CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to comple	ete this form.	1 Filer ID (Ethics Commi 00020990		2 Total pages filed: 99
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE USE ONLY
OFFICEHOLDER NAME	The Honorable	Royce			Date Received
					ELECTRONICALLY FILED
	NICKNAME	LAST		SUFFIX	07/15/2025
	TVIOTATV WILL	West		301117	
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #: CIT	·V·	ZIP CODE	Date Hand-delivered or Date Postmarked
OFFICEHOLDER	320 S R.L. Thornton Fwy	73011L#, CIT	١,	ZIF CODE	
MAILING ADDRESS	Suite 220				Receipt # Amount
Change of Address	Dallas, TX 75203-1804				
	Dallas, 17, 75200 1004				Date Processed
					Date Imaged
					Date imaged
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	
TREASURER NAME		Frederick D			
	NICKNAME	LAST		SUFFIX	
		Todd		II	
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO	BOX PLEASE);	AP	T / SUITE #; CITY;	STATE; ZIP CODE
ADDRESS	1335 Cecile Circle				
(Residence or Business)	0-dox 188 TV 75104				
	Cedar Hill, TX 75104				
7 CAMPAIGN	AREA CODE PHON	IE NUMBER E	EXTENSION		
TREASURER PHONE	(817) 296-3592				
8 REPORT TYPE	January 15	30th day before	election \square	Runoff	15th day after campaign treasurer
		_	-		appointment (officeholder only)
	X July 15	8th day before 6	election	Exceeded modified reporting limit	Final Report (Attach C/OH-FR)
• 555105	14 d 5				
9 PERIOD COVERED	Month Day Year 01/01/2025	T⊩	HROUGH	Month Day 06/30/202	Year 5
	01/01/2025	111	IROUGIT	00/30/202	5
10 ELECTION	ELECTION DATE			ELECTION TYPE	
-	Month Day Year		rimary	Runoff	Other
		<u> </u>	Seneral	Special	—
			0.1.5.5.5		
11 OFFICE	OFFICE HELD (if any)	<u> </u>		12 OFFICE SOUGHT	(if known)
	State Senator District 23			State Senator Dis	
	.1				
		GO T	O PAGE 2		

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 99

13 C / OH NAME	West, Royce (The Ho	norable)	14 Filer ID (00020990	Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expendit These expenditures may have been made without I officeholders are required to report this information	the candidate's or office	holder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
ш°	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN	S)	\$ 7,492.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 4,289.02
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 233,484.69
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 1,878,403.20
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.		
		The Ho	norable Royce West	
		Signature o	f Candidate or Officehold	der
AFFIX NO	TARY STAMP / SEAL ABO	DVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
of	, 20, to ce	ertify which, witness my hand and seal of office.		
Signature of offi	cer administering	Printed name of officer administering	Title of officer	administering oath

SUBTOTALS - C/OH

FORM COH **COVER SHEET PG 3**

				3 of 99	
18 FILER NAME West, Royce (T	18 FILER NAME West, Royce (The Honorable) 19 Filer ID (Ethics Commission Filers) 00020990				
20 SCHEDULE SUE NAME OF SCHE			SUBTOTA	_ AMOUNT	
1. X SCH	HEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	100.00	
2. X SCH	HEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	7,392.00	
3. SCH	HEDULE B: PLEDGED CONTRIBUTIONS		\$		
4. SCH	HEDULE E: LOANS		\$		
5. X SCH	HEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$	162,988.50	
6. SCH	HEDULE F2: UNPAID INCURRED OBLIGATIONS		\$		
7. SCH	HEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$		
8. X SCH	HEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	70,308.26	
9. X SCH	HEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	187.93	
10. SCH	HEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$		
11. SCH	HEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$		
	HEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F FILER	RETURNED	\$	36,153.00	

TARY POLITICAL CONTRIE	SUTIONS SCHEDULE A1
ruction Guide explains how to complet	e this form. 1 Total pages Schedule A1: Sch: 1/1 Rpt: 4/99
IE ce (The Honorable)	3 Filer ID (Ethics Commission Filers) 00020990
5 Full name of contributor out-of-state Vogel, Garrett 6 Contributor address; City; State; Zip Code	PAC (ID#:) 7 Amount of Contribution (\$) \$100.00
Dallas, TX 75240-1123	
cupation / Job title (See Instructions)	9 Employer (See Instructions)
111111111111111111111111111111111111111	to the Honorable) 5 Full name of contributor out-of-state For the Vogel, Garrett 6 Contributor address; City; State; Zip Code Dallas, TX 75240-1123

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instru	The Instruction Guide explains how to complete this form.			1 Total pages Schedule A2: Sch: 1/2 Rpt: 5/99		
2 FILER NAME West, Royce	: e (The Honorable)	3 Filer ID (Ethic 00020990	es Commission Filers)			
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$			
5 Date 01/01/2025	 Full name of contributor		contribution (\$) \$1,232.00	9 In-kind contribution description Rent - Campaign Office Space		
	Dallas, TX 75203-1842			outside of Texas. Complete Schedule T.		
10 Principal occi	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	l-JUDICIAL) (See ii	nstructions)		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL)	(See instructions)		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)		
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date 02/01/2025	Full name of contributor out-of-state PAC (ID#: Skyview Development LLC Contributor address; City; State; Zip Code		Amount of contribution (\$) \$1,232.00	In-kind contribution description Rent - Campaign Office Space		
	Dallas, TX 75203-1842		Check if travel of	I I outside of Texas. Complete Schedule T.		
Principal occi	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	-JUDICIAL) (See ii	nstructions)		
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL)	(See instructions)		
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)		
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date 03/01/2025	Full name of contributor out-of-state PAC (ID#: Skyview Development LLC Contributor address; City; State; Zip Code		Amount of contribution (\$) \$1,232.00	In-kind contribution description Rent - Campaign Office Space		
	Dallas, TX 75203-1842		Check if travel of	l outside of Texas. Complete Schedule T.		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NON-JUDICIAL) (See instructions)			nstructions)			
Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See instructions)			(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

SCHEDULE A2

The Instru	The Instruction Guide explains how to complete this form.			1 Total pages Schedule A2: Sch: 2/2 Rpt: 6/99		
2 FILER NAME West, Royc	E e (The Honorable)	3 Filer ID (Ethic 00020990	es Commission Filers)			
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$			
5 Date 04/01/2025	7 Contributor address; City; State; Zip Code		contribution (\$) \$1,232.00	9 In-kind contribution description Rent - Campaign Office Space		
10 Principal occ	Dallas, TX 75203-1842 upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON		outside of Texas. Complete Schedule T.		
10 Principal occi	upation / Job title (FOR NON-JODICIAL) (See instructions)	11 Employer (FOR NON	-JUDICIAL) (See II	isti uctions)		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL)	(See instructions)		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)		
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date 05/01/2025	Full name of contributor out-of-state PAC (ID#: Skyview Development LLC Contributor address; City; State; Zip Code		Amount of contribution (\$) \$1,232.00	In-kind contribution description Rent - Campaign Office Space		
	Dallas, TX 75203-1842		Check if travel of	I Dutside of Texas. Complete Schedule T.		
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	-JUDICIAL) (See ii	nstructions)		
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL)	(See instructions)		
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)		
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date 06/01/2025	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$) \$1,232.00	In-kind contribution description Rent - Campaign Office Space		
	Dallas, TX 75203-1842			outside of Texas. Complete Schedule T.		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NON-JUDICIAL) (See instructions)			nstructions)			
Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See instructions)			(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)						

SCHEDULE F1

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 OTHER (enter a category not listed above)
		The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 1/50 Rpt: 7/99	2 FILER NAME West, Royce (The Honorable) 3 Filer ID (Ethics Commission Filers) 00020990
_	•	I .
4	Date 01/09/2025	5 Payee name AMLI Eastside
6	Amount (\$) \$575.00	7 Payee address; City; State; Zip Code 1000 San Marcos St Austin, TX 78702-2605
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Staff Apartment #271 Application Fee and Security Deposit (Gearing) - 89th Legislature
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/09/2025	AMLI Eastside
	Amount (\$)	Payee address; City; State; Zip Code
	\$575.00	1000 San Marcos St Austin, TX 78702-2605
	PURPOSE	· · · · · · · · · · · · · · · · · · ·
	OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Staff Apartment #116 Application Fee and Security Deposit (Barton) - 89th Legislature
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/11/2025	AMLI Eastside
	Amount (\$) \$75.00	Payee address; City; State; Zip Code 1000 San Marcos St
		Austin, TX 78702-2605
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Staff Apartment #271 Application Fee (Williams) -
		89th Legislature
_	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/50 Rpt: 8/99	West, Royce (The Honorable) 00020990
4	Date	5 Payee name
	01/09/2025	AMLI Eastside
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$75.00	1000 San Marcos St
		Austin, TX 78702-2605
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Staff Apartment #116 Application Fee (Bass) - 89th
		Legislature Legislature
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	01/08/2025	AT&T (U-Verse)
	Amount (\$)	Payee address; City; State; Zip Code
	\$203.27	PO Box 5014
		Carol Stream, IL 60197-5014
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	LXI ENDITORE	Check if Austin, TX, office-holder living expense
		Campaign Office Internet and Phone Service
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	02/08/2025	AT&T (U-Verse)
	Amount (\$)	Payee address; City; State; Zip Code
	\$203.27	PO Box 5014
		Carol Stream, IL 60197-5014
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Campaign Office Internet and Phone Service
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Candidate/Officenoider/Politic	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 3/50 Rpt: 9/99	West, Royce (The Honorable) 00020990
4 Date	5 Payee name
03/08/2025	AT&T (U-Verse)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$203.27	PO Box 5014
	Carol Stream, IL 60197-5014
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Campaign Office Internet and Phone Service
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	H .
Date	Payee name
04/08/2025	AT&T (U-Verse)
Amount (\$)	Payee address; City; State; Zip Code
\$203.38	PO Box 5014
	Carol Stream, IL 60197-5014
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Campaign Office Internet and Phone Service
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/C	H .
Date	Payee name
05/08/2025	AT&T (U-Verse)
Amount (\$)	Payee address; City; State; Zip Code
\$203.38	PO Box 5014
	Carol Stream, IL 60197-5014
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Campaign Office Internet and Phone Service
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	DH Control of the Con

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Consuling Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/50 Rpt: 10/99	West, Royce (The Honorable) 00020990
4	Date	5 Payee name
	06/08/2025	AT&T (U-Verse)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$203.38	PO Box 5014
		Carol Stream, IL 60197-5014
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	LAFLINDITORL	Check if Austin, TX, officeholder living expense
		Campaign Office Internet and Phone Service
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/17/2025	African American Education Archives and History Program
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,700.00	PO Box 411091
	\$1,700.00	FO B0X 411091
		Dallas, TX 75241-8091
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Donation - 2025 Hall of Fame Luncheon
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialiture to benefit 6/01	1
	Date	Payee name
	01/01/2025	Cadillac Financial Leasing
	Amount (\$)	Payee address; City; State; Zip Code
	\$918.79	PO Box 78143

		Phoenix, AZ 85062-8143
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Expense Check if Austin, TX, officeholder living expense
		Officeholder Vehicle Lease Payment
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica	
	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/50 Rpt: 11/99	West, Royce (The Honorable) 00020990
4	Date	5 Payee name
	02/01/2025	Cadillac Financial Leasing
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$918.79	PO Box 78143
		Phoenix, AZ 85062-8143
8	PURPOSE	
Ŭ	OF	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Expense Check if Austin, TX, officeholder living expense
		Officeholder Vehicle Lease Payment
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	03/01/2025	Cadillac Financial Leasing
	Amount (\$)	Payee address; City; State; Zip Code
	\$918.79	PO Box 78143
		Phoenix, AZ 85062-8143
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Expense Check if Austin, TX, officeholder living expense
		Officeholder Vehicle Lease Payment
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/01/2025	Cadillac Financial Leasing
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,270.30	PO Box 78143
		Phoenix, AZ 85062-8143
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense
		Officeholder Vehicle Lease Payment
	Complete ONLY if alias -t	Condidate/Officeholder name Office country
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	•	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
-	Total pages Cabadyla 51:	
1	Total pages Schedule F1: Sch: 6/50 Rpt: 12/99	2 FILER NAME West, Royce (The Honorable) 3 Filer ID (Ethics Commission Filers) 00020990
4	Date	5 Payee name
_	06/01/2025	Cadillac Financial Leasing
6	Amount (\$) \$985.48	7 Payee address; City; State; Zip Code PO Box 78143 Phoenix, AZ 85062-8143
8	PURPOSE	
°	OF	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Transportation Equipment And Related Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Officeholder Vehicle Lease Payment
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/06/2025	Cadillac Financial Leasing
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,270.30	PO Box 78143
	, -, - · · · · ·	
		Phoenix, AZ 85062-8143
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense Officeholder Vehicle Lease Payment
		Onicendider vehicle Lease Payment
_		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/02/2025	Capitol Visitors Center Gift Shop
	Amount (\$)	Payee address; City; State; Zip Code
	\$378.88	112 E 11th St
		Austin, TX 78701-2403
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense End of Session Gifts - Capitol Office Interns
		End of Session Gills - Capitor Office Interns
	0 1. 0	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to beliefft C/OI	•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 7/50 Rpt: 13/99	West, Royce (The Honorable) 00020990
4	Date	5 Payee name
	01/01/2025	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	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense District Office Cable Service
		District Office Gasic Service
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
H	Date	Pausa sama
	02/01/2025	Payee name Charter Communications
	Amount (\$)	Payee address; City; State; Zip Code
	\$151.81	PO Box 223085
		Pittsburgh, PA 15251-2085
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		District Office Cable Service
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	03/01/2025	Charter Communications
-	Amount (\$)	Payee address; City; State; Zip Code
	\$157.95	
		PU B0X 2/3085
I	Ψ137.33	PO Box 223085
	Ψ131.33	
		Pittsburgh, PA 15251-2085
	PURPOSE OF	Pittsburgh, PA 15251-2085 (a) Category (See Categories listed at the top of this schedule) (b) Description
	PURPOSE	Pittsburgh, PA 15251-2085
	PURPOSE OF	Pittsburgh, PA 15251-2085 (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.
	PURPOSE OF	Pittsburgh, PA 15251-2085 (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
	PURPOSE OF EXPENDITURE Complete ONLY if direct	Pittsburgh, PA 15251-2085 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Candidate/Officeholder name Office sought Obscription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense District Office Cable Service
	PURPOSE OF EXPENDITURE	Pittsburgh, PA 15251-2085 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Candidate/Officeholder name Office sought Obscription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense District Office Cable Service
	PURPOSE OF EXPENDITURE Complete ONLY if direct	Pittsburgh, PA 15251-2085 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Candidate/Officeholder name Office sought Obscription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense District Office Cable Service
	PURPOSE OF EXPENDITURE Complete ONLY if direct	Pittsburgh, PA 15251-2085 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Candidate/Officeholder name Office sought Obscription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense District Office Cable Service

