Out of District THER (enter a categor	nt & Related I	
			ruction Guide explains h	now to complete this form.				
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)
	Sch: 10/29 Rpt:	West, Royce (The I	Honorable)			00020990		
4	CREDIT CARD	Name of fina	ncial institution	5 TOTAL OF UNITEM	IZED		1,603.3	
	ISSUER	see p	revious		CHARGED TO A CREDIT			34
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	Issuer	Paid		
		\$761.24	08/08/2024	09/13/2024				
7	PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code
		Hampton Inn Louis	ville KY	101 E Jefferson St				
				Louisville, KY 40202	-1301			
8	PURPOSE OF	(a) Category		(b) Description				
	EXPENDITURE	(See Categories listed at the top Travel Out of District	Staff Lodging - Natio		onference Stat	te Legisla	atures	
	X Political			Summit Louisville KY				
	Non-Political (c) Check if travel outside of Texas. Complete Schedule T.			T. Check if Au	stin, TX,	officeholder living exp	ense	
9	Complete ONLY if direct	Candidate/Officeholder	name O	ffice sought		Office held		
e	xpenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	Issuer	Paid		
		\$31.30	08/08/2024	09/13/2024				
	PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code
		Dallas County Democratic Party		1414 N Washington	Ave			
		Dallas County Dell	locialic Faity	Dallas TX 75204 52	061			
⊢	PURPOSE OF	(a) Category		Dallas, TX 75204-52 (b) Description	201			
	EXPENDITURE	(See Categories listed at the top	of this schedule)	Membership Dues -	Texas	s Coalition of B	lack Den	nocrats
	X Political	Fees		Dallas County Chap				1001010
	Non-Political		of Taylog, Complete Cabadula		atin TV	officebolder living over		
_	Complete <u>ONLY</u> if direct	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule	ffice sought	sun, TX,	officeholder living exp	lense	
e	expenditure to benefit C/OH	Candidate, Oniceriolaei	liame 0	nice sought		Office field		
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	Issuer	Paid		
		\$421.37	08/13/2024	09/13/2024				
		φ 4 21.57	00/13/2024					
⊢	PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code
				6633 E Highway 290)		,	
		Gary Bledsoe For A	Austin City	Ste 208				
				Austin, TX 78723-11	.57			
F	PURPOSE OF	(a) Category		(b) Description				
l	EXPENDITURE	(See Categories listed at the top		Campaign Donation	- ActE	Blue Online		
	X Political	Contributions/Donatic Candidate/Officehold		e				
	Non-Political		of Texas. Complete Schedule		stin, TX,	officeholder living exp	ense	
⊢	Complete ONLY if direct	Candidate/Officeholder		ffice sought		Office held		
e	xpenditure to benefit C/OH							
-								

	EXPENDITURE CATEGORIES FOR BOX 10(a)							
Advertising Expense Accounting/Banking	Event Exp Fees	ense	Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Transportation Equipment & Related Exp					
Consulting Expense	Food/Beve	erage Expense	Polling Expense	Travel in District	eni a Reialeu	Expense		
Contributions/ Donations Made By Candidate/Officeholder/Politica	l Committee Legal Serv	s/Memorials Expense ices	Printing Expense Salaries/Wages/Contract Labor	Travel Out of District OTHER (enter a catego	ory not listed a	bove)		
		ruction Guide explains h	now to complete this form.					
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Eth	ics Commiss	sion Filers)		
Sch: 11/29 Rpt:	West, Royce (The	Honorable)		00020990				
4 CREDIT CARD	Name of fina	ncial institution	5 TOTAL OF UNITEMIZI		4 000 0			
ISSUER	see p	revious	EXPENDITURES CHARGED TO A CRE	*	T \$ 1,603.3			
			CARD					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid				
	\$70.35	08/13/2024	09/13/2024					
	<i>+</i>	00/20/2021						
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
			1600 Amphitheatre Pk	Wy				
	Google Fiber (Aust	in)						
			Mountain View, CA 94	043-1351				
8 PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top Office Overhead/Ren		Officeholder Internet Service (Austin)					
X Political								
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. X Check if Austin	, TX, officeholder living ex	pense			
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder	name C	Office sought	Office held	-			
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid				
	\$72.10	07/13/2024	08/15/2024					
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
	Google Fiber (Austin)		1600 Amphitheatre Pkwy					
			Mountain View, CA 94	043-1351				
PURPOSE OF	(a) Category (See Categories listed at the top	of this school ()	(b) Description					
	Office Overhead/Ren	,	Officeholder Internet S	ervice (Austin)				
X Political		•						
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. X Check if Austin	, TX, officeholder living ex	pense			
Complete ONLY if direct	Candidate/Officeholder	name C	office sought	Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid				
	\$137.13	08/15/2024	09/13/2024					
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
	Google LLC		1600 Amphitheatre Pk	wy				
			Mountain View, CA 94	043-1351				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description					
	Office Overhead/Ren		Email Hosting					
X Political								
Non-Political		of Texas. Complete Schedule		, TX, officeholder living ex	pense			
Complete ONLY if direct	Candidate/Officeholder	name C	Office sought	Office held				
expenditure to benefit C/OH								

	EXPENDITURE CATEGORIES FOR BOX 10(a)								
	Advertising Expense Accounting/Banking	Event Expe Fees	ense	Loan Repayment/Reimburser Office Overhead/Rental Expe	In Repayment/Reimbursement Solicitation/Fundraising Expe				
Consulting Expense		Food/Beverage Expense Po		Polling Expense	olling Expense Tr		ransportation Equipment & Related Expense ravel in District		
Contributions/ Donations Made By - Gift/Awards/Memori Candidate/Officeholder/Political Committee Legal Services			Printing Expense Salaries/Wages/Contract Lab		avel Out of District THER (enter a category	y not listed al	oove)		
	The Instruction Guide explains how to				n.				
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	sion Filers)	
	Sch: 12/29 Rpt:	West, Royce (The I	Honorable)			00020990			
4	CREDIT CARD	Name of final	ncial institution	5 TOTAL OF UN					
	ISSUER	see p	revious	EXPENDITURI CHARGED TO		\$	1,603.3	34	
				CARD	ACREDIT				
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit	Card Issue	I r Paid			
			.,	09/13/2024					
		\$44.80	09/01/2024						
7	PAYEE	(a) Payee name		(b) Payee address		City,	State,	Zip Code	
Ľ		(a) Fayee hame				City,	State,	Zip Coue	
		Google LLC		1600 Amphithea	апе Ркму				
		0							
L				Mountain View,	CA 94043	3-1351			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description					
		Office Overhead/Rental Expense		Email Hosting					
	X Political								
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Chec	k if Austin, TX,	officeholder living exp	ense		
9	Complete ONLY if direct	Candidate/Officeholder	name C	Office sought		Office held			
e	xpenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit	Card Issue	r Paid			
		\$77.65	08/16/2024	09/13/2024					
	PAYEE	(a) Payee name	•	(b) Payee address	5;	City,	State,	Zip Code	
				1102 S Cockrell Hill Rd					
		Circle K #2740796							
				Duncanville, TX	Duncanville, TX 75137-3504				
	PURPOSE OF	(a) Category		(b) Description					
	EXPENDITURE	(See Categories listed at the top Transportation Equip		Fuel for Officeh	older Veh	icle			
	X Political	Expense	nent And Neialeu						
	Non-Political		of Texas. Complete Schedule	T. Chec	k if Austin, TX,	officeholder living exp	ense		
	Complete ONLY if direct	Candidate/Officeholder	name C	Diffice sought		Office held			
e	xpenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit	Card Issue	r Paid			
		\$278.23	08/20/2024	09/13/2024					
		\$210.20	00/20/2024						
⊢	PAYEE	(a) Payee name		(b) Payee address	5:	City,	State,	Zip Code	
						,	,		
		Constant Contact	nc.	Ste 329	1601 Trapelo Rd				
				Waltham, MA 0	2451-7357	7			
⊢	PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE (See Categories listed at the top of this schedule)		Email Messagin	a Service	Fee					
Fees Fees									
⊢									
	Complete <u>ONLY</u> if direct	Canuluale/Onicenolder		Sought		Office held			
L ^e	xpenditure to benefit C/OH								

EXPENDITURES	MADE BY	CREDIT CARD
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EXPENDITURE CATEGORIES FOR BOX 10(a)						
Advertising Expense Event Expense Accounting/Banking Fees Consulting Expense Food/Beverage Expen Contributions/ Donations Made By - Gift/Awards/Memorials Candidate/Officeholder/Political Committee Legal Services		ense erage Expense Is/Memorials Expense vices	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Solicitation/Fundraising Expense Printing Expense Transportation Equipment & Related Expense Printing Expense Travel In District Salaries/Wages/Contract Labor OTHER (enter a category not listed above)	!		
	·	ruction Guide explains	how to complete this form.			
1 Total pages Schedule F4:			3 Filer ID (Ethics Commission File	ers)		
Sch: 13/29 Rpt:	West, Royce (The I	Honorable)	00020990			
4 CREDIT CARD	Name of fina	ncial institution	5 TOTAL OF UNITEMIZED EXPENDITURES \$ 1,603.34			
ISSUER	see p	revious	CHARGED TO A CREDIT CARD			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer Paid			
	\$1,323.00	08/21/2024	09/13/2024			
7 PAYEE	(a) Payee name		(b) Payee address; City, State, Zip C	Code		
			3407 W Armitage Ave			
	Busy Beaver Butto	n Co.				
			Chicago, IL 60647-3719			
8 PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top Printing Expense	of this schedule)	Harris/Waltz Lapel Buttons			
X Political						
Non-Political (c) Check if travel outside of Texas. Complete Schedul			e T. Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder	r name C	Office sought Office held			
expenditure to benefit C/OH	expenditure to benefit C/OH					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer Paid			
	\$800.00	08/23/2024	09/13/2024			
PAYEE	(a) Payee name		(b) Payee address; City, State, Zip C	Code		
	Theratives Calf Club		825 W Wintergreen Rd			
	Thorntree Golf Club	0				
			Desoto, TX 75115-2107			
PURPOSE OF	(a) Category (See Categories listed at the top	of this schodulo)	(b) Description			
	Contributions/Donatic		Donation - DeSoto High School Golf Tournament Sponsorship			
X Political	Candidate/Officehold		ee			
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule				
Complete ONLY if direct	Candidate/Officeholder	r name C	Office sought Office held			
expenditure to benefit C/OH		1				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer Paid 09/13/2024			
	\$416.71	08/23/2024	03/13/2024			
PAYEE	(a) Payee name			Code		
	The Allegro Royal Sonesta Hotel		171 W Randolph St			
			Chicago, IL 60601-3121			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description Officeholder Lodging - Democratic National Convention			
X Political	Travel Out of District Chicago II					
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin, TX, officeholder living expense			
Complete ONLY if direct Candidate/Officeholder name Office sought Office held						
expenditure to benefit C/OH						

	EXPENDITURE CATEGORIES FOR BOX 10(a)								
			Loan Repayment/Reimbursement Office Overhead/Rental Expense						
	Consulting Expense Food/Beverage Exp		rage Expense s/Memorials Expense	Polling Expense Printing Expense	Travel in District Travel Out of District				
	Candidate/Officeholder/Politica	Candidate/Officeholder/Political Committee Legal Services Sa		Salaries/Wages/Contract Labor	OTHER (enter a catego	y not listed at	oove)		
	The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F4:				3 Filer ID (Ethi	cs Commiss	sion Filers)		
	Sch: 14/29 Rpt:	West, Royce (The I	-		00020990				
4	CREDIT CARD	Name of final	ncial institution	5 TOTAL OF UNITEMIZ EXPENDITURES	ED S	1,603.3	84		
	ISSUER	see p	revious	CHARGED TO A CRE	· ·	1,000.0			
Ļ				CARD					
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is 09/13/2024	suer Paid				
		\$1,076.96	08/27/2024	03/13/2024					
Ļ	DAVEE				21				
Ľ	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
		Southwest Airlines		PO Box 36647					
				Dollag, TX 75225, 164	7				
8	PURPOSE OF	(a) Category		Dallas, TX 75235-164 (b) Description	1				
ľ	EXPENDITURE	(See Categories listed at the top	of this schedule)	Purchase Officeholder	r Travel - 2025 Pre	sidential			
	X Political	Travel Out of District			Inauguration Washington DC				
				n, TX, officeholder living exp	00000				
9	Complete <u>ONLY</u> if direct	(c) Check if travel outside Candidate/Officeholder	•	ffice sought	Office held	ense			
	expenditure to benefit C/OH								
⊢	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid				
		\$393.98	09/03/2024	10/21/2024					
		4555.50	03/03/2024						
	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
				PO Box 36647					
		Southwest Airlines							
				Dallas, TX 75235-164	7				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description					
		Travel Out of District			Officeholder Travel - Attend Senate Committee Meeting - Austin TX				
	X Political								
	Non-Political		of Texas. Complete Schedule		n, TX, officeholder living exp	ense			
	Complete <u>ONLY</u> if direct	Candidate/Officeholder	name O	ffice sought	Office held				
e	xpenditure to benefit C/OH				Deid				
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is 10/21/2024	suer Paid				
		\$457.98	09/05/2024						
⊢	PAYEE			(b) Doveo oddroco:	Citt	Ctata	Zip Cada		
	FAILE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
	Southwest Airlines		PO Box 36647						
				Dallas, TX 75235-164	7				
⊢	PURPOSE OF	(a) Category		(b) Description					
	EXPENDITURE	(See Categories listed at the top	of this schedule)	Officeholder Travel - A	Attend Finance Co	nmittee H	learing -		
X Political Travel Out of District Austin TX			-						
	Non-Political								
⊢	Complete ONLY if direct Candidate/Officeholder name Office sought Office held								
е	xpenditure to benefit C/OH			-					
⊢									

EXPENDITURE CATEGORIES FOR BOX 10(a)							
Advertising Expense Event Expense Accounting/Banking Fees Consulting Expense Food/Beverage Expense Contributions/ Donations Made By - Gift/Awards/Memorials Expense Candidate/Officeholder/Political Committee Legal Services		erage Expense Is/Memorials Expense	Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Polling Expense Travel in District Printing Expense Travel Out of District Salaries/Wages/Contract Labor OTHER (enter a category not listed above)				
	The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F4:	1 Total pages Schedule F4: 2 FILER NAME			3 Filer ID (Eth	iics Commiss	sion Filers)	
Sch: 15/29 Rpt:	West, Royce (The	Honorable)		00020990			
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZ EXPENDITURES CHARGED TO A CRI CARD	\$	1,603.3	34	
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card I	ssuer Paid			
	\$340.98	09/13/2024	10/21/2024				
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	Southwest Airlines		PO Box 36647				
			Dallas, TX 75235-164	47			
8 PURPOSE OF (a) Category EXPENDITURE (See Categories listed at the top of this schedule) Travel Out of District		· ·	(b) Description Officeholder Travel - Attend Senate Education Committee Meeting - Austin TX				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule	T Check if Aust	in, TX, officeholder living ex	mense		
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder		Office sought	Office held	pense		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card I	ssuer Paid			
	\$393.98	09/18/2024	10/21/2024				
PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code	
			PO Box 36647				
	Southwest Airlines						
			Dallas, TX 75235-164	47			
PURPOSE OF	(a) Category		(b) Description				
	(See Categories listed at the top Travel Out of District	of this schedule)		Officeholder Travel - Attend Senate Education Committee Meeting - Austin TX			
X Political			Meeting - Austin TX				
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Aust	tin, TX, officeholder living ex	pense		
Complete ONLY if direct	Candidate/Officeholder	r name O	office sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card I	ssuer Paid			
	\$72.10	09/13/2024	10/22/2024				
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
			1600 Amphitheatre P	kwy			
Google Fiber (Austin)		in)					
			Mountain View, CA 9	4043-1351			
PURPOSE OF							
EXPENDITURE (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Officeholder Internet Service (Austin)							
Non-Political	Non-Political (c) Check if travel outside of Texas. Complete Schedule T. X Check if Austin, TX, officeholder living expense						
Complete <u>ONLY</u> if direct	Complete ONLY if direct Candidate/Officeholder name Office sought Office held						
expenditure to benefit C/OH							
	1						