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made I Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
		The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 8/50 Rpt: 14/99	West, Royce (The Honorable) 00020990
4	Date	5 Payee name
	04/01/2025	Charter Communications
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$157.95	PO Box 223085
		Pittsburgh, PA 15251-2085
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense
		District Office Cable Service
L		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialitate to beliefit C/OI	<u>'</u>
	Date	Payee name
	05/01/2025	Charter Communications
	Amount (\$)	Payee address; City; State; Zip Code
	\$157.95	PO Box 223085
		Pittsburgh, PA 15251-2085
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense District Office Cable Service
		District Office Gable Service
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
H	Date	Payee name
	06/01/2025	Charter Communications
	Amount (\$)	Payee address; City; State; Zip Code
	\$157.95	PO Box 223085
		Pittsburgh, PA 15251-2085
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense District Office Cable Service
		District Office Cable Service
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		ot listed above)
Ļ		<u> </u>	= " \
1	Total pages Schedule F1: Sch: 9/50 Rpt: 15/99	2 FILER NAME West, Royce (The Honorable) 3 Filer ID (Ethics of the University of University of the University of University of University	Commission Filers)
4	Date	5 Payee name	
	04/30/2025	Circle Ten Council BSA	
6	Amount (\$) \$2,500.00	Payee address; City; State; Zip Code PO Box 35726 Dallas, TX 75235-0726	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule	dule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Donation - 2025 Friends of Scouting	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held OH	
	Date	Payee name	
	01/03/2025	CitiBank N.A.	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$2,224.70	PO Box 78025	
		Phoenix, AZ 85062-8025	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Sched	dule T.
		Payment - January 2025 Statement	
		Taymon Sandary 2020 Statement	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held OH	
	Date	Payee name	
	02/03/2025	CitiBank N.A.	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,813.40	PO Box 78025	
		Phoenix, AZ 85062-8025	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Sched	dule T.
		Payment - February 2025 Statemer	nt
		T dymone T oblidary 2025 Statemen	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1			ission Filers)
Ļ	Sch: 10/50 Rpt: 16/99	i i i	
4	Date 03/03/2025	5 Payee name CitiBank N.A.	
6	Amount (\$) \$4,264.29	7 Payee address; City; State; Zip Code	
		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 - March 2025 Statement	
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held OH	
	Date 04/03/2025	Payee name CitiBank N.A.	
	Amount (\$) \$1,603.92	Payee address; City; State; Zip Code PO Box 78025	
		Phoenix, AZ 85062-8025	
	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 - April 2025 Statement	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held OH	
	Date 05/03/2025	Payee name CitiBank N.A.	
	Amount (\$) \$4,321.48	Payee address; City; State; Zip Code PO Box 78025	
		Phoenix, AZ 85062-8025	
	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 - May 2025 Statement	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held OH	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to com	nple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 11/50 Rpt: 17/99	West, Royce (The Honorable)		00020990
4	Date	5 Payee name		
	06/03/2025	CitiBank N.A.		
6	Amount (\$)	7 Payee address; City; State; Zip Cod	le	
	\$2,000.05	PO Box 78025		
		Phoenix, AZ 85062-8025		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Credit Card Payment		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense Payment -June 2025 Statement
				Tayment dane 2020 Statement
9	Complete ONLY if direct	Candidate/Officeholder name Office sough	ıht	Office held
	expenditure to benefit C/O		,	5cou
_	Date	Payee name		
	01/08/2025	CitiBusiness Card		
	Amount (\$)	Payee address; City; State; Zip Cod	le	
	\$845.09	PO Box 78081		

		Phoenix, AZ 85062-8081		
	PURPOSE		(b)	Description
	OF	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(~)	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE			Check if Austin, TX, officeholder living expense
				Payment - January 2025 Statement
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough	Int	Office held
	Date	Payee name		
	02/10/2025	CitiBusiness Card		
	Amount (\$)	Payee address; City; State; Zip Cod	le	
	\$16,892.01	PO Box 78081		
		Phoenix, AZ 85062-8081		
	PURPOSE OF	, , ,	(b)	Description
	EXPENDITURE	Credit Card Payment		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Payment - February 2025 Statement
				•
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/O			
4				

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment			Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services The Instruction Guid	rpense I		ense ges/Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	
1	Total pages Schedule F1: Sch: 12/50 Rpt: 18/99		E ce (The Honorable))			ı	Filer ID 00020990	(Ethics Commission Filers)
4			•						
4	Date 03/10/2025	5 Payee name CitiBusines							
6	Amount (\$)	7 Payee addre	ess; City;	State;	Zip Cod	e			
	\$9,277.97	PO Box 78	081						
		Phoenix, A	Z 85062-8081						
8	PURPOSE	(a) Category (See Categories listed at the	top of this sched	lule) (b) Description			
	OF EXPENDITURE	Credit Car	d Payment					le of Texas. Com officeholder living	plete Schedule T.
						Payment - Ma			
						,			
9	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Off	fice soug	ht		Office he	eld
	Date	Payee name	e						
	04/08/2025	CitiBusines	ss Card						
	Amount (\$)	Payee addre	ess; City;	State;	Zip Cod	е			
	\$9,483.45	PO Box 78	081						
		Phoenix, A	Z 85062-8081						
	PURPOSE OF		See Categories listed at the	top of this sched	tule)	b) Description		lo of T O	inlata Cabadul- T
	EXPENDITURE	Credit Car	d Payment			=		le of Texas. Com officeholder living	plete Schedule T. g expense
						Payment - Ap			
L									
	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Off	fice soug	ht		Office he	eld
	Date	Payee name	 e						
L	05/08/2025	CitiBusines	ss Card						
	Amount (\$)	Payee addr		State;	Zip Cod	е			
	\$8,252.10	PO Box 78	081						
		Phoenix, A	Z 85062-8081						
	PURPOSE OF		See Categories listed at the	top of this sched	tule) (b) Description			
	EXPENDITURE	Credit Car	d Payment					le of Texas. Com officeholder living	plete Schedule T. g expense
						Payment - Ma			
	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Off	fice soug	ht		Office he	eld

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 13/50 Rpt: 19/99	West, Royce (The Honorable) 00020990
4	Date	5 Payee name
	06/09/2025	CitiBusiness Card
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$15,778.12	PO Box 78081
		Phoenix, AZ 85062-8081
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Payment - June 2025 Statement
		Tayment Same 2023 Statement
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
-	Date	Payee name
	01/02/2025	City of Austin
	Amount (\$)	Payee address; City; State; Zip Code
	\$49.66	PO Box 2267
	φ49.00	FO BOX 2201
		A: TV 70700 0007
		Austin, TX 78768-2267
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Officeholder Electrical Utility - Austin
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Payee name
	03/03/2025	City of Austin
	Amount (\$)	Payee address; City; State; Zip Code
	\$406.99	PO Box 2267
	Ψ+00.33	1 O BOX 2201
		Austin, TX 78768-2267
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense
	EXPENDITURE	X Check if Austin, TX, officeholder living expense
		Staff Utilities Apt #116 January and February - 89th Legislature
		Ů
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experience to belieff C/Of	'

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to con	nple	ete this form.
1	Total pages Schedule F1:	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 14/50 Rpt: 20/99	West, Royce (The Honorable)		00020990
4	Date	Payee name		•
	04/03/2025	City of Austin		
6	Amount (\$)	Payee address; City; State; Zip Coo	le	
	\$86.25	PO Box 2267		
		Austin, TX 78768-2267		
8	PURPOSE	Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE			Check if Austin, TX, officeholder living expense
				Staff Utilities Apt #116 - 89th Legislature
9	Complete ONLY if direct	Candidate/Officeholder name Office soug	ıht	Office held
	expenditure to benefit C/O	onice soug	ji it	Office field
	Data			
	Date 02/19/2025	Payee name City of Austin		
		•		
	Amount (\$)	Payee address; City; State; Zip Coc	ie	
	\$69.12	PO Box 2267		
		: =		
		Austin, TX 78768-2267		
	PURPOSE OF	, , ,	(b)	Description
	EXPENDITURE	Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Staff Utilities Apt #271 - 89th Legislature
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held
	expenditure to benefit C/O			
	Date	Payee name		
	03/19/2025	City of Austin		
	Amount (\$)	Payee address; City; State; Zip Coo	le	
	\$116.38	PO Box 2267		
		Austin, TX 78768-2267		
	PURPOSE		(h)	Description
	OF	Office Overhead/Rental Expense	(~)	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	2.100 0.10110000.1101100 <u>2</u> .1po1100		Check if Austin, TX, officeholder living expense
				Staff Utilities Apt #271 - 89th Legislature
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office soug	ht	Office held
	experientare to beliefit 0/0			

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 15/50 Rpt: 21/99	West, Royce (The Honorable) 00020990	
4	Date	5 Payee name	_
	04/17/2025	City of Austin	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$83.46	PO Box 2267	
		Austin, TX 78768-2267	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Staff Utilities Apt #271 - 89th Legislature	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	-
	expenditure to benefit C/OI	1	
	Date	Payee name	
	05/03/2025	City of Austin	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$92.21	PO Box 2267	
		Austin, TX 78768-2267	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Staff Utilities Apt #116 - 89th Legislature	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	-
	expenditure to benefit C/OI		
	Date	Payee name	_
	06/03/2025	City of Austin	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$100.17	PO Box 2267	
		Austin, TX 78768-2267	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Staff Utilities Apt #116 - 89th Legislature	
		Stan Stantes / pt // 115 Sour Edgislature	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	-
	expenditure to benefit C/OI		
			_
			_

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Printing Expense Salaries/Wages/Contract Labor Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 16/50 Rpt: 22/99 West, Royce (The Honorable) 00020990 4 Date Payee name 05/01/2025 City of Austin 6 Amount (\$) Payee address; City; State; Zip Code \$94.45 PO Box 2267 Austin, TX 78768-2267 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Staff Utilities Apt #271 - 89th Legislature Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 06/01/2025 City of Austin Amount (\$) Payee address; City; State; Zip Code \$114.69 PO Box 2267 Austin, TX 78768-2267 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Staff Utilities Apt #271 - 89th Legislature Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 06/30/2025 City of Austin Amount (\$) Payee address: City; State; Zip Code \$118.66 PO Box 2267 Austin, TX 78768-2267 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Officeholder Utility Service - Austin Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 17/50 Rpt: 23/99	West, Royce (The Honorable) 00020990
4	Date	5 Payee name
	04/07/2025	Clayton Spangler /Photographic Design
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$674.00	235 Point Lick Dr
		Charleston, WV 25306-6785
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense 2025 Texas Senate Panoramic Photos - 89th
		Legislature
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/16/2025	Concord Church
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	6808 Pastor Bailey Dr
		Dallas, TX 75237-2602
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Full Page Ad - 50th Church Anniversary
		and the state of t
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/02/2025	Connect Dallas KIDS
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	918 S Greenstone Ln
		Duncanville, TX 75137-2114
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Luncheon
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Printing Expense Salaries/Wages/Contract Labor Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 18/50 Rpt: 24/99 West, Royce (The Honorable) 00020990 4 Date Payee name 03/27/2025 Corinth Communications dba The Dallas Examiner 6 Amount (\$) Payee address; City; State; Zip Code \$810.00 PO Box 3720 Dallas, TX 75208-1020 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Ad - Celebrating Women of Dallas Event Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/07/2025 Dallas County Democratic Party Amount (\$) Payee address; City; State; Zip Code \$250.00 1414 N Washington Ave Dallas, TX 75204-5261 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Donation - Annual Fish Fry Fundraiser Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/15/2025 Department of Treasury Amount (\$) Payee address: City: State; Zip Code \$254.81 INTERNAL REVENUE SERV Ogden, UT 84201-0001 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense **Employer Payroll Tax Payment** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

se Travel out
s/Contract Labor OTHER (e

	Candidate/Officeholder/Politica Credit Card Payment	al Committee	Legal Services The Instruction	n Guide explain			Contract Labor		OTHER (enter a	category not listed	l above)
1	Total pages Schedule F1:	2 FILE	R NAME				3	;	Filer ID	(Ethics Comm	ission Filers)
	Sch: 19/50 Rpt: 25/99	West	t, Royce (The Hond	rable)					00020990		
4	Date	5 Paye	e name				-				
	01/31/2025	Depa	artment of Treasury								
6	Amount (\$) \$254.82	INTE	e address; City; :RNAL REVENUE S	SERV	te; Zip Coo	de					
		Ogde	en, UT 84201-0001								
8	PURPOSE OF EXPENDITURE	1	gory (See Categories liste ries/Wages/Contrac		schedule)		Description Check if travel out Check if Austin, TX Employer Payro	Χ, ι	officeholder living	expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol		late/Officeholder nam	е	Office souç	ght			Office he	eld	
	Date	Paye	e name								
	02/14/2025	Depa	artment of Treasury								
	Amount (\$)	Paye	e address; City;	Sta	te; Zip Co	de					
	\$254.83	INTE	RNAL REVENUE	SERV							
		Ogde	en, UT 84201-0001								
	PURPOSE OF EXPENDITURE		gory (See Categories liste ries/Wages/Contrad		schedule)		Description Check if travel out Check if Austin, T) Employer Payro	Χ, ι	officeholder living	expense	
	Complete ONLY if direct expenditure to benefit C/OI		late/Officeholder nam	e	Office sou	ght			Office he	eld	
	Date	Paye	e name								
	02/28/2025	Depa	artment of Treasury								
	Amount (\$) \$247.69	1	e address; City; :RNAL REVENUE :		te; Zip Coo	de					
		Ogde	en, UT 84201-0001								
	PURPOSE OF EXPENDITURE	1	gory (See Categories liste ries/Wages/Contrac		schedule)		Description Check if travel out Check if Austin, To Employer Payro	Χ, ι	officeholder living	expense	
	Complete ONLY if direct expenditure to benefit C/OI		late/Officeholder nam	e	Office soug	ght			Office he	eld	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