EXPENDITURE CATEGORIES FOR BOX 10(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	/ - Gift/Award al Committee Legal Serv	erage Expense Is/Memorials Expense vices	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Transportation Equipm Travel in District Travel Out of District OTHER (enter a categ	ent & Related I	
	·	ruction Guide explains h	now to complete this form.			
1 Total pages Schedule F4:				3 Filer ID (Eth	nics Commiss	sion Filers)
Sch: 16/29 Rpt:	West, Royce (The I	Honorable)		00020990		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZI EXPENDITURES CHARGED TO A CRE CARD	\$	1,603.3	34
6 PAYMENT	(a) Amount Charged \$278.23	(b) Date of Charge 09/20/2024	(c) Date(s) Credit Card Is: 10/22/2024	suer Paid		
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	Constant Contact	Inc.	1601 Trapelo Rd Ste 329 Waltham, MA 02451-7		State,	
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) X Political		(b) Description Email Messaging Serv				
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin	, TX, officeholder living ex	kpense	
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held						
expenditure to benefit C/OH		_				
PAYMENT	(a) Amount Charged \$61.40	(b) Date of Charge 10/01/2024	(c) Date(s) Credit Card Is 10/22/2024	suer Paid		
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	Google LLC		1600 Amphitheatre Pk Mountain View, CA 94	-		
PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top		Email Hosting			
X Political	Office Overhead/Ren	tai Expense				
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin	, TX, officeholder living ex	pense	
Complete ONLY if direct	Candidate/Officeholder	name O	ffice sought	Office held	-	
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid		
	\$294.98	10/02/2024	10/22/2024			
PAYEE	(a) Payee name	-	(b) Payee address;	City,	State,	Zip Code
	Southwest Airlines		PO Box 36647 Dallas, TX 75235-1647	7		
PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top Travel Out of District	of this schedule)	Officeholder Travel to Reception	- Attend Austin G	oes West	Fundraiser
Non-Political	Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
Complete ONLY if direct						
expenditure to benefit C/OH						

EXPENDITURE CATEGORIES FOR BOX 10(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	I Committee Gift/Award Legal Serv	erage Expense s/Memorials Expense rices	Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Fransportation Equipment & Related Expense Fravel in District Fravel Out of District DTHER (enter a category not listed above)		
	The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F4:	1 Total pages Schedule F4: 2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
Sch: 17/29 Rpt:	West, Royce (The I	Honorable)		00020990		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDI CARD	\$ 1,603.34		
6 PAYMENT	(a) Amount Charged \$294.98	(b) Date of Charge 10/02/2024	(c) Date(s) Credit Card Issu 10/22/2024	er Paid		
7 PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code		
	Southwest Airlines		PO Box 36647			
	(a) Catagony		Dallas, TX 75235-1647			
8 PURPOSE OF (a) Category EXPENDITURE (See Categories listed at the top of this schedule) Travel Out of District		()	(b) Description Officeholder Travel from - Attend Austin Goes West Fundraiser Reception			
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin, T	K, officeholder living expense		
9 Complete <u>ONLY</u> if direct						
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged \$259.99	(b) Date of Charge 10/02/2024	(c) Date(s) Credit Card Issu 11/06/2024	er Paid		
PAYEE	(a) Payee name	•	(b) Payee address;	City, State, Zip Code		
	Southwest Airlines		PO Box 36647 Dallas, TX 75235-1647			
PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top Travel Out of District	of this schedule)	Officeholder Travel to - A	Attend Finance Hearing - Austin TX		
X Political						
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin, T	K, officeholder living expense		
Complete ONLY if direct	Candidate/Officeholder	name Of	fice sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid		
	\$259.99	10/02/2024	11/06/2024			
PAYEE	(a) Payee name	•	(b) Payee address;	City, State, Zip Code		
	Southwest Airlines		PO Box 36647			
			Dallas, TX 75235-1647			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Officeholder Travel from	Finance Hearing - Austin TX		
		/=				
Non-Political						
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Canuluate/Officenolder	name O	fice sought	Office held		

EXPENDITURE CATEGORIES FOR BOX 10(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	/ - Gift/Award al Committee Legal Serv	erage Expense Is/Memorials Expense vices	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Transportation Equipme Travel in District Travel Out of District OTHER (enter a catego	ent & Related I		
	The Instruction Guide explains how to complete this form.					·	
	1 Total pages Schedule F4: 2 FILER NAME			3 Filer ID (Eth	ics Commiss	sion Filers)	
Sch: 18/29 Rpt:	West, Royce (The I			00020990			
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZE EXPENDITURES CHARGED TO A CREI CARD	\$	1,603.3	34	
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	suer Paid			
	\$371.98	10/18/2024	11/06/2024				
7 PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code	
	Southwest Airlines		PO Box 36647				
			Dallas, TX 75235-1647	7			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Officeholder Travel to <i>i</i>	Austin TX			
Non-Political		(= 0 + 0 + + +					
	(C) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule	ffice sought	, TX, officeholder living ex	pense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Onicenoider	name O	ince sought	Onice neid			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	suer Paid			
	\$417.98	10/18/2024	11/06/2024				
PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code	
	Southwest Airlines		PO Box 36647				
	Southwest Airlines						
			Dallas, TX 75235-1647	7			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	Officeholder Travel from Austin TX			
	Travel Out of District	·					
X Political							
Non-Political		of Texas. Complete Schedule		TX, officeholder living ex	pense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name O	ffice sought	Office held			
	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	suer Paid			
			11/15/2024	suel Falu			
	\$227.03	10/10/2024					
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	(d) r dyce hame		6940 Marvin D Love Fv		State,		
	FastSigns #13001			,			
			Dallas, TX 75237-2618	3			
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top	of this schedule)	Poster Boards - Dallas	Goes West Fund	Iraiser 20	24	
X Political	Event Expense						
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin.	, TX, officeholder living ex	pense		
Complete ONLY if direct	Candidate/Officeholder	· · · · · · · · · · · · · · · · · · ·	ffice sought	Office held			
expenditure to benefit C/OH							

EXPENDITURES	MADE BY	CREDIT	CARD
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	EXPENDITURE CATEGORIES FOR BOX 10(a)						
				Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense			Evpopco
Consulting Expense		Food/Beve	erage Expense	Polling Expense	Travel in District	eni a Reialeu i	Expense
	Contributions/ Donations Made By Candidate/Officeholder/Politica		ls/Memorials Expense ⁄ices	Printing Expense Salaries/Wages/Contract Labor	Travel Out of District OTHER (enter a catego	ry not listed at	oove)
	The Instruction Guide explains how			how to complete this form.			
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethi	ics Commiss	sion Filers)
	Sch: 19/29 Rpt:	West, Royce (The I	Honorable)		00020990		
4	CREDIT CARD	Name of fina	ncial institution	5 TOTAL OF UNITEMIZE			
	ISSUER	see p	revious	EXPENDITURES	\$	1,603.3	34
		F		CHARGED TO A CREE CARD			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	uer Paid		
		\$67.36	10/12/2024	11/15/2024			
		φ07.30	10/12/2024				
7	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
		(u) r uyee name		1102 S Cockrell Hill Rd		otato,	Lip Couo
		Circle K #2740796	j				
				Duncanville, TX 75137-	3504		
8	PURPOSE OF	(a) Category		(b) Description	3304		
ľ	EXPENDITURE	(See Categories listed at the top	of this schedule)	Fuel for Officeholder V	ehicle		
	X Political	Transportation Equipment And Related					
		Expense					
	Non-Political		of Texas. Complete Schedule		TX, officeholder living exp	pense	
	Complete <u>ONLY</u> if direct	Candidate/Officeholder	r name C	Office sought	Office held		
e	xpenditure to benefit C/OH						
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss 11/15/2024	uer Paid		
		\$72.16	10/13/2024	11/13/2024			
	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
		Google Fiber (Austin)		1600 Amphitheatre Pkwy			
				Mountain View, CA 940	43-1351		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description			
		Office Overhead/Ren	,	Officeholder Internet Service (Austin)			
	X Political						
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule		TX, officeholder living exp	pense	
	Complete ONLY if direct	Candidate/Officeholder	r name C	Office sought	Office held		
e	xpenditure to benefit C/OH		1				
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss 11/15/2024	uer Paid		
		\$7.00	10/19/2024	11/15/2024			
	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
I		Lyft		185 Berry St			
		Lyft		Ste 5000			
L				San Francisco, CA 941	07-2503		
[PURPOSE OF	(a) Category	of this school (1-)	(b) Description			
I		(See Categories listed at the top Transportation Equip		Officeholder Rideshare	- Texas vs. Geo	rgia Gam	e Austin
1	X Political	Expense		TX			
I	Non-Political		of Texas. Complete Schedule	T. Check if Austin,	TX, officeholder living ex	pense	
F	Complete ONLY if direct	Candidate/Officeholder	r name C	Diffice sought	Office held		
e	xpenditure to benefit C/OH						
⊢							

EXPENDITURES MADE BY CREDIT CARD

	EXPENDITURE CATEGORIES FOR BOX 10(a)								
	Advertising Expense Accounting/Banking			Loan Repayment/Reimbursement Office Overhead/Rental Expense		Solicitation/Fundraising Expense Transportation Equipment & Related Expense			
Consulting Expense Contributions/ Donations Made B		Food/Beverage Expense Polling Expense			Trave	el in District el Out of District			
	Candidate/Officeholder/Politica	cal Committee Legal Services Sa		Salaries/Wages/Contract Labor		ER (enter a category	not listed ab	ove)	
		now to complete this form.							
1	Total pages Schedule F4:			B Filer ID (Ethics	s Commiss	ion Filers)			
	Sch: 20/29 Rpt:	West, Royce (The I			-	0020990			
4	CREDIT CARD	Name of fina	ncial institution	5 TOTAL OF UNITEMIZI EXPENDITURES		6	1,603.3	4	
	ISSOEN	see p	revious	CHARGED TO A CRE		-	_,000.0		
L				CARD					
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is 11/15/2024	suer P	Paid			
		\$278.23	10/20/2024	11,10,2021					
<u> </u>	PAYEE					City	Ctata	Zin Cada	
Ľ	PATEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code	
		Constant Contact	nc.	1601 Trapelo Rd					
				Waltham, MA 02451-7	Ste 329				
8	PURPOSE OF	(a) Category		(b) Description	557				
ľ	EXPENDITURE	(See Categories listed at the top	of this schedule)		Email Messaging Service Fee				
	X Political	Fees							
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T Check if Austin	TX off	ficeholder living expe	nse		
9	Complete <u>ONLY</u> if direct	Candidate/Officeholder	•	office sought		Office held			
	xpenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer P	Paid			
		\$767.95	11/18/2024	11/15/2024					
	PAYEE	(a) Payee name	•	(b) Payee address;		City,	State,	Zip Code	
		Southwest Airlines		PO Box 36647					
				Dallas, TX 75235-1647	7				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	tond 7	Toyac Momon		reity	
		Travel Out of District	,	Officeholder Travel-Attend Texas Women's Univ Houston President's Installation.		S Onive	ISILY		
	X Political	—							
	Non-Political		of Texas. Complete Schedule			ficeholder living expe	nse		
	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Officeholder	name O	office sought		Office held			
-		(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suor D	Paid			
			.,	11/15/2024	Sucir	aiu			
		\$61.40	11/01/2024						
⊢	PAYEE	(a) Payee name	<u>I</u>	(b) Payee address;		City,	State,	Zip Code	
		(a) r aj co namo		1600 Amphitheatre Pk	WV	-ity,	Ciaic,		
		Google LLC			,				
				Mountain View, CA 94	043-1	1351			
F	PURPOSE OF	(a) Category		(b) Description					
	EXPENDITURE	(See Categories listed at the top Office Overhead/Ren		Email Hosting					
	X Political	Unice Overneau/Ren							
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin	i, TX, off	ficeholder living expe	nse		
	Complete ONLY if direct	Candidate/Officeholder	name O	office sought		Office held			
e	xpenditure to benefit C/OH								
_									

EXPENDITURE CATEGORIES FOR BOX 10(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	/- Gift/Award	rage Expense s/Memorials Expense	Office Overhead/Rental Expense Polling Expense Printing Expense	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.					
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
Sch: 21/29 Rpt:	West, Royce (The I	Honorable)		00020990		
4 CREDIT CARD	Name of final	ncial institution	5 TOTAL OF UNITEMIZED			
ISSUER	see p	revious	EXPENDITURES CHARGED TO A CREDI CARD	\$ 1,603.34		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	er Paid		
	\$421.37	11/02/2024	11/15/2024			
7 PAYEE	(a) Payee name	I	(b) Payee address;	City, State, Zip Code		
	Gary Bledsoe For A	Austin City	6633 E Highway 290 Ste 208 Austin, TX 78723-1157			
8 PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	EXPENDITURE (See Categories listed at the top of this schedule) Contributions/Donations Made By		Campaign Donation - ActBlue Online			
Non-Political		of Texas. Complete Schedule		X, officeholder living expense		
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder	name Of	fice sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	er Paid		
	\$573.71	11/04/2024	11/15/2024			
PAYEE	(a) Payee name	•	(b) Payee address;	City, State, Zip Code		
			9378 N Central Expy			
	Best Buy					
			Dallas, TX 75231-5010			
PURPOSE OF	(a) Category		(b) Description			
	(See Categories listed at the top Office Overhead/Rent		Color Copier for District	Office		
X Political		•				
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin, T	X, officeholder living expense		
Complete ONLY if direct	Candidate/Officeholder	name Of	fice sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu 11/15/2024	er Paid		
	\$95.19	11/07/2024	11/13/2024			
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code		
			185 Berry St			
	Lyft		Ste 5000			
			San Francisco, CA 9410	7-2503		
PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top		()	Attend Texas Women's University		
X Political	Transportation Equip Expense	nent and Related	Houston President's Inst			
Non-Political		of Texas. Complete Schedule	T. Check if Austin. T	X, officeholder living expense		
Complete ONLY if direct	Candidate/Officeholder		fice sought	Office held		
expenditure to benefit C/OH						