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

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

	Credit Card Payment		The Instruction Guide ex	cplains how to co	mple	ete this form.
1	Total pages Schedule F1:	2	FILER NAME			3 Filer ID (Ethics Commission Filers)
	Sch: 20/50 Rpt: 26/99		West, Royce (The Honorable)			00020990
4	Date	5	Payee name			<u> </u>
	03/14/2025		Department of Treasury			
6	Amount (\$)	7	Payee address; City;	State; Zip Co	ode	
	\$242.54		INTERNAL REVENUE SERV			
			Ogden, UT 84201-0001			
8	PURPOSE	(a)			(h)	Description
ľ	OF	("	Category (See Categories listed at the top o Salaries/Wages/Contract Labor	f this schedule)	(5)	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Salaries/ Wages/Contract Labor			Check if Austin, TX, officeholder living expense
						Employer Payroll Tax Payment
9	Complete ONLY if direct		Candidate/Officeholder name	Office sou	ıght	Office held
	expenditure to benefit C/O	Н				
	Date		Payee name			
	03/28/2025		Department of Treasury			
	Amount (\$)	+	Payee address; City;	State; Zip Co	ode	
	\$242.53		INTERNAL REVENUE SERV	,р		
	¥2 .2.00					
			Ogden, UT 84201-0001			
	PURPOSE	(a)	Category (See Categories listed at the top o	f this schedule)	(b)	Description
	OF EXPENDITURE		Salaries/Wages/Contract Labor	,		Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE		-			Check if Austin, TX, officeholder living expense
						Employer Payroll Tax Payment
					<u> </u>	
	Complete ONLY if direct expenditure to benefit C/Ol		Candidate/Officeholder name	Office sou	ıght	Office held
	Date		Payee name			
	04/15/2025		Department of Treasury			
	Amount (\$)		Payee address; City;	State; Zip Co	ode	
	\$240.79		INTERNAL REVENUE SERV			
			Ogden, UT 84201-0001			
	PURPOSE	(a)	Category (See Categories listed at the top o	f this schedule)	(b)	Description
	OF	``	Salaries/Wages/Contract Labor	· uno corroduto)		Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		· ·			Check if Austin, TX, officeholder living expense
						Employer Payroll Tax Payment
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name	Office sou	ıght	Office held
	experiorale to belieff C/OI	п_				
l						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 21/50 Rpt: 27/99	West, Royce (The Honorable) 00020990
4	Date	5 Payee name
	04/30/2025	Department of Treasury
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$236.29	INTERNAL REVENUE SERV
		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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Employer Payroll Tax Payment
		Employer rayroll rax rayment
<u>_</u>	Complete ONLY if direct	Condidate/Officeholder name Office cought
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/15/2025	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 Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Employer Payroll Tax Payment
		Employer rayroll rax rayment
	Complete ONLY if direct	Condidate/Officeholder name Office cought Office hold
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
L	06/13/2025	Department of Treasury
	Amount (\$)	Payee address; City; State; Zip Code
	\$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
		Check if Austin, TX, officeholder living expense
		Employer Payroll Tax Payment
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to beliefft C/OI	•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
1	Sch: 22/50 Rpt: 28/99	West, Royce (The Honorable) Carrier ID (Ethics Commission Filers) 00020990
4	Date	5 Payee name
	01/07/2025	Dodd Education and Support Inc.
6	Amount (\$) \$175.00	7 Payee address; City; State; Zip Code PO Box 411375 Dallas, TX 75241-8375
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Half Page Ad - Miss Jabberwock Scholarship Program Book
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/06/2025	Dodd Education and Support Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$175.00	PO Box 411375
		Dallas, TX 75241-8375
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Half Page Ad - Miss Jabberwock Scholarship Program Book
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/16/2025	ElstonAire Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$5,000.00	727 E Centre Park Blvd
	Ψ3,000.00	121 L Centie Faik Divu
		Desoto, TX 75115-2539
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Refund Campaign Donation Check if travel outside of Texas. Complete Schedule T.
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		Refund Campaign Donation
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 23/50 Rpt: 29/99	West, Royce (The Honorable) 00020990
4	Date	5 Payee name
	02/07/2025	Ferguson Road Initiative
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	PO Box 570417
		Dallas, TX 75357-0417
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		2025 Membership Renewal
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	-
	Date	Payee name
	05/19/2025	Gearing, Christopher
	Amount (\$)	Payee address; City; State; Zip Code
	\$268.96	4810 Spur 408
		Apt 221
		Dallas, TX 75236-3205
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
		Expense Reimbursement Duplicate Payment
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	y
⊨	Data	
	Date 01/01/2025	Payee name George Willis PLLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	1810 Rocky Creek Dr
		Duncanville, TX 75137-3638
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Accounting Service for Campaign Office
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

Advertising Expense Event E
Accounting/Banking Fees
Consulting Expense Food/Bi
Contributions/ Donations Made By - Gift/Aw.

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Labor OTHER (enter a category not listed above)

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
4 Total manage Calcadala 54	,
1 Total pages Schedule F1: Sch: 24/50 Rpt: 30/99	2 FILER NAME West, Royce (The Honorable) 3 Filer ID (Ethics Commission Filers) 00020990
4 Date	5 Payee name
02/12/2025	George Willis PLLC
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 1810 Rocky Creek Dr
	Duncanville, TX 75137-3638
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Accounting Service for Campaign Office
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
03/11/2025	George Willis PLLC
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	1810 Rocky Creek Dr
	Duncanville, TX 75137-3638
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Accounting Service for Campaign Office
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
04/14/2025	George Willis PLLC
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	1810 Rocky Creek Dr
	Duncanville, TX 75137-3638
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Accounting Service for Campaign Office
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
	Sch: 25/50 Rpt: 31/99	West, Royce (The Honorable) 00020990			
4	Date	5 Payee name			
	05/14/2025	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	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		Accounting Service for Campaign Office			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O	-			
	Date	Payee name			
	06/10/2025	George Willis PLLC			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$500.00	1810 Rocky Creek Dr			
		Duncanville, TX 75137-3638			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		Accounting Service for Campaign Office			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OI	H			
	Date	Payee name			
	01/22/2025	H-E-B Food Drugs #23/428			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$95.04	6900 Brodie Ln			
		Austin, TX 78745-5008			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense Capitol Office Beverages and Snacks - 89th			
		Legislature			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OH				

SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 26/50 Rpt: 32/99	West, Royce (The Honorable) 00020990
4	Date	5 Payee name
	02/18/2025	H-E-B Food Drugs #23/428
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$7.77	6900 Brodie Ln
		Austin, TX 78745-5008
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Capitol Office Coffee Condiments - 89th Legislature
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
⊨	Date	Dove nome
	02/24/2025	Payee name H-E-B Food Drugs #23/428
		3
	Amount (\$)	Payee address; City; State; Zip Code
	\$105.20	6900 Brodie Ln
		Austin, TX 78745-5008
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Capitol Office Beverages and Snacks - 89th
		Legislature
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	03/10/2025	H-E-B Food Drugs #23/428
	Amount (\$)	Payee address; City; State; Zip Code
	\$24.44	6900 Brodie Ln
		Austin, TX 78745-5008
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
		Check if Austin, TX, officeholder living expense
		Staff member birthday card and cupcakes.
	Operation ONLY if allowed	Our stide to 10 ff as health are now as a second to the se
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	<u> </u>	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 27/50 Rpt: 33/99	West, Royce (The Honorable) 00020990
4	Date	5 Payee name
	04/03/2025	H-E-B Food Drugs #23/428
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$11.54	6900 Brodie Ln
		Austin, TX 78745-5008
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Capitol Office Coffee Condiments - 89th Legislature
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	04/07/2025	H-E-B Food Drugs #23/428
	Amount (\$)	Payee address; City; State; Zip Code
	\$70.45	6900 Brodie Ln
		Austin, TX 78745-5008
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Capitol Office Beverages and Snacks - 89th
		Legislature
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	04/15/2025	H-E-B Food Drugs #23/428
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.75	6900 Brodie Ln
		Austin, TX 78745-5008
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Capitol Office Coffee Condiments - 89th Legislature
		Capitol Cinico Concer Contamiento Contracegislature
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
•		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 28/50 Rpt: 34/99	West, Royce (The Honorable)	00020990
4	Date	5 Payee name	
	04/22/2025	H-E-B Food Drugs #23/428	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$19.43	6900 Brodie Ln	
		Austin, TX 78745-5008	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	1 Odd/Deverage Expense	vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense
		,	ice Snacks - 89th Legislature
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
F	Date	Payee name	
	04/29/2025	H-E-B Food Drugs #23/428	
┝	Amount (\$)	Payee address; City; State; Zip Code	
	\$8.25	6900 Brodie Ln	
	Ψ0.20	Sood Brodie En	
		Austin, TX 78745-5008	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	1 1 000/Deverage Expense	vel outside of Texas. Complete Schedule T.
		I — I — I	stin, TX, officeholder living expense ice Coffee and Condiments - 89th
		Legislature	
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
	Date	Payee name	
	05/06/2025	H-E-B Food Drugs #23/428	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$23.74	6900 Brodie Ln	
		Austin, TX 78745-5008	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Tood/Develage Expense	vel outside of Texas. Complete Schedule T.
		,	stin, TX, officeholder living expense ice Coffee and Condiments - 89th
		Legislature	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	9	Office field
\vdash			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services	•		ages	/Contract Labor		OTHER (enter a	a category not listed above)
				The Instruction G	uide explains h	ow to cor	mple	ete this form.			
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers)
	Sch: 29/50 Rpt: 35/99		West, Royce	e (The Honoral	ole)					00020990	
4	Date	5	Payee name								
	05/21/2025		H-E-B Food	Drugs #23/428	3						
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de				
	\$22.60		6900 Brodie	e Ln							
			Austin, TX 7	78745-5008							
8	PURPOSE	(2)					(h)	Description			
ľ	OF	(۵)		ee Categories listed at head/Rental Ex		dule)	(5)		outsi	de of Texas. Con	nplete Schedule T.
	EXPENDITURE		Office Overi	ileau/Neiliai Lx	pense			=		officeholder livin	
								Capitol Office	Pa	aper Plates	Coffee Condiment - 89th
								Legislature			
9	Complete ONLY if direct		Candidate/Offi	ceholder name	Of	ffice sou	ght			Office h	eld
	expenditure to benefit C/OI	Н									
	Date		Payee name								
	01/24/2025		Hobby Lobb	y #247							
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de				
	\$409.03		316 N High	way 67							
			•	-							
			Cedar Hill.	ΓX 75104-2133							
-	PURPOSE	(a)		ee Categories listed at		4.4->	(b)	Description			
	OF	``		/Memorials Exp		dule)	()	`	outsi	de of Texas. Con	nplete Schedule T.
	EXPENDITURE		Oner wards	Memorials Exp	701130			Check if Austin,	TX,	officeholder livin	g expense
											ha Kappa Alpha and
								Delta Sigma	Ine	eta Founder	's Day Programs
	Complete ONLY if direct		Candidate/Offic	ceholder name	Of	ffice sou(ght			Office h	eld
	expenditure to benefit C/OI	H									
	Date		Payee name								
	02/03/2025		Hobby Lobb	y #247							
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de				
	\$613.55		316 N High	way 67							
			Cedar Hill, 7	ΓX 75104-2133							
	PURPOSE	(a)	Category (Se	ee Categories listed at	the top of this sche	dule)	(b)	Description			
	OF EXPENDITURE			/Memorials Exp		,		Check if travel of			nplete Schedule T.
	EXPENDITURE							ш		officeholder livin	
								Proclamation: Program	s F	ramed for S	Sorority Founders Day
								. rogiani			
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Office	ceholder name	Of	ffice sou(ght			Office h	eld
	experience to beliefit 6/01										

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 30/50 Rpt: 36/99	West, Royce (The Honorable) 00020990
4	Date	5 Payee name
	02/08/2025	Hobby Lobby #247
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$29.22	316 N Highway 67
		Cedar Hill, TX 75104-2133
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Proclamations Framed for Sorority Founders Day
		Program
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Г	Date	Payee name
	02/19/2025	Hobby Lobby #247
	Amount (\$)	Payee address; City; State; Zip Code
	\$41.12	316 N Highway 67
		Cedar Hill, TX 75104-2133
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Proclamations Framed - Judicial Official Retirement
		Trodumation Trained Galicial Cindral Retirement
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
⊨	Data	David and the second se
	Date 03/07/2025	Payee name
		Hobby Lobby #247
	Amount (\$)	Payee address; City; State; Zip Code
	\$80.09	316 N Highway 67
		Cedar Hill, TX 75104-2133
I	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Proclamations Framed - Constituent Funeral
		1 Todamatons France - Constituent Funeral
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

	•	The Instruction Guide explains how to co	ompl	ete this form.
1	, -	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Ļ	Sch: 31/50 Rpt: 37/99	West, Royce (The Honorable)		00020990
4	Date 04/07/2025	5 Payee name Hobby Lobby #247		
6	Amount (\$)	7 Payee address; City; State; Zip C	ode	
	\$76.84	316 N Highway 67		
		Cedar Hill, TX 75104-2133		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
l	OF EXPENDITURE	Gift/Awards/Memorials Expense		Check if travel outside of Texas. Complete Schedule T.
l				Check if Austin, TX, officeholder living expense Proclamations Framed - Constituents Celebratory
l				Events
9	Complete ONLY if direct	Candidate/Officeholder name Office so	Jaht	Office held
	expenditure to benefit C/O		9	
F	Date	Payee name		
l	01/15/2025	Johnson, Joycelyn		
H	Amount (\$)	Payee address; City; State; Zip C	ode	
l	\$919.99	521 Missionary Rdg		
l				
		Desoto, TX 75115-5233		
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
l	OF EXPENDITURE	Salaries/Wages/Contract Labor		Check if travel outside of Texas. Complete Schedule T.
l				Check if Austin, TX, officeholder living expense Campaign Staff Payroll
				Campaign Stail Fayroli
┝	Complete ONLY if direct	Candidate/Officeholder name Office so	<u>l</u> uaht	Office held
	expenditure to benefit C/O		J	
F	Date	Payee name		
	01/31/2025	Johnson, Joycelyn		
H	Amount (\$)	Payee address; City; State; Zip C	ode	
l	\$919.97	521 Missionary Rdg		
		Desoto, TX 75115-5233		
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
l	OF EXPENDITURE	Salaries/Wages/Contract Labor		Check if travel outside of Texas. Complete Schedule T.
l				Check if Austin, TX, officeholder living expense Campaign Staff Payroll
				Jampaign Jian i ayron
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office so	<u>l</u> ught	Office held
	expenditure to benefit C/O			
ı				

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guide	ense Pri Sa	_	nse es/Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	strict category not listed above)
1	Total pages Schedule F1:						3	Filer ID	(Ethics Commission Filers)
L	Sch: 32/50 Rpt: 38/99	West, F	Royce (The Honorable)					00020990	
4	Date	5 Payee n	ame						
	02/14/2025	Johnso	n, Joycelyn						
6	Amount (\$)	7 Payee a	ddress; City;	State; Z	ip Code	!			
	\$919.99	521 Mis	ssionary Rdg						
		Desoto	TX 75115-5233						
8	PURPOSE	(a) Categor	(See Categories listed at the to	op of this schedule	e) (b) Description			
	OF EXPENDITURE		s/Wages/Contract Labo						plete Schedule T.
	LA LIBITORE							officeholder living	expense
						Campaign St	ıalı F	ayıull	
_	Complete ONLY if direct	Candidate	/Officeholder name	Off:-	20 001121	+		Office he	nld.
9	Complete ONLY if direct expenditure to benefit C/Oh		e/Officeholder name	Offic	e sough			Office ne	au
	Date	Payee n	ame						
	02/28/2025	Johnso	n, Joycelyn						
	Amount (\$)	Payee a	ddress; City;	State; Z	ip Code	!			
	\$919.98	521 Mis	ssionary Rdg						
		Desoto	TX 75115-5233						
	PURPOSE	(a) Categor	(See Categories listed at the to	op of this schedule	e) (b) Description			
	OF EXPENDITURE		s/Wages/Contract Labo			ш			plete Schedule T.
						_		officeholder living	expense
						Campaign St	ıaii F	ayıul	
_	Complete ONLY if direct	Candidate	e/Officeholder name	Offic	e sough	t		Office he	ald
	expenditure to benefit C/O		JOINGEHOIGET HATTIE	Oilic	o sough	ι		Office He	Ju
\vdash	Data	Devise							
	Date 03/06/2025	Payee n	ame n, Joycelyn						
				Chr. T	in C				
	Amount (\$)	Payee a		State; Z	ip Code	!			
	\$228.30	DZT IVIIS	ssionary Rdg						
		Desoto	TX 75115-5233						
	PURPOSE	(a) Categor	(See Categories listed at the to	op of this schedule	e) (b) Description			
	OF EXPENDITURE		n District						plete Schedule T.
						Check if Austin		officeholder living	
						will-aye Expe	CHSC	- Campaiy	III DUSIIICSS
	Complete ONLY if direct	Candidate	e/Officeholder name	Offic	e sough	<u> </u>		Office he	ald
	expenditure to benefit C/O		oncenduel Hame	Oilic	o sough	·		Office He	JIQ.

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 33/50 Rpt: 39/99	West, Royce (The Honorable) 00020990
4	Date	5 Payee name
	03/14/2025	Johnson, Joycelyn
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$919.98	521 Missionary Rdg
		Desoto, TX 75115-5233
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Campaign Staff Payroll
		Campaigh Stail Layron
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
	Date	Payee name
	03/28/2025	Johnson, Joycelyn
	Amount (\$)	Payee address; City; State; Zip Code
	\$919.98	521 Missionary Rdg
		Desoto, TX 75115-5233
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor
		Campaign Staff Payroll
		Campaign Stain Layron
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_		
	Date	Payee name
	04/15/2025	Johnson, Joycelyn
	Amount (\$)	Payee address; City; State; Zip Code
	\$919.99	521 Missionary Rdg
		Desoto, TX 75115-5233
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense
		Campaign Staff Payroll
	Operation ONLY if all part	Our distance (Office health annuage)
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 34/50 Rpt: 40/99	West, Royce (The Honorable) 00020990
4	Date	5 Payee name
	04/30/2025	Johnson, Joycelyn
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$919.98	521 Missionary Rdg
		Desoto, TX 75115-5233
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor
		Campaign Staff Payroll
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	05/15/2025	Johnson, Joycelyn
	Amount (\$)	Payee address; City; State; Zip Code
	\$919.98	521 Missionary Rdg
	ψυ±υ.υυ	521 Missionary Rug
		Desoto, TX 75115-5233
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Campaign Staff Payroll
		Sampaign Stan Caylon
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_	Date	Davide name
	05/30/2025	Payee name Johnson, Joycelyn
	Amount (\$)	Payee address; City; State; Zip Code
	\$919.98	521 Missionary Rdg
		Decete TV 75115 5222
		Desoto, TX 75115-5233
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign Staff Payroll
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	H

SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services	Salaries/	Wage	s/Contract Labor		OTHER (enter a	category not listed abov	/e)
	oroun oura r aymone		The Instruction G	uide explains how to co	ompl	ete this form.				
1	Total pages Schedule F1:	2 FILEI	R NAME				3	Filer ID	(Ethics Commissio	n Filers)
	Sch: 35/50 Rpt: 41/99	Wes	t, Royce (The Honoral	ole)				00020990		
4	Date	5 Paye	e name							
	06/13/2025	John	son, Joycelyn							
6	Amount (\$)	7 Paye	e address; City;	State; Zip C	ode					
	\$919.98	521	Missionary Rdg							
		Desc	oto, TX 75115-5233							
8	PURPOSE	(a) Cate	gory (See Categories listed at	the top of this schedule)	(b)	Description				
	OF		ries/Wages/Contract L		`´		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		3			Check if Austin	, TX,	officeholder living	g expense	
						Campaign St	aff	Payroll		
9	Complete ONLY if direct expenditure to benefit C/OI		late/Officeholder name	Office so	ught			Office h	eld	
	experialitate to beliefit e/of	•								
	Date	Paye	e name							
	06/26/2025	John	son, Joycelyn							
	Amount (\$)	Paye	e address; City;	State; Zip C	ode					
	\$107.80	521	Missionary Rdg							
		Desc	oto, TX 75115-5233							
	PURPOSE	(a) Cate	gory (See Categories listed at	the top of this schedule)	(b)	Description				
	OF EXPENDITURE	Trav	el In District			<u> </u>			plete Schedule T.	
						Mileage Expe		officeholder living		
						Mileage Lape	5113	e- Campaig	II Dusilless	
_	Complete ONLY if direct	Candid	late/Officeholder name	Office so	laht			Office h	2ld	
	expenditure to benefit C/OI		acto, Omocriolaci Tiame	Office 300	agiit			Office II		
	Data									
	Date 06/30/2025	l ´	e name Ison, Joycelyn							
				0: : 7: 0						
	Amount (\$)	1	e address; City;	State; Zip C	oae					
	\$919.99	521	Missionary Rdg							
		_								
		Desc	oto, TX 75115-5233							
	PURPOSE OF		Ory (See Categories listed at		(b)	Description				
	EXPENDITURE	Sala	ries/Wages/Contract L	abor				officeholder living	plete Schedule T.	
						Campaign St			у схренае	
\vdash	Complete ONLY if direct	L Candid	late/Officeholder name	Office so	<u>I</u> ught			Office h	eld	
	expenditure to benefit C/OI				5 -					
1										

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 36/50 Rpt: 42/99	West, Royce (The Honorable) 00020990
4	Date	5 Payee name
L	02/21/2025	LCI Group
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	403 N Moore St
L		Dallas, TX 75203-1941
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Taxas, Complete Schedule T
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		A/V Equipment Rental - Officeholder Town Hall Mtg
		2/22/2025
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	01/15/2025	Lewis, Doris
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,729.45	3817 Oak Arbor Dr
		Dallas, TX 75233-2904
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign Staff Payroll
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/O	1
	Date	Payee name
	01/31/2025	Lewis, Doris
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,729.46	3817 Oak Arbor Dr
		Dallas, TX 75233-2904
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel queside of Taylor Camplete Schedule T
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign Staff Payroll
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 37/50 Rpt: 43/99	West, Royce (The Honorable) 00020990
4	Date	5 Payee name
	02/14/2025	Lewis, Doris
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,729.44	3817 Oak Arbor Dr
		Dallas, TX 75233-2904
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign Staff Payroll
		Campaigh Stall Fayion
_	Operation ONLY if allowed	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/O	
	_	
	Date	Payee name
	02/28/2025	Lewis, Doris
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,729.45	3817 Oak Arbor Dr
		Dallas, TX 75233-2904
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign Staff Payroll
		Gampaigh Stair i dyfoli
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Date	Davisa nama
	03/14/2025	Payee name Lewis, Doris
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,729.45	3817 Oak Arbor Dr
		Dallas, TX 75233-2904
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign Staff Payroll
		Campaigh Stail Fayroli
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage
Contributions/ Donations Made By - Giff(Alwards/Me)

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
<u> </u>	T.1 6111=:		
1	Total pages Schedule F1:		iers)
	Sch: 38/50 Rpt: 44/99	West, Royce (The Honorable) 00020990	
4	Date	5 Payee name	
	03/28/2025	Lewis, Doris	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1,729.46	3817 Oak Arbor Dr	
		Dallas, TX 75233-2904	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor	
	EXPENDITORE	Check if Austin, TX, officeholder living expense	
		Campaign Staff Payroll	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	H .	
	Date	Payee name	
	04/15/2025	Lewis, Doris	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,729.44	3817 Oak Arbor Dr	
		Dallas, TX 75233-2904	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		Campaign Staff Payroll	
	2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
_	D :	T _	
	Date	Payee name	
	04/30/2025	Lewis, Doris	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,729.45	3817 Oak Arbor Dr	
		Dallas, TX 75233-2904	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor	
	LAFLINDITURE	Check if Austin, TX, officeholder living expense	
		Campaign Staff Payroll	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	experience to beliefft C/Of	••	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

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

OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 39/50 Rpt: 45/99 West, Royce (The Honorable) 00020990 4 Date Payee name 05/15/2025 Lewis, Doris 6 Amount (\$) Payee address; State; Zip Code \$1,729.46 3817 Oak Arbor Dr Dallas, TX 75233-2904 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign Staff Payroll Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/30/2025 Lewis, Doris Amount (\$) Payee address; City; State; Zip Code \$1,729.45 3817 Oak Arbor Dr Dallas, TX 75233-2904 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign Staff Payroll Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 06/13/2025 Lewis, Doris Amount (\$) Payee address: City: State; Zip Code \$1,729.45 3817 Oak Arbor Dr Dallas, TX 75233-2904 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign Staff Payroll Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 40/50 Rpt: 46/99	West, Royce (The Honorable)	00020990
4 Date	5 Payee name	-
06/30/2025	Lewis, Doris	
6 Amount (\$)	7 Payee address; City; State; Zip	Code
\$1,729.44	3817 Oak Arbor Dr	
	Dallas, TX 75233-2904	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign Staff Payroll
		Campaign Stan Layron
9 Complete ONLY if direct	Candidate/Officeholder name Office s	ought Office held
expenditure to benefit C/O		ought office hold
Date	Payee name	
06/30/2025	Lewis, Doris	
Amount (\$)	Payee address; City; State; Zip	Code
\$112.21	3817 Oak Arbor Dr	
	Dallas, TX 75233-2904	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Travel In District	Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE		Check if Austin, TX, officeholder living expense
		Mileage Expense - Campaign Business
Complete ONLY if direct	Candidate/Officeholder name Office s	ought Office held
expenditure to benefit C/O		ought of the field
Date	Payee name	
01/08/2025	Maxie Johnson 4 Dallas Campaign	
Amount (\$)	Payee address; City; State; Zip	Code
\$1,000.00	PO Box 398188	
	Dallas, TX 75339-8188	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Contributions/Donations Made By	Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Candidate/Officeholder/Political Committee	Check if Austin, TX, officeholder living expense
		Donation- Campaign for Dallas City Council District 4
Complete ONLY if direct	Candidate/Officeholder name Office s	ought Office held
expenditure to benefit C/O		265