EXPENDITURE CATEGORIES FOR BOX 10(a)							
Contributions/ Donations Made By - Gift/Award Candidate/Officeholder/Political Committee Legal Serv		erage Expense s/Memorials Expense rices	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Exp Travel in District Travel Out of District OTHER (enter a category not listed above			
		ruction Guide explains h	low to complete this form.				
1 Total pages Schedule F4:				3 Filer ID (Ethics Commission	n Filers)		
Sch: 22/29 Rpt:	West, Royce (The I	Honorable)		00020990			
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZE EXPENDITURES CHARGED TO A CREI CARD	\$ 1,603.34			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	suer Paid			
	\$371.98	11/08/2024	12/11/2024				
7 PAYEE	(a) Payee name		(b) Payee address;	City, State, Z	Zip Code		
	Southwest Airlines		PO Box 36647				
			Dallas, TX 75235-1647	,			
8 PURPOSE OF (a) Category EXPENDITURE (See Categories listed at the top of this X Political		of this schedule)	(b) Description Officeholder Travel to a Hearing Austin TX	attend Higher Education Com	nmittee		
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin,	TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder		ffice sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	suer Paid			
	\$355.98	12/09/2024					
PAYEE	(a) Payee name	•	(b) Payee address;	City, State, Z	Zip Code		
	Southwest Airlines		PO Box 36647				
	Southwest Annies						
			Dallas, TX 75235-1647	,			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	Attend Consta Domostatia M	laating		
	Travel Out of District	,	and Fundraiser Austin	Attend Senate Democratic M	leeting		
X Political							
Non-Political		of Texas. Complete Schedule		TX, officeholder living expense			
Complete <u>ONLY</u> if direct	Candidate/Officeholder	name O	ffice sought	Office held			
expenditure to benefit C/OH PAYMENT	(a) Amount Chargod	(b) Date of Charge	(a) Data(a) Cradit Card Ia	suor Doid			
	(a) Amount Charged		(c) Date(s) Credit Card Iss 12/11/2024	Suel Palu			
	\$352.90	11/07/2024					
PAYEE			(b) Davias address:	City, State, Z	Zip Code		
	(a) Payee name		(b) Payee address; 6750 Main St	City, State, 2	zip Coue		
	Intercontinental Ho	tel Houston					
			Houston, TX 77030-22	02			
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top	of this schedule)	.,	Attend Texas Women's Unive	ersity		
X Political	Travel Out of District		Houston President's In				
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin,	TX, officeholder living expense			
Complete <u>ONLY</u> if direct	Candidate/Officeholder	name O	ffice sought	Office held			
expenditure to benefit C/OH							

	EXPENDITURE CATEGORIES FOR BOX 10(a)							
	Advertising Expense Accounting/Banking	Event Exp Fees	Loan Repayment/Reimbursement Office Overhead/Rental Expense					
Consulting Expense Contributions/ Donations Made By				Polling Expense Printing Expense	Travel in District Travel Out of District	Travel in District		
Candidate/Officeholder/Political Committee		al Committee Legal Services Sala		Salaries/Wages/Contract Labor	OTHER (enter a categ	ory not listed at	oove)	
The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Et	hics Commiss	ion Filers)	
	Sch: 23/29 Rpt:	West, Royce (The I	Honorable)		00020990			
4	CREDIT CARD	Name of fina	ncial institution	5 TOTAL OF UNITEM		1,603.3		
	ISSUER	see p	see previous		EXPENDITURES \$ CHARGED TO A CREDIT		64	
				CARD				
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	Issuer Paid			
		\$72.16	11/13/2024	12/11/2024				
7	PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code	
		Coogle Fiber (Aust		1600 Amphitheatre	Pkwy			
		Google Fiber (Aust	ui <i>)</i>					
				Mountain View, CA	94043-1351			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description				
		Office Overhead/Rental Expense		Officenoider Internet	Officeholder Internet Service (Austin)			
	X Political		-					
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule		stin, TX, officeholder living e	xpense		
	Complete ONLY if direct	Candidate/Officeholder	name C	Office sought	Office held			
e	xpenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card 12/11/2024	Issuer Paid			
		\$1,986.73	11/15/2024	12/11/2024				
	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
		Hobby Lobby #247		316 N Highway 67				
				Coder Lill TV 7510	4 01 00			
⊢	PURPOSE OF	(a) Category		Cedar Hill, TX 75104 (b) Description	4-2133			
	EXPENDITURE	(See Categories listed at the top	of this schedule)	Proclamations Fram	ed for Omega Frat	ernitv Ever	nt	
	X Political	Gift/Awards/Memorial	s Expense					
	Non-Political		of Texas. Complete Schedule		stin, TX, officeholder living e			
⊢	Complete <u>ONLY</u> if direct	(c) Check if travel outside Candidate/Officeholder		Diffice sought	Office held	xpense		
е	xpenditure to benefit C/OH							
⊢	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	Issuer Paid			
		\$278.23	11/20/2024	12/11/2024				
		Ψ210.20	11/20/2024					
-	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
				1601 Trapelo Rd	<i>.</i>			
		Constant Contact	nc.	Ste 329				
				Waltham, MA 02451	-7357			
	PURPOSE OF	(a) Category		(b) Description				
	EXPENDITURE	(See Categories listed at the top Fees	of this schedule)	Email Messaging Se	ervice Fee			
	X Political	1 663						
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Au	stin, TX, officeholder living e	xpense		
	Complete <u>ONLY</u> if direct	Candidate/Officeholder	name C	Office sought	Office held			
e	xpenditure to benefit C/OH							
—		•						

EXPENDITURE CATEGORIES FOR BOX 10(a)								
Advertising Expense Accounting/Banking	Event Exp Fees	ense	Loan Repayment/Reimbursement Office Overhead/Rental Expense	Solicitation/Fundraising Transportation Equipme				
Consulting Expense	Food/Beve	rage Expense	Polling Expense	Travel in District	eni a Reialeu i	zpense		
Contributions/ Donations Made By Candidate/Officeholder/Politica		s/Memorials Expense ices	Printing Expense Salaries/Wages/Contract Labor	Travel Out of District OTHER (enter a catego	ory not listed at	oove)		
	The Inst	ruction Guide explains h	now to complete this form.					
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Eth	ics Commiss	ion Filers)		
Sch: 24/29 Rpt:	West, Royce (The I	Honorable)		00020990				
4 CREDIT CARD	Name of fina	ncial institution	5 TOTAL OF UNITEMIZE	ED				
ISSUER	see p	revious	EXPENDITURES	SIT \$	1,603.3	34		
			CHARGED TO A CREI CARD					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	suer Paid				
	\$61.40	12/01/2024	12/11/2024					
	Φ 01.40	12/01/2024						
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
			1600 Amphitheatre Pkv		Otato,	Lip Couc		
	Google LLC			wy				
			Mountain View, CA 940	043-1351				
8 PURPOSE OF	(a) Category		(b) Description	040 1001				
EXPENDITURE	(See Categories listed at the top		Email Hosting					
X Political	Office Overhead/Ren	tal Expense						
Non-Political		of Texas. Complete Schedule		TX, officeholder living ex	pense			
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder	name O	ffice sought	Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss 12/11/2024	suer Pald				
	\$19,000.00	12/02/2024	12/11/2024					
				0.1		7. 0		
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
	University of Houst	on Law Center	4604 Calhoun Rd					
			Liqueton TV 77204.60	60				
	(a) Category		Houston, TX 77204-60 (b) Description	60				
PURPOSE OF EXPENDITURE	(a) Categories listed at the top	of this schedule)		Donation - Law Center Foundation				
Delitical	Contributions/Donation			roundation				
X Political	Candidate/Officehold							
Non-Political		of Texas. Complete Schedule		TX, officeholder living ex	pense			
Complete <u>ONLY</u> if direct	Candidate/Officeholder	name O	ffice sought	Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss 12/11/2024	suer Pald				
	\$10.00	12/05/2024						
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
	Lyft		185 Berry St					
			Ste 5000					
			San Francisco, CA 941	107-2503				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description			0110 Ct-t-		
	Transportation Equip	,	Officeholder Rideshare Legislators, Washingto		SIACK Cau	cus State		
X Political	Expense							
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin,	TX, officeholder living ex	pense			
Complete ONLY if direct	Candidate/Officeholder	name O	ffice sought	Office held				
expenditure to benefit C/OH								