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment		nmittee	Legal Services	·		/ages	/Contract Labor		OTHER (enter a	category not listed above)
	- Croak Gara Faymon			The Instruction G	uide explains h	ow to co	mple	ete this form.			
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers)
	Sch: 41/50 Rpt: 47/99		West, Royce	e (The Honorab	le)					00020990	
4	Date	5	Payee name								
	05/21/2025		NGP VAN d	ba EveryAction	Inc						
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de				
	\$1,074.52		10801-2 N N	Mopac Express	way Suite 30	00					
			Austin, TX 7	8759-5459							
8	PURPOSE	(a)	Category (Se	ee Categories listed at t	he top of this sche	dule)	(b)	Description			
	OF			nead/Rental Ex		,		Check if travel of	outsi	de of Texas. Com	plete Schedule T.
	EXPENDITURE				'			Check if Austin,	, TX,	officeholder living	g expense
								Quarterly Dat	taba	ase Service	s March - May 2025
9	Complete ONLY if direct		Candidate/Offic	ceholder name	Of	ffice sou	ght			Office he	eld
	expenditure to benefit C/OI	Н									
	Date		Payee name								
	06/01/2025		NGP VAN d	ba EveryAction	Inc						
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de				
	\$1,074.52		10801-2 N N	Mopac Express	way Suite 30	0					
			Austin, TX 7	8759-5459							
	PURPOSE	(a)	Category (Se	ee Categories listed at t	he ton of this sche	dule)	(b)	Description			
	OF EXPENDITURE			nead/Rental Ex		,		Check if travel of	outsi	de of Texas. Com	plete Schedule T.
	EXPENDITURE							_		officeholder living	
								Quarterly Dat June - Augus			S
								Julie - Augus			
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Office	ceholder name	Of	ffice sou	ght			Office he	eld
	experiditure to beliefit C/Oi										
	Date		Payee name								
	01/16/2025		NTi Technol	logies							
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de				
	\$342.90		2290 Spring	ılake Rd							
			Ste 100								
			Dallas, TX 7	'5234-5874							
	PURPOSE	(a)	Category (Se	ee Categories listed at t	he top of this sche	dule)	(b)	Description			
	OF EXPENDITURE			nead/Rental Ex		,		:	outsi	de of Texas. Com	plete Schedule T.
	EXPENDITURE							ш		officeholder living	
								Service Call -	C	ampaign Of	ffice Phone System
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Office	ceholder name	Of	ffice sou	ght			Office he	eld
	experience to beliefft C/OI										

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services			ages	/Contract Labor		OTHER (enter a	category not listed above)	
				The Instruction G	uide explains l	now to cor	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers)	
	Sch: 42/50 Rpt: 48/99		West, Royce	e (The Honorab	le)					00020990		
4	Date	5	Payee name									
	06/23/2025		OMG Cakes	s & Southern Be	est Catering	LLC						
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de					
	\$285.00		3225 Martin	Luther King Jr	Blvd							
			Dallas, TX 7	'5210-2418								
8	PURPOSE	(a)	Category (Se	e Categories listed at t	he top of this sche	edule)	(b)	Description				_
	OF EXPENDITURE		Event Exper			,		Check if travel of	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITORE							—		officeholder living		
								Catering - Se 6/28/2025 Da			3 Town Hall Meeting	
								0/20/2025 Da	ınas	5 1 1 1		
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Office	ceholder name	О	Office sou	ght			Office h	eld	
	experialitate to beliefit eroi	'										
	Date		Payee name									
	01/20/2025		Oak Cliff Ch	amber of Comr	nerce							
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$350.00		400 S Zang	Blvd								
			Ste C59									
			Dallas, TX 7	′5208-6663								
	PURPOSE	(a)	Category (%	e Categories listed at t	he ton of this sche	adula)	(b)	Description				
	OF	 `´	Fees	e categories listed at t	ne top or this sent	cuuic)	` ,	`	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE							—		officeholder living	g expense	
								2025 Membe	rsh	ip Renewal		
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Office	ceholder name	О	Office sou	ght			Office h	eld	
	experialitate to beliefit of of	_										
	Date		Payee name									
	01/03/2025		Plus Three I	LP								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$419.95		2560 US Hig	ghway 22								
			# 266									
			Scotch Plair	ns, NJ 07076-1	529							
	PURPOSE	(a)	Category (Se	e Categories listed at t	he top of this sche	edule)	(b)	Description				
	OF EXPENDITURE			nead/Rental Ex		,		ш			plete Schedule T.	
	EXPENDITORE							ш		officeholder living		
								#9119	ebs	site Hosting	and Monitoring Invoice	
_	Operation ONE V. C. F.	L_	0	1- 1-1		Vtt:	la.r			0′′′′ :	-1.1	_
	Complete ONLY if direct expenditure to benefit C/OI		Jandidate/Offic	ceholder name	С	Office sou	gnt			Office h	eia	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Transportation Equipment & Related Expense Travel in District Travel Out of District

OTHER (enter a category not listed above)

Solicitation/Fundraising Expense

Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 43/50 Rpt: 49/99 West, Royce (The Honorable) 00020990 4 Date Payee name 02/03/2025 Plus Three LP 6 Amount (\$) Payee address; State; Zip Code \$419.95 2560 US Highway 22 # 266 Scotch Plains, NJ 07076-1529 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign Website Hosting and Monitoring Invoice #9146 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/04/2025 Plus Three LP Amount (\$) Payee address; City; State; Zip Code \$419.95 2560 US Highway 22 # 266 Scotch Plains, NJ 07076-1529 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign Website Hosting and Monitoring Invoice #9157 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/01/2025 Plus Three LP Amount (\$) Payee address; City: State; Zip Code \$419.95 2560 US Highway 22 Scotch Plains, NJ 07076-1529 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF

EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

Office Overhead/Rental Expense

Candidate/Officeholder name

Check if travel outside of Texas. Complete Schedule T.

Campaign Website Hosting and Monitoring Invoice

Office held

Check if Austin, TX, officeholder living expense

#9198

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)							
	Sch: 44/50 Rpt: 50/99	West, Royce (The Honorable) 00020990							
4	Date	5 Payee name							
	05/01/2025	Plus Three LP							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$419.95	2560 US Highway 22							
		# 266							
		Scotch Plains, NJ 07076-1529							
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.							
		Campaign Website Hosting and Monitoring Invoice							
		#9228							
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/OI								
	Date	Payee name							
	06/01/2025	Plus Three LP							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$419.95	2560 US Highway 22							
		# 266							
		Scotch Plains, NJ 07076-1529							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.							
		Campaign Website Hosting and Monitoring Invoice							
		#9257							
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/OI	T							
	Date	Payee name							
	01/22/2025	Primo Brands							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$21.64	PO Box 856680							
		Louisville, KY 40285-6680							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Office Overhead/Rental Expense							
		Cooler Rental Fee - Capitol Office							
		Coolei Rental Fee - Capitol Onice							
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/OI								

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 45/50 Rpt: 51/99	West, Royce (The Honorable) 00020990
4	Date	5 Payee name
	02/22/2025	Primo Brands
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$205.16	PO Box 856680
		Louisville, KY 40285-6680
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Bottle Water and Cooler Rental Fee - Capitol Office
		Bottle Water and Gooler Kentari ee Gapiter Ginoc
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
-	Date	Daysa nama
		Payee name
	03/22/2025	Primo Brands
	Amount (\$)	Payee address; City; State; Zip Code
	\$21.64	PO Box 856680
		Louisville, KY 40285-6680
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Cooler Reptal Fee Capital Office
		Cooler Rental Fee - Capitol Office
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	04/24/2025	Primo Brands
	Amount (\$)	Payee address; City; State; Zip Code
	\$195.04	PO Box 856680
		Louisville, KY 40285-6680
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Bottle Water and Cooler Rental Fee - Capitol Office
		Bottle Water and Gooler Kentari ee Capitor Ginee
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 46/50 Rpt: 52/99	West, Royce (The Honorable) 00020990
4	Date	5 Payee name
	05/22/2025	Primo Brands
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$145.56	PO Box 856680
		Louisville, KY 40285-6680
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Bottle Water and Cooler Rental Fee - Capitol Office
		Bottle Water and Gooler Kentain ee Capitor Ginee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
\vdash	Data	
	Date	Payee name
	06/24/2025	Primo Brands
	Amount (\$)	Payee address; City; State; Zip Code
	\$97.59	PO Box 856680
		Louisville, KY 40285-6680
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Bottle Water and Cooler Rental Fee - Capitol Office
		Bottle Water and Gooler Kentari ee Gapiter Ginee
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Data	
	Date	Payee name
	01/28/2025	Quorum Report
	Amount (\$)	Payee address; City; State; Zip Code
	\$360.00	PO Box 8
		Austin, TX 78767-0008
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Staff Annual Subscription
	0 1. 0	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	The straight of the straight of the	•

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 47/50 Rpt: 53/99	West, Royce (The Honorable) 00020990
4	Date	5 Payee name
	02/24/2025	Sam's Club
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$108.46	4970 W Highway 290
		Austin, TX 78735-6748
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Capitol Office Beverages and Snacks - 89th
		Legislature
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
_	Date	Payee name
	03/23/2025	Sam's Club
	Amount (\$)	Payee address; City; State; Zip Code
	\$129.24	
	Φ129.24	4970 W Highway 290
		Austin, TX 78735-6748
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Coffee Beverages and Snacks - Capitol Office 89th
		Legislature
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	01/08/2025	Spaw Senate Account
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,100.00	PO Box 12068
		Austin, TX 78711-2068
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Members' Lounge Fee 2025 - 89th Legislature
		Methibers Lourige Fee 2023 - 03th Legislature
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
l		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete	e this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 48/50 Rpt: 54/99	West, Royce (The Honorable)	00020990
4	Date	5 Payee name	-
	04/23/2025	Spaw Senate Account	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$165.00	PO Box 12068	
		Austin, TX 78711-2068	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense	Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE		Check if Austin, TX, officeholder living expense Lt. Governor End of Session Gift - 89th Legislature
			Lt. Governor End of Session Gift - Oath Legislature
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
_	Date	Payee name	
	06/22/2025	Spectrum (Austin)	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$219.13	PO Box 60074	
		City Of Industry, CA 91716-0074	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
			X Check if Austin, TX, officeholder living expense Officeholder Cable/Internet - Austin
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	
	Date	Payee name	
	02/03/2025	Texas Energy and Climate Caucus	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$200.00	PO Box 301074	
		Austin, TX 78703-0018	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense Officeholder Membership Dues
			omeendider memberstilp dues
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·	22
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	ll Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 49/50 Rpt: 55/99	West, Royce (The Honorable) 00020990
4	Date	5 Payee name
	01/19/2025	Texas Legislative Black Caucus
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	1108 Lavaca St
		Ste Pm 110
		Austin, TX 78701-2110
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense 2025 Membership Renewal
		2020 Wellibership Neriewal
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	02/06/2025	Texas Senate Democratic Caucus
	Amount (\$)	Payee address; City; State; Zip Code
	\$5,000.00	PO Box 1721
		Austin, TX 78767-1721
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense 2025 Membership Dues
		2020 Weinbership Bues
┢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	06/11/2025	Texas Silver Haired Legislature Foundation
	Amount (\$)	Payee address; City; State; Zip Code
	\$195.00	108 W Ollie St
		# 14
		Llano, TX 78643-2626
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	EXI ENDITORE	Candidate/Officeholder/Political Committee
		Donation - Constituent's Registration Fee - 2025 Development Session
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	y
Н		
ı		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mittee L	Gift/Awards/Memor egal Services The Instruction			Vages	/Contract Labor		Travel Out of Di OTHER (enter a	strict a category not listed above)	
1	Total pages Schedule F1: Sch: 50/50 Rpt: 56/99			(The Honor	able)					Filer ID 00020990	(Ethics Commission Fi	lers)
	Date 01/30/2025	Т	-	Foundation								
6	Amount (\$) \$1,500.00	F	Payee address PO Box 225 Dallas, TX 79	782	Sta	ate; Zip Cc	de					
8	PURPOSE OF			Categories listed		schedule)	(b)	Description				
	EXPENDITURE			s/Donations fficeholder/F		nmittee		Check if Austin,	TX,	officeholder livin	nplete Schedule T. g expense s Scholarship Benef	it
9	Complete ONLY if direct expenditure to benefit C/O		andidate/Offic	eholder name		Office sou	ght			Office h	eld	
	Date		Payee name									
	01/08/2025		JNCF									
	Amount (\$) \$2,500.00		Payee address 800 N Pearl		Sta	ate; Zip Co	de					
	Ψ2,300.00		Ste 1980	Si								
		С	Dallas, TX 7									
	PURPOSE OF			Categories listed		schedule)	(b)	Description Check if travel of	outsio	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE			fficeholder/F		nmittee		-		officeholder livin		
								Donation - 20	25	Mayor's Ma	asked Ball Sponsor	
	Complete ONLY if direct expenditure to benefit C/O		andidate/Offic	eholder name		Office sou	ght			Office h	eld	

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Insti	ruction Guide explains how	to complete thi	s form.					
1 Total pages Schedule F4:	3 Filer ID (Ethics Commission Filer								
Sch: 1/35 Rpt: 57/99	West, Royce (The I	Honorable)	00020990						
4 CREDIT CARD ISSUER		ncial institution nk N.A.	EXPENDI	F UNITEMIZED TURES D TO A CREDIT	\$	1,706.6	65		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge		redit Card Issuer	r Paid				
	\$517.96	05/12/2025	06/13/2025	5					
7 PAYEE	(a) Payee name		(b) Payee ad	ldress;	City,	State,	Zip Code		
	Southwest Airlines		PO Box 36	647					
				75235-1647					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description		10.1	.			
X Political	Travel Out of District	of this scriedule)		l - Attend Natio oston, Mass Au			egislators		
Non-Political	(C) X Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held				
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge		redit Card Issuer	r Paid				
	\$61.40	01/01/2025	01/16/2025)					
PAYEE	(a) Payee name	(a) Payee name			City,	State,	Zip Code		
	Google LLC		1600 Amphitheatre Pkwy						
			Mountain View, CA 94043-1351						
PURPOSE OF	(a) Category	-f. Al-i	(b) Description						
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		Email Hosting						
X Political		,							
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 Offic	e sought		Office held				
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge		redit Card Issuer	r Paid				
	\$668.96	02/11/2025	02/10/2025)					
PAYEE	(a) Payee name	<u> </u>	(b) Payee ac	ldress;	City,	State,	Zip Code		
			PO Box 36	647					
	Southwest Airlines								
			Dallas, TX 75235-1647						
PURPOSE OF	(a) Category	(d): 1 11)	(b) Description						
EXPENDITURE	(See Categories listed at the top Travel Out of District	of this schedule)	Officeholde Houston T	er Travel - Atter	nd Judge's Inve	stiture C	eremony		
X Political			Houston	^					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held				
expenditure to benefit C/OH									

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete thi	s form.					
1 Total pages Schedule F4:	2 FILER NAME	3 Filer ID (Ethics Commission Fil							
Sch: 2/35 Rpt: 58/99	West, Royce (The I	Honorable)	00020990						
4 CREDIT CARD ISSUER		ncial institution revious	EXPENDI	F UNITEMIZED TURES D TO A CREDIT	\$	1,706.6	65		
6 PAYMENT	(a) Amount Charged \$381.48	(b) Date of Charge 01/23/2025	(c) Date(s) C 02/10/2025	redit Card Issuei	Paid				
	\$381.48	01/23/2025							
7 PAYEE	(a) Payee name		(b) Payee ad		City,	State,	Zip Code		
	Southwest Airlines		PO Box 36	647					
			Dallas, TX	75235-1647					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this cohodula)	(b) Description						
X Political	Travel Out of District	or this scriedule)	Officeholde	r Legislative Ti	ravel				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	-	Office held				
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge		redit Card Issuer	Paid				
	\$344.48	01/23/2025	02/10/2025	j					
PAYEE	(a) Payee name (b) Payer			dress;	City,	State,	Zip Code		
	Carretterra at Airdina a		PO Box 36	647					
	Southwest Airlines								
			Dallas, TX 75235-1647						
PURPOSE OF	(a) Category	of this calcadula)	(b) Description						
EXPENDITURE	(See Categories listed at the top Travel Out of District	of this schedule)	Officeholder Legislative Travel						
X Political									
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 Offic	e sought		Office held				
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge		redit Card Issuer	Paid				
	\$381.48	01/25/2025	02/10/2025)					
PAYEE	(a) Payee name	l	(b) Payee ad	dress;	City,	State,	Zip Code		
			PO Box 36	647					
	Southwest Airlines		. 5 25% 666 17						
			Dallas, TX 75235-1647						
PURPOSE OF	(a) Category		(b) Description	on					
EXPENDITURE	(See Categories listed at the top Travel Out of District	of this schedule)	Officeholde	r Legislative T	ravel				
X Political	Traver out or District								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held				
expenditure to benefit C/OH									

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete this fo	rm.						
1 Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics Commission Filers							
Sch: 3/35 Rpt: 59/99	West, Royce (The I	Honorable)	00020990							
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF U EXPENDITUI CHARGED T CARD	RES	\$ 1,706.65					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cred	it Card Issuer	r Paid					
	\$37.00	01/31/2025	02/10/2025							
7 PAYEE	(a) Payee name	•	(b) Payee addre	ss;	City,	State,	Zip Code			
	Southwest Airlines		PO Box 36647	7						
			Dallas, TX 752	235-1647						
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description		. =					
X Political	Fees	or this seriedate)	Officeholder T	icket Chang	је ⊢ее					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Ch	eck if Austin, TX,	officeholder living ex	pense				
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held					
expenditure to benefit C/OH			-							
PAYMENT	(a) Amount Charged \$430.00	(b) Date of Charge 01/08/2025	(c) Date(s) Cred 02/14/2025	it Card Issuei	r Paid					
PAYEE	(a) Payee name		(b) Payee addre	ss;	City,	State,	Zip Code			
	Martin Luther King	Jr. Community	2922 Martin Luther King Jr Blvd							
					Dallas, TX 75215-2321					
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Contributions/Donatio Candidate/Officeholde	ns Made By	(b) Description Donation - 2025 Annual Scholarship Awards Gala							
Non-Political	(c) Check if travel outside		Check if Austin, TX, officeholder living expense							
Complete ONLY if direct	Candidate/Officeholder	·	ce sought Office held							
expenditure to benefit C/OH										
PAYMENT	(a) Amount Charged \$1,130.24	(b) Date of Charge 01/13/2025	(c) Date(s) Cred 02/14/2025	it Card Issuei	r Paid					
PAYEE	(a) Payee name	L	(b) Payee addre	SS;	City,	State,	Zip Code			
Charter Furniture		olutions	15101 Midway Rd							
			Addison, TX 7	5001-4521						
PURPOSE OF	(a) Category	of this calculate	(b) Description							
EXPENDITURE	(See Categories listed at the top Office Overhead/Ren	*	Furniture Ren	tal - Staff Ap	ots. 116 and 2	71- 89th L	.egislature			
X Political		r <u> </u>								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		eck if Austin, TX,	officeholder living ex	pense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held					

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)						
	Sch: 4/35 Rpt: 60/99	West, Royce (The I		00020990						
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES SED TO A CREDIT	\$	1,706.6	65		
6	PAYMENT	(a) Amount Charged \$717.55	(b) Date of Charge 01/12/2025	(c) Date(s) 02/14/20	Credit Card Issuel 25	r Paid				
7	PAYEE	(a) Payee name Firestone #21997			address; BECKLEY Ave FX 75115	City,	State,	Zip Code		
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Transportation Equipr Expense		(b) Descrip		tenance				
L	Non-Political	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense			
	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
	PAYMENT	(a) Amount Charged \$1,691.73	(b) Date of Charge 01/13/2025	(c) Date(s) 02/14/20	Credit Card Issuel 25	r Paid				
	PAYEE	(a) Payee name AMLI Eastside		(b) Payee address; City, State, Zip Code 1000 San Marcos St Austin, TX 78702-2605						
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Rent - Staff Apt. 116 - 89th Legislature						
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense			
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
	PAYMENT	(a) Amount Charged \$1,829.48	(b) Date of Charge 01/13/2025	(c) Date(s) 02/14/20	Credit Card Issue 25	r Paid				
	PAYEE	(a) Payee name AMLI Eastside			address; n Marcos St X 78702-2605	City,	State,	Zip Code		
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent	tal Expense	(b) Descrip Rent - St	aff Apt. 271 - 89t					
L	Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.	0 001:	Check if Austin, TX,	Office hold	ense			
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
I										

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

		The Insti	ruction Guide explains how	to complete	this form.	(* ** ** ******************************	,	,	
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	cs Commiss	sion Filers)	
	Sch: 5/35 Rpt: 61/99	West, Royce (The Honorable)			00020990				
4	CREDIT CARD ISSUER	Name of financial institution See previous See previous 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD					\$ 1,706.65		
6	PAYMENT	(a) Amount Charged \$64.38	(b) Date of Charge 01/18/2025	(c) Date(s 02/14/20) Credit Card Issue 125	r Paid			
7	PAYEE	(a) Payee name Lyft		(b) Payee 185 Berr Ste 5000 San Frar	y St	City, 7-2503	State,	Zip Code	
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Transportation Equipn Expense		(b) Descri	otion der Rideshare - I	Legislative Trav	/el		
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
9 e	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	esought		Office held			
	PAYMENT	(a) Amount Charged \$43.92	(b) Date of Charge 01/26/2025	(c) Date(s 02/14/20) Credit Card Issue 125	r Paid			
	PAYEE	(a) Payee name Lyft			(b) Payee address; City, State, Zip Code 185 Berry St Ste 5000 San Francisco, CA 94107-2503				
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Transportation Equipr Expense		(b) Description Officeholder Rideshare - Legislative Travel					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
е	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	sought		Office held			
	PAYMENT	(a) Amount Charged \$157.57	(b) Date of Charge 01/30/2025	(c) Date(s 02/14/20) Credit Card Issue 125	r Paid			
	PAYEE	(a) Payee name Lyft		(b) Payee 185 Berr Ste 5000 San Frar	y St	City, '-2503	State,	Zip Code	
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Transportation Equipn Expense	ment And Related		otion der Rideshare - I leeting Baltimore		tional Co	mmittee	
	Non-Political	1	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
е	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	esought		Office held			

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	sion Filers)	
	Sch: 6/35 Rpt: 62/99	West, Royce (The I	Honorable)			00020990			
4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF EXPENDITI CHARGED CARD		\$	1,706.6	65	
6	PAYMENT	(a) Amount Charged	(b) Date of Charge		dit Card Issuer	Paid			
		\$300.61	01/20/2025	02/14/2025					
7	PAYEE	(a) Payee name		(b) Payee addı	ress;	City,	State,	Zip Code	
		Constant Contact I	nc.	1601 Trapelo Ste 329 Waltham, MA	o Rd A 02451-7357	,			
8	PURPOSE OF	(a) Category		(b) Description					
	EXPENDITURE X Political	(See Categories listed at the top Fees	of this schedule)	Email Messa	ging Service	Fee			
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense		
9	9 Complete ONLY if direct Candidate/Officeholder name Office			sought		Office held			
ex	penditure to benefit C/OH								
	PAYMENT	(a) Amount Charged	(b) Date of Charge		edit Card Issuer	Paid			
		\$533.47	01/21/2025	02/14/2025					
PAYEE		(a) Payee name		(b) Payee addı	ress;	City,	State,	Zip Code	
		Southwest Airlines		PO Box 3664	17				
				Dallas, TX 75235-1647					
	PURPOSE OF	(a) Category		(b) Description					
	EXPENDITURE X Political	(See Categories listed at the top Travel Out of District	of this schedule)	Officeholder Travel to Democratic National Committee Winter Meeting Baltimore MD				nittee	
	Non-Political	(c) X Check if travel outside	of Texas. Complete Schedule T.	П	Check if Austin, TX,	officeholder living expe	ense		
	Complete ONLY if direct	Candidate/Officeholder	name Office	sought		Office held			
ex	penditure to benefit C/OH								
	PAYMENT	(a) Amount Charged \$455.48	(b) Date of Charge 01/21/2025	(c) Date(s) Cre 02/14/2025	edit Card Issuer	Paid			
	PAYEE	(a) Payee name		(b) Payee addı	ress;	City,	State,	Zip Code	
l		Courtlemant Airdinan		PO Box 3664	17				
		Southwest Airlines							
				Dallas, TX 7					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description				•	
	X Political	Travel Out of District	of this serieutie)	Officeholder Travel from Democratic National Committee Winter Meeting, Baltimore, MD				nmittee	
	Non-Political	(C) X Check if travel outside of Texas. Complete Schedule T. Chec			Check if Austin, TX,	officeholder living expe	ense		
ex	Complete ONLY if direct expenditure to benefit C/OH								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete this form.				
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethi	cs Commiss	sion Filers)	
Sch: 7/35 Rpt: 63/99	West, Royce (The I	Honorable)		00020990			
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	1,706.6	35	
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
	\$762.95	01/21/2025	02/14/2025				
7 PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code	
	Southwest Airlines		PO Box 36647				
			Dallas, TX 75235-1647				
8 PURPOSE OF	(a) Category (See Categories listed at the top	of this schodule)	(b) Description				
EXPENDITURE X Political	Travel Out of District	Travel Out of District Event at the Driskill Hotel,			National	Committee	
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living exp	ense		
9 Complete ONLY if direct Candidate/Officeholder name Office so			e sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid			
	\$26.41	01/22/2025	02/14/2025				
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	of this schedule)	(b) Description Officeholder Ticket Change Fee				
X Political							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living exp	ense		
Complete ONLY if direct	Candidate/Officeholder	r name Offic	e sought	Office held			
expenditure to benefit C/OH		1	1				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue 02/14/2025	er Paid			
	\$381.48	01/24/2025	02/14/2023				
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
			PO Box 36647				
	Southwest Airlines						
			Dallas, TX 75235-1647				
PURPOSE OF	(a) Category	(1)	(b) Description				
EXPENDITURE 	(See Categories listed at the top Travel Out of District	of this schedule)	Officeholder Legislative T	ravel			
X Political							
Non-Political	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	Candidate/Officeholder	r name Offic	e sought	Office held			

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

	The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)	
	Sch: 8/35 Rpt: 64/99	West, Royce (The I	Honorable)			00020990			
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES ED TO A CREDIT	\$	1,706.6	55	
6	PAYMENT	(a) Amount Charged \$24.01	(b) Date of Charge 01/30/2025	(c) Date(s) 02/14/20	Credit Card Issue 25	er Paid			
7	PAYEE	(a) Payee name Southwest Airlines		(b) Payee a PO Box 3 Dallas, TX		City,	State,	Zip Code	
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Description Officeholder Ticket Change Fee					
	Non-Political	1	of Texas. Complete Schedule T.		Check if Austin, TX	, officeholder living exp	ense		
9 e:	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
	PAYMENT	(a) Amount Charged \$61.40	(b) Date of Charge 02/01/2025	(c) Date(s) 02/14/20	Credit Card Issue 25	er Paid			
	PAYEE	(a) Payee name Google LLC			address; phitheatre Pkwy View, CA 9404		State,	Zip Code	
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent	•	(b) Descrip	tion	0 1001			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX	, officeholder living exp	ense		
e	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
	PAYMENT	(a) Amount Charged \$390.87	(b) Date of Charge 02/03/2025	(c) Date(s) 02/14/20	Credit Card Issue 25	er Paid			
	PAYEE	(a) Payee name Charter Furniture S	olutions	(b) Payee address; 15101 Midway Rd Addison, TX 75001-4521		City,	State,	Zip Code	
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Furniture Rental - Staff Apts. 116 and 271-89th Legisla				egislature			
	Non-Political	1	of Texas. Complete Schedule T.		Check if Austin, TX	, officeholder living exp	ense		
e	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
1									