EXPENDITURE CATEGORIES FOR BOX 10(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	/ - Gift/Award al Committee Legal Serv	erage Expense is/Memorials Expense rices	Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Polling Expense Travel in District Printing Expense Travel Out of District Salaries/Wages/Contract Labor OTHER (enter a category not listed above)	se		
	·	ruction Guide explains r	now to complete this form.			
1 Total pages Schedule F4:			3 Filer ID (Ethics Commission F	ilers)		
Sch: 25/29 Rpt:	West, Royce (The I	•	00020990			
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 1,603.34 1,603.34			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer Paid			
	\$41.20	12/06/2024	12/11/2024			
7 PAYEE	(a) Payee name	•	(b) Payee address; City, State, Zip	Code		
	Lyft		185 Berry St Ste 5000			
			San Francisco, CA 94107-2503			
8 PURPOSE OF EXPENDITURE	EXPENDITURE (See Categories listed at the top of this schedule) Transportation Equipment And Related			of		
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin, TX, officeholder living expense			
9 Complete ONLY if direct	Candidate/Officeholder	name O	ffice sought Office held			
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer Paid			
	\$688.75	12/05/2024				
PAYEE	(a) Payee name	•	(b) Payee address; City, State, Zip	Code		
	Hilton Hotel Capital	I	1001 16th St NW Washington, DC 20036-5701			
PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top	of this schedule)	Officeholder Lodging - 48th National Black Caucus of State			
X Political	Travel Out of District		Legislators Conference Washington DC			
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin, TX, officeholder living expense			
Complete ONLY if direct	Candidate/Officeholder	name O	ffice sought Office held			
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer Paid			
	\$422.98	12/09/2024				
PAYEE	(a) Payee name	1	(b) Payee address; City, State, Zip	Code		
	Southwest Airlines		PO Box 36647			
			Dallas, TX 75235-1647			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description			
X Political	Travel Out of District		Officeholder Travel from - Senate Democratic Meetin Fundraiser Austin TX	g and		
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin, TX, officeholder living expense			
Complete ONLY if direct	Candidate/Officeholder	name O	ffice sought Office held			
expenditure to benefit C/OH						

EXPENDITURI	ES MADE BY (CREDIT CAR	D		SCHEDUL	e F4
	EXP	ENDITURE CATEGORI	ES FOR BOX 10(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politice	Event Exp Fees Food/Beve y - Gift/Award al Committee Legal Serv	ense erage Expense Is/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundrais Transportation Equi Travel in District Travel Out of Distric OTHER (enter a ca	ipment & Related I	
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commiss	sion Filers)
Sch: 26/29 Rpt:	West, Royce (The	Honorable)		00020990		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZ EXPENDITURES CHARGED TO A CRE CARD	\$	1,603.3	34
6 PAYMENT	(a) Amount Charged \$49.99	(b) Date of Charge 12/09/2024	(c) Date(s) Credit Card Is	suer Paid		
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Cod
	Southwest Airlines		PO Box 36647			
			Dallas, TX 75235-164	7		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Officeholder Ticket Ch	ange Fee		
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule 1	Check if Austir	n, TX, officeholder living	g expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholde	r name Of	fice sought	Office held		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid		
	\$22.80	07/08/2024				
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Coc
	CitiBusiness Card		PO Box 78081			
			Phoenix, AZ 85062-80	081		
	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Description Foreign Transaction F	ee		
X Political						
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule 7	Check if Austir	n, TX, officeholder living	g expense	

Candidate/Officeholder name

(See Categories listed at the top of this schedule)

Candidate/Officeholder name

Transportation Equipment And Related

(C) Check if travel outside of Texas. Complete Schedule T.

(a) Amount Charged

(a) Payee name

Lyft

(a) Category

Expense

\$32.97

Complete ONLY if direct expenditure to benefit C/OH

PAYMENT

PAYEE

PURPOSE OF

X Political

Non-Political

Complete ONLY if direct

expenditure to benefit C/OH

EXPENDITURE

Office sought

09/13/2024

(b) Payee address;

185 Berry St

(b) Description

Houston TX

Office sought

Ste 5000

(b) Date of Charge

08/27/2024

(c) Date(s) Credit Card Issuer Paid

San Francisco, CA 94107-2503

Version V4.1.0.5dd2ace2

SCHEDULE F4

State,

Office held

City,

Officeholder Rideshare - Meeting with Houston Mayor,

Check if Austin, TX, officeholder living expense

Office held

Zip Code

Zip Code

Zip Code

EXPENDITURE CATEGORIES FOR BOX 10(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica	/ - Gift/Award	erage Expense Is/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Transportation Equipme Travel in District Travel Out of District OTHER (enter a catego	ent & Related I		
	The Inst	ruction Guide explains	how to complete this form.				
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Eth	ics Commiss	sion Filers)	
Sch: 27/29 Rpt:	West, Royce (The	Honorable)		00020990			
4 CREDIT CARD	Name of fina	ncial institution	5 TOTAL OF UNITEMIZ		1 000 0	2.4	
ISSUER	see p	revious	EXPENDITURES CHARGED TO A CRE CARD	DIT \$	1,603.3	54	
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid			
	\$345.00	12/02/2024	12/11/2024				
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
			PO Box 619616				
	American Airlines						
			Dfw Airport, TX 75261	-9616			
8 PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top Travel Out of District	of this schedule)		Officeholder Travel - 48th Annual National Black Caucus of			
X Political			State Legislators Conf	Washington DC			
Non-Political	(C) X Check if travel outside	of Texas. Complete Schedule	T. Check if Austin	n, TX, officeholder living ex	pense		
9 Complete ONLY if direct	Candidate/Officeholder	r name C	Office sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid			
	\$675.00	12/04/2024	12/11/2024				
PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code	
	National Black Cou	ave of Ctoto	122 C St NW				
	National Black Cau	icus of State	Ste 540				
			Washington, DC 2000	1-2102			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Description				
	Fees			Officeholder Registration Fee-48th National Black Caucus State Legislators Conf., Washington, DC			
X Political				., washington, De			
Non-Political		of Texas. Complete Schedule		n, TX, officeholder living ex	pense		
Complete ONLY if direct	Candidate/Officeholder	r name C	Office sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid			
	\$278.23	12/20/2024					
PAYEE				0.1		7.0.1	
PATEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	Constant Contact	Inc.	1601 Trapelo Rd				
			Ste 329	2057			
PURPOSE OF	(a) Category		Waltham, MA 02451-7 (b) Description	337			
EXPENDITURE	(See Categories listed at the top	of this schedule)	Email Messaging Serv	vice Fee			
X Political	Fees						
Non-Political		of Texas. Complete Schedule	T. Check if Austin	n, TX, officeholder living ex	pense		
Complete ONLY if direct	Candidate/Officeholder	r name C	Office sought	Office held			
expenditure to benefit C/OH							

EXPENDITURES MADE BY CREDIT CARD	

EXPENDITURE CATEGORIES FOR BOX 10(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Mar Candidate/Officeholder/Po	le By - Gift/Award	erage Expense Is/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Tran Trav Trav	citation/Fundraising hsportation Equipme vel in District vel Out of District HER (enter a catego	ent & Related E	
	The Inst	truction Guide explains h	how to complete this form.				
1 Total pages Schedule F	4: 2 FILER NAME			:	3 Filer ID (Ethi	cs Commiss	ion Filers)
Sch: 28/29 Rpt:	West, Royce (The	Honorable)		(00020990		
4 CREDIT CARD	Name of fina	ncial institution	5 TOTAL OF UNITEN		•	1 000 0	
ISSUER	see p	revious	EXPENDITURES CHARGED TO A C CARD		\$	1,603.3	34
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	l Issuer I	Paid		
	\$72.16	12/13/2024					
7 PAYEE	(a) Payee name	1	(b) Payee address;		City,	State,	Zip Code
			1600 Amphitheatre	Pkwy			
	Google Fiber (Aust	tin)					
			Mountain View, CA	94043-	1351		
8 PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top Office Overhead/Ren		Officeholder Internet Service (Austin)				
X Political	Once Overneau/Ren						
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. X Check if Au	ustin, TX, of	fficeholder living exp	oense	
9 Complete ONLY if direct	t Candidate/Officeholde	r name O	Office sought		Office held		
expenditure to benefit C/C	н						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	l Issuer I	Paid		
	\$18.39	12/09/2024					
PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code
			9378 N Central Exp	у			
	Best Buy						
			Dallas, TX 75231-50	010			
PURPOSE OF	(a) Category	of this school (10)	(b) Description				
	(See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Office Supplies				
X Political		•					
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule		ustin, TX, of	fficeholder living exp	oense	
Complete ONLY if direct		r name O	Office sought		Office held		
expenditure to benefit C/C							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	l Issuer I	Paid		
	\$185.67	12/14/2024					
54/22							
PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code
	Lyft		185 Berry St				
			Ste 5000	04407	0500		
	(a) Catagony		San Francisco, CA	94107-2	2503		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	o of this schedule)	(b) Description Officeholder Ridesh	aro L	nivorcity of L	ouston C	aduation
	Transportation Equip		Ceremony, Houston		Inversity ULH	ouston G	αυματίΟΠ
X Political	Expense		,	, ··-			
Non-Political		of Texas. Complete Schedule		ustin, TX, of	fficeholder living exp	oense	
Complete <u>ONLY</u> if direct expenditure to benefit C/C		r name O	Office sought		Office held		