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete this	form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	ion Filers)
Sch: 9/35 Rpt: 65/99	West, Royce (The I	Honorable)			00020990		
4 CREDIT CARD ISSUER		ncial institution revious	EXPENDIT	UNITEMIZED TURES TO A CREDIT	\$	1,706.6	i5
6 PAYMENT	(a) Amount Charged	(b) Date of Charge		edit Card Issuer	Paid		
	\$2,913.53	02/03/2025	02/14/2025				
7 PAYEE	(a) Payee name		(b) Payee add	dress;	City,	State,	Zip Code
	AMLI Eastside		1000 San M				
	Austin, TX 78702-2605						
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descriptio		h Logiclatura		
X Political		Office Overhead/Rental Expense Rent - Staff Apt. 116 - 89th			ii Legisiature		
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense	
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged \$2,984.94	(b) Date of Charge 02/03/2025	(c) Date(s) Ci 02/14/2025	edit Card Issuer	· Paid		
PAYEE (a) Payee name		(b) Payee add	dress;	City,	State,	Zip Code	
	AMLI Eastside		1000 San M	larcos St			
			Austin, TX 7				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Office Overhead/Rent	•	(b) Description Rent - Staff Apt. 271 - 89th Legislature				
X Political	- Chies Sverneda, resi	tai Expono					
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	Candidate/Officeholder	name Office	e sought		Office held		
PAYMENT	(a) Amount Charged \$13.73	(b) Date of Charge 01/31/2025	(c) Date(s) Cr 02/14/2025	edit Card Issuer	Paid		
PAYEE	(a) Payee name Gaylord National H	otel	(b) Payee add 201 Waterfr		City,	State,	Zip Code
			Oxon Hill, M	ID 20745-1135	5		
PURPOSE OF EXPENDITURE (See Categories listed at the top of this schedule) Food/Beverage Expense			(b) Description Officeholder meal - Democratic National Committee Winter Meeting Baltimore MD				ee Winter
X Political			ooang Ba				
	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	Candidate/Officeholder	name Offic	e sought		Office held		
i							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	cs Commiss	sion Filers)
	Sch: 10/35 Rpt: 66/99	West, Royce (The I	Honorable)			00020990		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$	1,706.6	65
6	PAYMENT	(a) Amount Charged \$1,473.88	(b) Date of Charge 02/02/2025	(c) Date(s 02/14/20) Credit Card Issuei)25	Paid		
7	PAYEE	(a) Payee name Gaylord National H	otel		erfront St	City,	State,	Zip Code
8	PURPOSE OF	(a) Category		(b) Descri	ll, MD 20745-1135 ption	<u> </u>		
	EXPENDITURE X Political	(See Categories listed at the top of this schedule) Food/Beverage Expense Officeholder lodging - Demo			al Comm	nittee		
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9 Complete ONLY if direct candidate/Officeholder name office sought expenditure to benefit C/OH				Office held				
	PAYMENT	(a) Amount Charged \$360.48	(b) Date of Charge 02/07/2025	(c) Date(s 03/07/20) Credit Card Issuei)25	Paid		
	PAYEE (a) Payee name (b) Payee address; PO Box 36647			City,	State,	Zip Code		
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Officeholder Legislative Travel				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
E	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged \$360.48	(b) Date of Charge 02/12/2025	(c) Date(s 03/07/20) Credit Card Issuei)25	Paid		
	PAYEE	(a) Payee name Southwest Airlines		(b) Payee PO Box Dallas, T	•	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Descri Officeho	ption Ider Legislative Ti	ravel		
L	Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense							
E	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Tra Printing Expense Tra Salaries/Wages/Contract Labor OT

	The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	cs Commiss	sion Filers)
	Sch: 11/35 Rpt: 67/99	West, Royce (The I	Honorable)			00020990		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$	1,706.6	65
6	PAYMENT	(a) Amount Charged \$413.48	(b) Date of Charge 02/13/2025	(c) Date(s) 03/07/20) Credit Card Issuer)25	Paid		
7	PAYEE	(a) Payee name Southwest Airlines		(b) Payee PO Box 3		City,	State,	Zip Code
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Officeholder Legislative Tr			ravel			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9 Complete ONLY if direct candidate/Officeholder name office sought expenditure to benefit C/OH					Office held			
	PAYMENT	(a) Amount Charged \$381.48	(b) Date of Charge 02/19/2025	(c) Date(s) 03/07/20) Credit Card Issuer)25	Paid		
	PAYEE	(a) Payee name (b) Payee address; PO Box 36647 Dallas, TX 75235-1647		City,	State,	Zip Code		
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Officeholder Legislative Travel				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged \$381.48	(b) Date of Charge 02/21/2025	(c) Date(s) 03/07/20) Credit Card Issuer)25	Paid		
	PAYEE	(a) Payee name Southwest Airlines		(b) Payee PO Box 3 Dallas, T		City,	State,	Zip Code
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Descri Officehol	ption Ider Legislative Tı	avel		
	Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense							
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
l								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	cs Commis	sion Filers)	
	Sch: 12/35 Rpt: 68/99	West, Royce (The I	Honorable)			00020990			
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$	1,706.6	65	
6	PAYMENT	(a) Amount Charged \$413.48	(b) Date of Charge 02/24/2025	(c) Date(s) 03/07/20) Credit Card Issue 25	r Paid			
7	PAYEE	(a) Payee name Southwest Airlines		(b) Payee PO Box 3 Dallas, T		City,	State,	Zip Code	
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Descri		ravel			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
	PAYMENT	(a) Amount Charged \$348.47	(b) Date of Charge 02/24/2025	(c) Date(s) 03/07/20) Credit Card Issue 25	r Paid			
	PAYEE	(a) Payee name (b) Payee address; PO Box 36647 Southwest Airlines Dallas, TX 75235-1647		City,	State,	Zip Code			
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Officeholder Legislative Travel					
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, TX,	officeholder living exp	ense		
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
	PAYMENT	(a) Amount Charged \$381.48	(b) Date of Charge 02/27/2025	(c) Date(s) 03/07/20) Credit Card Issue 25	r Paid			
	PAYEE	(a) Payee name Southwest Airlines		(b) Payee PO Box 3		City,	State,	Zip Code	
	PURPOSE OF EXPENDITURE X Political	E (See Categories listed at the top of this schedule) Travel Out of District Officeholder Legislative			der Legislative T				
lacksquare	Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense								
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
l									

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Eth	nics Commiss	sion Filers)	
	Sch: 13/35 Rpt: 69/99	West, Royce (The I	Honorable)			00020990			
4	CREDIT CARD	Name of fina	ncial institution		OF UNITEMIZED		1 700 (`F	
	ISSUER	see p	revious	l .	DITURES ED TO A CREDI ⁻	т \$	1,706.6	5	
6	PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issue	er Paid			
		\$32.00	02/27/2025	03/07/20	25				
7	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code	
		Southwest Airlines		PO Box 3					
					X 75235-1647				
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip		5			
	X Political	Travel Out of District	,	Officeholder Ticket Change Fee					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX	(, officeholder living ex	rpense		
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
e	xpenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) 03/07/20	Credit Card Issue	er Paid			
		\$418.48	02/07/2025	03/07/20	25				
	PAYEE (a) Payee name			(b) Payee	address;	City,	State,	Zip Code	
		American Airlines		PO Box 6	19616				
		American Amines							
		() 2 :			ort, TX 75261-96	616			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Officeholder Legislative Travel					
		Travel Out of District	,	Officerolder Legislative Travel					
	X Political	—		<u> </u>	_				
	Non-Political	· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.	a aquaht	Check if Austin, TX	Office held	rpense		
ے ا	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Onice	e sought		Office field			
_	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	er Paid			
	TATMENT			03/07/20		or r aid			
		\$386.49	02/12/2025						
\vdash	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code	
				PO Box 6		<i>3.</i>	,	·	
		American Airlines							
				Dfw Airpo	ort, TX 75261-96	616			
	PURPOSE OF	(a) Category		(b) Descrip					
	EXPENDITURE	(See Categories listed at the top Travel Out of District	of this schedule)	Officehol	der Legislative 1	Γravel			
X Political									
L	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX	(, officeholder living ex	kpense		
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
e	xpenditure to benefit C/OH								
l									

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)	
	Sch: 14/35 Rpt: 70/99	West, Royce (The I	Honorable)			00020990			
4	CREDIT CARD ISSUER		ncial institution revious	EXPE	L OF UNITEMIZED NDITURES RGED TO A CREDIT)	\$	1,706.6	65	
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid			
		\$386.49	02/19/2025	03/07/2	2025				
7	PAYEE	(a) Payee name		(b) Paye	e address;	City,	State,	Zip Code	
		American Airlines		PO Box	619616				
	Dfw Airport, TX 75261-96			316					
8	PURPOSE OF	(a) Category		(b) Desc	•				
	EXPENDITURE X Political	(See Categories listed at the top Travel Out of District	or this schedule)	Officeh	older Legislative T	ravel			
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX	officeholder living expense			
9	9 Complete ONLY if direct Candidate/Officeholder name Office sought			Office held					
е	xpenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged	(b) Date of Charge		s) Credit Card Issue	er Paid			
		\$145.00	02/19/2025	03/14/2	2025				
	PAYEE	(a) Payee name		(b) Paye	e address;	City,	State,	Zip Code	
		OMG Cakes & Sou	thern Best	3225 M	artin Luther King	Jr Blvd			
				Dallas,	TX 75210-2418				
	PURPOSE OF	(a) Category		(b) Desc	ription				
	X Political	(See Categories listed at the top Transportation Equipr Expense		Breakfast Catering - District 23 Town Hall Meeting 2/22/2025					
	Non-Political	— <u> </u>	of Texas. Complete Schedule T.	L	Check if Austin, TX	, officeholder living exp	ense		
	Complete ONLY if direct	Candidate/Officeholder		e sought		Office held			
е	xpenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged \$300.61	(b) Date of Charge 02/20/2025	(c) Date(03/14/2	s) Credit Card Issue 2025	er Paid			
Г	PAYEE	(a) Payee name		(b) Paye	e address;	City,	State,	Zip Code	
				1601 Ti	apelo Rd				
		Constant Contact 1	nc.	Ste 329)				
				Waltha	m, MA 02451-735	7			
	PURPOSE OF	(a) Category	701: 1 1:S	(b) Desc	•				
	EXPENDITURE	(See Categories listed at the top	of this schedule)	Email N	lessaging Service	Fee			
	X Political	. 303							
L	Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense							
е	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
\vdash	portuitate to borion croff								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

l	The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)				
l	Sch: 15/35 Rpt: 71/99	West, Royce (The I	Honorable)		00020990				
4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 1,706.65				
6	PAYMENT	(a) Amount Charged \$1,195.00	(b) Date of Charge 02/21/2025	(c) Date(s) Credit Card Issue 03/14/2025	r Paid				
7	PAYEE	(a) Payee name Dan Dipert Coache	S	(b) Payee address; 7301 W Pioneer Pkwy	City, State, Zip Code				
L		() = .		Arlington, TX 76013-2802	2				
8	(See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee Capitol, Austin, TX		or Dallas ISD School Trip to State						
l	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 Off expenditure to benefit C/OH			e sought	Office held				
	PAYMENT	(a) Amount Charged \$56.93	(b) Date of Charge 04/01/2025	(c) Date(s) Credit Card Issue 04/11/2025	r Paid				
	PAYEE	(a) Payee name	•	(b) Payee address;	City, State, Zip Code				
		Google LLC		1600 Amphitheatre Pkwy					
L				Mountain View, CA 94043-1351					
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Ren		(b) Description Email Hosting					
l	X Political Non-Political	() T		<u> </u>					
L		(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.						
€	Complete ONLY if direct expenditure to benefit C/OH			e sought	Office held				
	PAYMENT	(a) Amount Charged \$384.48	(b) Date of Charge 03/01/2025	(c) Date(s) Credit Card Issue 03/14/2025	r Paid				
	PAYEE	(a) Payee name Southwest Airlines		(b) Payee address; PO Box 36647	City, State, Zip Code				
				Dallas, TX 75235-1647					
	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel Out of District		of this schedule)	(b) Description Officeholder Legislative T	ravel				
X Political									
L	Non-Political	(7)	of Texas. Complete Schedule T.	<u> </u>	officeholder living expense				
ε	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held				

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete this form.				
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
Sch: 16/35 Rpt: 72/99	West, Royce (The I	Honorable)		00020990			
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 1,706.65			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
	\$42.39	03/03/2025	03/14/2025				
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	(a) Category	(d): 1 11 X	(b) Description				
EXPENDITURE X Political	(See Categories listed at the top Transportation Equip Expense		Officeholder Rideshare - I	Legislative Travel			
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 Offic	e sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue 03/14/2025	r Paid			
	\$699.40	03/03/2025	03/14/2025				
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code			
	Charter Furniture S	olutions	15101 Midway Rd				
			Addison, TX 75001-4521				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Furniture Rental - Staff Apts. 116 and 271- 89th Legislature				
X Political	Office Overhead/Ren		Furniture Rental - Stall Apts. 116 and 271-89th Legislature				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
	\$2,932.31	04/01/2025	04/11/2025				
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code			
	AMLI Eastside		1000 San Marcos St				
			Austin, TX 78702-2605				
PURPOSE OF	(a) Category (See Categories listed at the top	of this schedule)	(b) Description				
EXPENDITURE	Office Overhead/Ren		Rent - Staff Apt. 116 - 89t	th Legislature			
X Political							
Non-Political	· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.	<u> </u>	officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held			