		EXPE	ENDITURE CATEGOR	RIES FOR BOX	10(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	/ - Gift/Award	rage Expense s/Memorials Expense	Loan Repayment/R Office Overhead/Re Polling Expense Printing Expense Salaries/Wages/Col	ental Expense Tra Tra Tra	licitation/Fundraising Ex ansportation Equipment a avel in District avel Out of District THER (enter a category r	& Related Expense	
		-	ruction Guide explains I	-				
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethics	Commission Filers)	
	Sch: 29/29 Rpt:	West, Royce (The I	Honorable)			00020990		
4	CREDIT CARD	Name of final	ncial institution		OF UNITEMIZED			
	ISSUER	see pi	revious		DITURES ED TO A CREDIT	\$ 1,603.34		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	r Paid		
		\$125.00	12/31/2024					
7	PAYEE	(a) Payee name		(b) Payee	address;	City,	State, Zip Code	-
				4447 N. (Central Expwy			
		DFW Hispanic 100		Suite 110)-150			
				Dallas, T	X 75205			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodule)	(b) Descrip				
		Fees	of this schedule)	Staff Mer	mbership Renewa	al		
	X Political							
	Non-Political		of Texas. Complete Schedule		Check if Austin, TX,	officeholder living expen	se	
9	Complete ONLY if direct	Candidate/Officeholder	name C	Office sought		Office held		
e.	xpenditure to benefit C/OH							

POLITICAL EX	POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G						
EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Rep Fees Office Ov Food/Beverage Expense Polling Ex - Gift/Awards/Memorials Expense Printing E	ayment/Reimbursement Solicitation Prhead/Rental Expense Transpor pense Travel in xpense Travel Ol Vages/Contract Labor OTHER (nr/Fundraising Expense tation Equipment & Related Expense District It of District enter a category not listed above)				
1 Total pages Schedule G: Sch: 1/3 Rpt: 133/140	2 FILER NAME West, Royce (The Honorable)	3 Filer ID 00020	(
4 Date 08/08/2024	5 Payee name West, Royce (Sen.)						
6 Amount (\$) \$44.61	 7 Payee address; City; State; Zip Control 1212 Regents Park Circle DeSoto, TX 75115 	de					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense er Vehicle				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held				
Date 09/01/2024	Payee name West, Royce (Sen.)						
Amount (\$) \$48.17	Payee address; City; State; Zip Co 1212 Regents Park Circle	de					
Reimbursement from political contributions intended	DeSoto, TX 75115						
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense er Vehicle				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held				
Date 09/16/2024	Payee name West, Royce (Sen.)						
Amount (\$) \$43.90	Payee address; City; State; Zip Co 1212 Regents Park Circle	de					
Reimbursement from political contributions intended	DeSoto, TX 75115						
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense er Vehicle				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	L Candidate/Officeholder name	Office sought	Office held				

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G					
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politice Credit Card Payment	Fees Office Ov Food/Beverage Expense Polling E /- Gift/Awards/Memorials Expense Printing E	payment/Reimbursement Solicitation/Fundraising Expense verhead/Rental Expense Transportation Equipment & Related Expense Expense Travel in District Expense Travel Out of District Wages/Contract Labor OTHER (enter a category not listed above)			
1 Total pages Schedule G: Sch: 2/3 Rpt: 134/140	2 FILER NAME West, Royce (The Honorable)	3 Filer ID (Ethics Commission Filers) 00020990			
4 Date 09/19/2024	5 Payee name West, Royce (Sen.)	I			
6 Amount (\$) \$51.92	 7 Payee address; City; State; Zip City; State; Zip City; DeSoto, TX 75115 	ode			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense	(b) Description Check if travel outside of Texas. Complete Schedule Check if Austin, TX, officeholder living expense Costco Fuel for Officeholder Vehicle			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held			
Date 11/11/2024	Payee name West, Royce (Sen.)				
Amount (\$) \$26.47	Payee address; City; State; Zip C 1212 Regents Park Circle DeSoto, TX 75115	ode			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense	Description Check if travel outside of Texas. Complete Schedule Check if Austin, TX, officeholder living expense Costco Fuel for Officeholder Vehicle			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held			
Date 11/16/2024	Payee name West, Royce (Sen.)				
Amount (\$) \$55.90	Payee address; City; State; Zip C 1212 Regents Park Circle	ode			
Reimbursement from political contributions intended	DeSoto, TX 75115				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense	Description Check if travel outside of Texas. Complete Schedule Check if Austin, TX, officeholder living expense Costco Fuel for Officeholder Vehicle			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held			

	POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office C Food/Beverage Expense Polling g- Gift/Awards/Memorials Expense Printing	epayment/Reimbursement Dverhead/Rental Expense Expense Expense s/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule G: Sch: 3/3 Rpt: 135/140	2 FILER NAME West, Royce (The Honorable)		3 Filer ID (Ethics Commission Filers) 00020990			
	Date 12/02/2024	5 Payee name West, Royce (Sen.)					
6	Amount (\$) \$33.03 Reimbursement from political contributions		Code				
	intended	DeSoto, TX 75115					
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense	(b) Description [[Costco Fuel for	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Officeholder Vehicle			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	L Candidate/Officeholder name	Office sought	Office held			

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

SCHEDULE K

	The Instruction Guide explains how to complete this form. 1 Total pa Sch: 1/3								
2							D (Ethics Commission Filers)		
	West, Royce (The Honorable) 00020								
	Date		Name of person from whom amount is received			8 Amount (\$)			
	07/31/2024		American National Bank of Texas				\$4,738.54		
		6	Address of person from whom amount is received; City; State; Zip Code				· · ·		
			Terrell, TX 75160						
		7	Purpose for which amount is received	f politi	cal cont	ribution returned to	filer		
			Interest						
	Date	\square	Name of person from whom amount is received			Amount (\$)			
(09/02/2024		American National Bank of Texas				\$5,002.70		
			Address of person from whom amount is received; City; State; Zip Code						
		L	Terrell, TX 75160						
				f politi	cal cont	ribution returned to	filer		
			Interest						
Г Г	Date		Name of person from whom amount is received			Amount (\$)			
(09/30/2024		American National Bank of Texas				\$4,259.72		
			Address of person from whom amount is received; City; State; Zip Code						
	Terrell, TX 75160								
			Purpose for which amount is received Check i	f politi	cal cont	ribution returned to	filer		
		Ļ				•			
	Date		Name of person from whom amount is received			Amount (\$)			
	10/31/2024	ļ	American National Bank of Texas				\$4,679.84		
			Address of person from whom amount is received; City; State; Zip Code						
			Terrell, TX 75160						
		\vdash		f noliti	cal cont	I ribution returned to t	filor		
			Interest	μοιια					
F,	Date	F	Name of person from whom amount is received			Amount (\$)			
	12/01/2024		American National Bank of Texas			Alliounic (ψ)	\$4,986.21		
							Ψ7,000.21		
Address of person from whom amount is received; City; State; Zip Code									
Terrell, TX 75160									
Purpose for which amount is received Check if political contril						ribution returned to	filer		
			Interest	•					
-		<u> </u>							

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

SCHEDULE K

	The Instru		pages Schedule K: 2/3 Rpt: 137/140				
2	FILER NAME		Filer ID (Ethics Commission Filers)				
ľ	West, Royce)990					
4	Date	8 Amount (\$)					
4	12/31/2024	5 Name of person from whom amount is received American National Bank of Texas		\$4,826.64			
	12/31/2024			φ4,020.04			
		6 Address of person from whom amount is received; City; State; Zip Code					
		Terrell, TX 75160					
			olitical cont	I ribution returned to filer			
		Interest					
	Date	Name of person from whom amount is received		Amount (\$)			
	12/02/2024	Name of person from whom amount is received Best Buy		\$573.71			
	12/02/2024	-		φ575.71			
		Address of person from whom amount is received; City; State; Zip Code					
		Dallas, TX 75231					
			olitical cont	I ribution returned to filer			
		Returned Color Copier for District Office					
	Data			A manual (ft)			
	Date 11/08/2024	Name of person from whom amount is received		Amount (\$) \$392.74			
	11/00/2024	Gary Bledsoe For Austin City Council Campaign		φ 3 92.74			
		Address of person from whom amount is received; City; State; Zip Code					
		Austin, TX 78723					
		I ribution returned to filer					
⊨	Date	Name of person from whom amount is received		Amount (\$)			
	11/26/2024	IS Sports		\$630.00			
	11/20/2024			φ030.00			
		Address of person from whom amount is received; City; State; Zip Code					
		Dallas, TX 75203					
		I ribution returned to filer					
⊨	Date	Name of person from whom amount is received		Amount (\$)			
	12/11/2024	Southwest Airlines		\$1,076.96			
	12/11/2024						
		Address of person from whom amount is received; City; State; Zip Code					
		Dallas, TX 75235-1647					
		I ribution returned to filer					
		Purpose for which amount is received Check if p Refund - Officeholder Travel Cancelled					
-							

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

SCHEDULE K

	The Instruction Guide explains how to complete this form.					1 Total pages Schedule K:		
						3/3 Rpt: 138/140		
2						D (Ethics Commis	sion Filers)	
	West, Royce (The Honorable) 000209							
4	Date	5	Name of person from whom amount is received			8 Amount (\$)		
	09/06/2024		Texas Comptroller of Public Accounts]	\$1,063.00	
		6	Address of person from whom amount is received; City; State; Zip Code	•••••				
			Austin TV 70711 2060					
		7	Austin, TX 78711-2068 Purpose for which amount is received	-le if politi	inel cont		elan.	
		ľ	West - Interim Committee Meetings	ск прош	ICal Com	ribution returned to	Tiler	
⊨		Ļ						
	Date		Name of person from whom amount is received			Amount (\$)	#040.00	
	10/01/2024	ļ	Texas Comptroller of Public Accounts				\$842.00	
			Address of person from whom amount is received; City; State; Zip Code					
			Austin, TX 78711-2068					
		┢		ck if polit	ical cont	I ribution returned to	filer	
			West - Capitol For Interim Committee Meetings for Education and Tran					
⊨	Date	⊢	Name of person from whom amount is received	•		Amount (\$)		
	11/07/2024		Texas Comptroller of Public Accounts			Amount (\$)	\$400.00	
			· · ·				Ψ Ιστ.στ	
	Address of person from whom amount is received; City; State; Zip Code							
	Austin, TX 78711-2068							
			Purpose for which amount is received	ck if polit	ical cont	ribution returned to	filer	
	West - Travel to Capitol For Finance Committee Hearing					_		
	Date	Ē	Name of person from whom amount is received			Amount (\$)		
	12/06/2024		Texas Comptroller of Public Accounts				\$842.00	
			Address of person from whom amount is received; City; State; Zip Code					
		L	Austin, TX 78711-2068					
						ribution returned to	filer	
			West - Capitol For Interim Committee Meetings for Higher Education C	Ommu	ee Hear	ring.		
	Date		Name of person from whom amount is received			Amount (\$)		
	08/07/2024 The Myriad Group c/o Toska Medlock Lee						\$25,000.00	
Address of person from whom amount is received; City; State; Zip Code								
		Dallas, TX 75235-1647						
	Purpose for which amount is received Check if political contribution returned to						flar	
	Refund - Marketing and Consulting Fee					ribution returned to	filer	
1								

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

SCHEDULE T

The Inst	ruction Guide explains how to complete this form	1 Total pages Schedule T: Sch: 1/2 Rpt: 139/140						
2 FILER NAME		3 Filer ID (Ethics Commission Filers)						
West, Royce (Th	e Honorable)	00020990						
4 Name of Contribut	or / Corporation or Labor Organization / Pledgor /Payee	·						
American Airline	S							
5 Contribution / Exp	enditure reported on:							
Schedule A2	Schedule B Schedule B(J) Sched	ule C2 Schedule D Schedule F1						
Schedule F2	X Schedule F4 Schedule G Schedule G	ule H Schedule COH-UC						
6 Dates of Travel	6 Dates of Travel 7 Name of person(s) traveling							
	Gearing, Christopher							
	8 Departure city or name of departure location							
08/04/2024	Dallas							
	9 Destination city or name of destination location							
08/04/2024	Louisville							
10 Means of transpor	tation 11 Purpose of travel (including name of conference, s	eminar, or other event)						
Commercial Airp	lane Staff Travel - National Conference State Legi	slatures Summit, Louisville, KY						
Name of Contribut	or / Corporation or Labor Organization / Pledgor /Payee							
American Airline								
Contribution / Expe	enditure reported on:							
Schedule A2		ule C2 Schedule D Schedule F1						
Schedule F2	X Schedule F4 Schedule G Sched							
Dates of Travel	Name of person(s) traveling							
	West, Royce (Sen.)							
	Departure city or name of departure location							
08/05/2024	Dallas							
	Destination city or name of destination location							
08/05/2024	Louisville							
Means of transpor		-						
Commercial Airp	lane Officeholder Travel - Attend National Confere	nce State Legislatures Summit, Louisville, KY						
Name of Contribut	or / Corporation or Labor Organization / Pledgor /Payee							
American Airline	S							
Contribution / Expe	enditure reported on:							
Schedule A2	Schedule B Schedule B(J) Sched	ule C2 Schedule D Schedule F1						
Schedule F2	X Schedule F4 Schedule G Schedule G	ule H Schedule COH-UC						
Dates of Travel Name of person(s) traveling								
West, Royce (Sen.)								
Departure city or name of departure location								
12/06/2024 Washington								
	Destination city or name of destination location							
12/06/2024	Dallas							
Means of transpor		eminar or other event)						
Commercial Airp		ack Caucus of State Legislators Conf Washington DC						

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

SCHEDULE T

4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee									
Southwest Airlines									
5 Contribution / Expe	5 Contribution / Expenditure reported on:								
Schedule A2		Schedule B	Schedule B(J)	Sch	nedule C2	Schedule D	Schedule F1		
Schedule F2		Schedule F4	Schedule G	Sch	nedule H	Schedule COH-UC			
6 Dates of Travel									
	Leibowitz, Vincent								
	8 Departure city or name of departure location								
08/04/2024									
9 Destination city or name of destination location									
08/04/2024	Louisv								
10 Means of transpor			vel (including name of	conference	. seminar. or oth	er event)			
Commercial Airp			National Conferenc						
					-9				