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Et	hics Commiss	sion Filers)
	Sch: 17/35 Rpt: 73/99	West, Royce (The I	Honorable)			00020990		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDI	\$	1,706.6	65
6	PAYMENT	(a) Amount Charged \$3,004.63	(b) Date of Charge 03/03/2025	(c) Date(s 03/14/20) Credit Card Issue 125	er Paid		
7	PAYEE	(a) Payee name AMLI Eastside			address; n Marcos St X 78702-2605	City,	State,	Zip Code
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent	•	(b) Descri		th Legislature		
L	Non-Political		of Texas. Complete Schedule T.		Check if Austin, TX	K, officeholder living e	xpense	
	expenditure to benefit C/OH			e sought		Office held		
	PAYMENT (a) Amount Charged \$381.48 (b) Date of Charge 03/14/2025 (c) Date(s) Credit Card Issu 03/07/2025			er Paid				
	PAYEE	(a) Payee name Southwest Airlines		(b) Payee PO Box		City,	State,	Zip Code
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Descri		Γravel		
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, TX	(, officeholder living e	xpense	
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged \$381.48	(b) Date of Charge 03/05/2025	(c) Date(s 04/11/20) Credit Card Issue 125	er Paid		
	PAYEE	(a) Payee name Southwest Airlines		(b) Payee PO Box		City,	State,	Zip Code
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	,	(b) Descri	der Legislative			
lacksquare	Non-Political	(*) —	of Texas. Complete Schedule T.	0 001:24	Check if Austin, TX	(, officeholder living e	xpense	
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
ı								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

		The Insti	ruction Guide explains how	to complete	this form.	(* ** ** ******************************	,	,
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commis	sion Filers)
	Sch: 18/35 Rpt: 74/99	West, Royce (The I	Honorable)			00020990		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$ 1,706.65		
6	PAYMENT	(a) Amount Charged \$427.48	(b) Date of Charge 03/22/2025	(c) Date(s) 04/11/20) Credit Card Issuer 025	Paid		
7	PAYEE	(a) Payee name Southwest Airlines		(b) Payee	36647	City,	State,	Zip Code
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Descri	X 75235-1647 ption Ider Legislative Ti	ravel		
				Check if Austin, TX,	officeholder living exp	ense		
9 ∈	expenditure to benefit C/OH			Office held				
	PAYMENT	(a) Amount Charged \$413.48	(b) Date of Charge 03/28/2025	(c) Date(s 04/11/20) Credit Card Issuer)25	Paid		
	PAYEE	(a) Payee name Southwest Airlines		(b) Payee PO Box		City,	State,	Zip Code
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Descri		ravel		
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, TX,	officeholder living exp	ense	
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged \$381.48	(b) Date of Charge 03/28/2025	(c) Date(s 04/11/20) Credit Card Issuer)25	Paid		
	PAYEE	(a) Payee name Southwest Airlines		(b) Payee PO Box 3		City,	State,	Zip Code
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Descri	ption Ider Legislative Tı	ravel		
L	Non-Political	1	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
e	Complete ONLY if direct expenditure to benefit C/OH	·				Office held		
1								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense

	Candidate/Officeriolder/Folitica	· ·	ruction Guide explains how	-	THEN (enter a category not listed above)				
1	Total pages Schedule F4:		·	<u> </u>	3 Filer ID (Ethics Commission File	ers)			
	Sch: 19/35 Rpt: 75/99	West, Royce (The I	Honorable)		00020990				
4	CREDIT CARD ISSUER	Name of final	ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 1,706.65				
6	PAYMENT	(a) Amount Charged \$300.61	(b) Date of Charge 03/20/2025	(c) Date(s) Credit Card Issue 04/11/2025	r Paid				
7	PAYEE	(a) Payee name Constant Contact I	nc.	(b) Payee address; 1601 Trapelo Rd Ste 329 Waltham, MA 02451-7357	City, State, Zip C	ode			
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Description Email Messaging Service	e Fee				
	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 Office expenditure to benefit C/OH			e sought	Office held				
	PAYMENT	(a) Amount Charged \$413.48	(b) Date of Charge 03/20/2025	(c) Date(s) Credit Card Issue 04/11/2025	r Paid				
	PAYEE	(a) Payee name Southwest Airlines		(b) Payee address; PO Box 36647 Dallas, TX 75235-1647	City, State, Zip C	ode			
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Officeholder Legislative T	ravel				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense				
е	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held				
	PAYMENT	(a) Amount Charged \$699.40	(b) Date of Charge 04/01/2025	(c) Date(s) Credit Card Issue 04/11/2025	r Paid				
PAYEE (a) Payee name Charter Furniture Solutions		olutions	(b) Payee address; 15101 Midway Rd Addison, TX 75001-4521	City, State, Zip C	ode				
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense			(b) Description Furniture Rental - Staff Ap	ots. 116 and 271- 89th Legisla	ıture				
	Non-Political (c) Check if travel outside of Texas. Complete Schedule T.			<u> </u>	officeholder living expense				
е	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held				
l									

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.										
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethic	s Commiss	sion Filers)					
Sch: 20/35 Rpt: 76/99	West, Royce (The I	Honorable)		00020990							
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	1,706.6	65					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid							
	\$3,042.03	04/01/2025	04/11/2025								
7 PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code					
	AMLI Eastside		1000 San Marcos St								
			Austin, TX 78702-2605								
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	th Lanialatura							
X Political	Office Overhead/Ren		Rent - Staff Apt. 271 - 89	in Legislature							
Non-Political	(c) Sheak it dates an instance complete constant			, officeholder living exp	ense						
			e sought	Office held							
expenditure to benefit C/OH											
PAYMENT (a) Amount Charged (b) Date of Charge			(c) Date(s) Credit Card Issue	er Paid							
	\$373.48	04/03/2025	05/09/2025								
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)	Staff member Legislative Travel								
X Political	Traver out or District										
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living exp	ense						
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held							
expenditure to benefit C/OH											
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid							
	\$402.48	04/07/2025	05/09/2025								
PAYEE	(a) Dayoo nama		(h) Dayon addrass:	City,	State,	Zip Code					
I TAILE	(a) Payee name		(b) Payee address; PO Box 36647	City,	State,	Zip Code					
	Southwest Airlines		PO BOX 30047								
			Dallas, TX 75235-1647								
PURPOSE OF	(a) Category		(b) Description								
EXPENDITURE	(See Categories listed at the top	of this schedule)	Officeholder Legislative 1	ravel							
X Political	Travel Out of District										
Non-Political	Non-Political (c) Check if travel outside of Texas. Complete Schedule			dule T. Check if Austin, TX, officeholder living expense							
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethio	cs Commiss	sion Filers)	
	Sch: 21/35 Rpt: 77/99	West, Royce (The I	Honorable)			00020990			
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$	1,706.6	65	
6	PAYMENT	(a) Amount Charged \$381.48	(b) Date of Charge 04/08/2025	(c) Date(s) 05/09/20) Credit Card Issue 25	r Paid			
7	PAYEE	(a) Payee name Southwest Airlines		(b) Payee PO Box 3		City,	State,	Zip Code	
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Descri		ravel			
L	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
	expenditure to benefit C/OH			e sought		Office held			
	PAYMENT	(a) Amount Charged \$413.48	(b) Date of Charge 04/13/2025	(c) Date(s) 05/09/20) Credit Card Issue 25	r Paid			
	PAYEE	(a) Payee name Southwest Airlines		(b) Payee PO Box 3		City,	State,	Zip Code	
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Descri		ravel			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
е	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
	PAYMENT	(a) Amount Charged \$413.48	(b) Date of Charge 04/16/2025	(c) Date(s) 05/09/20) Credit Card Issue 25	r Paid			
	PAYEE	(a) Payee name Southwest Airlines		(b) Payee PO Box 3		City,	State,	Zip Code	
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	,	(b) Descri Officehol	der Legislative T				
lacksquare	Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.	e sought	Check if Austin, TX,	Office hold	ense		
е	Complete ONLY if direct expenditure to benefit C/OH					Office held			
1									

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	cs Commiss	sion Filers)		
	Sch: 22/35 Rpt: 78/99	West, Royce (The I	Honorable)			00020990				
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES GED TO A CREDIT	\$	1,706.6	65		
6	PAYMENT	(a) Amount Charged \$413.48	(b) Date of Charge 04/19/2025	(c) Date(s) 05/09/20	Credit Card Issue 25	r Paid				
7	PAYEE	(a) Payee name Southwest Airlines		(b) Payee PO Box 3 Dallas, T		City,	State,	Zip Code		
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Descri		ravel				
L	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
	9 Complete ONLY if direct Candidate/Officeholder name Office so expenditure to benefit C/OH			e sought		Office held				
	PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issu 05/09/2025			r Paid						
	PAYEE	(a) Payee name Southwest Airlines		(b) Payee PO Box 3		City,	State,	Zip Code		
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Descri		ravel				
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, TX,	officeholder living exp	ense			
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
	PAYMENT	(a) Amount Charged \$383.48	(b) Date of Charge 04/24/2025	(c) Date(s) 05/09/20	Credit Card Issue 25	r Paid				
	PAYEE	(a) Payee name Southwest Airlines		(b) Payee PO Box 3		City,	State,	Zip Code		
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	,	(b) Descri Officehol	der Legislative T					
lacksquare	Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.	e sought	Check if Austin, TX,	officeholder living exp	ense			
е	Complete ONLY if direct xpenditure to benefit C/OH					Office held				
I										

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The man	ruction Guide explains now	to complete ti				
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)
Sch: 23/35 Rpt: 79/99	West, Royce (The I	Honorable)			00020990		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED DITURES ED TO A CREDIT	\$	1,706.6	35
6 PAYMENT	(a) Amount Charged \$381.48	(b) Date of Charge 04/26/2025	(c) Date(s) 0 05/09/202	Credit Card Issuei 5	r Paid		
7 PAYEE	(a) Payee name Southwest Airlines		(b) Payee a PO Box 36 Dallas, TX		City,	State,	Zip Code
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Descript		ravel		
Non-Political (c) Check if travel outside of Texas. Complete Schedule T.				Check if Austin, TX,	officeholder living exp	ense	
9 Complete ONLY if direct expenditure to benefit C/OH	olete ONLY if direct				Office held		
PAYMENT	(a) Amount Charged \$381.48	(b) Date of Charge 04/30/2025	(c) Date(s) Credit Card Issuer Paid 05/09/2025				
PAYEE	(a) Payee name Southwest Airlines		(b) Payee a PO Box 36 Dallas, TX	•	City,	State,	Zip Code
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Officeholder Legislative Travel				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Ī	Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought		Office held		
PAYMENT	(a) Amount Charged \$381.48	(b) Date of Charge 05/04/2025	(c) Date(s) 0 05/09/202	Credit Card Issuei 5	r Paid		
PAYEE	(a) Payee name Southwest Airlines		(b) Payee a PO Box 36 Dallas, TX		City,	State,	Zip Code
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Descript Officehold	ion er Legislative Tı	ravel		
Non-Political	Non-Political (c) Check if travel outside of Texas. Complete Schedule T.			Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH	te ONLY if direct Candidate/Officeholder name Office				Office held		

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commis	sion Filers)		
	Sch: 24/35 Rpt: 80/99	West, Royce (The I	Honorable)			00020990				
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES ED TO A CREDIT	\$	1,706.0	65		
6	PAYMENT	(a) Amount Charged \$344.48	(b) Date of Charge 05/05/2025	(c) Date(s) 05/09/20	Credit Card Issuel 25	r Paid				
7	PAYEE	(a) Payee name Southwest Airlines		(b) Payee a PO Box 3 Dallas, TX		City,	State,	Zip Code		
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Descrip		ravel				
L	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
	9 Complete ONLY if direct Candidate/Officeholder name Office sought				Office held					
е	expenditure to benefit C/OH			143544						
	PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issue 05/09/2025			r Paid						
	PAYEE	(a) Payee name Constant Contact I	nc.	(b) Payee a 1601 Tra Ste 329 Waltham,		City,	State,	Zip Code		
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Descrip Email Me	otion ssaging Service	Fee				
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
	PAYMENT	(a) Amount Charged \$53.73	(b) Date of Charge 05/01/2025	(c) Date(s) 05/09/20	Credit Card Issuel 25	r Paid				
	PAYEE	(a) Payee name Google LLC			address; phitheatre Pkwy View, CA 94043	City, 3-1351	State,	Zip Code		
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent	tal Expense	(b) Descrip Email Ho	sting					
	Non-Political (c) Check if travel outside of Texas. Complete Schedule T.				Check if Austin, TX,	officeholder living exp	ense			
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
ı										

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	cs Commiss	sion Filers)	
	Sch: 25/35 Rpt: 81/99	West, Royce (The I	Honorable)			00020990			
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES SED TO A CREDIT	\$	1,706.6	65	
6	PAYMENT	(a) Amount Charged \$2,979.93	(b) Date of Charge 05/01/2025	(c) Date(s) 05/09/20	Credit Card Issue 25	r Paid			
7	PAYEE	(a) Payee name AMLI Eastside			address; n Marcos St X 78702-2605	City,	State,	Zip Code	
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent	*	(b) Descrip		h Legislature			
	Non-Political		of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
	expenditure to benefit C/OH			e sought		Office held			
	(a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issue 05/09/2025			r Paid					
	PAYEE	(a) Payee name AMLI Eastside			address; n Marcos St X 78702-2605	City,	State,	Zip Code	
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descrip		h Legislature			
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, TX,	officeholder living exp	ense		
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
	PAYMENT	(a) Amount Charged \$699.40	(b) Date of Charge 05/01/2025	(c) Date(s) 05/09/20	Credit Card Issue 25	r Paid			
	PAYEE	(a) Payee name Charter Furniture S	olutions	(b) Payee 15101 M Addison,		City,	State,	Zip Code	
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent	*	(b) Descrip Furniture	otion Rental - Staff Ap	ots. 116 and 27	'1- 89th L	.egislature	
	Non-Political	· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
l									

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Insti	ruction Guide explains how	to complete this form.					
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Et	hics Commiss	sion Filers)		
Sch: 26/35 Rpt: 82/99	West, Royce (The I	Honorable)		00020990				
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZE EXPENDITURES CHARGED TO A CREE CARD	\$	1,706.6	65		
6 PAYMENT	(a) Amount Charged \$381.48	(b) Date of Charge 04/09/2025	(c) Date(s) Credit Card Iss 05/09/2025	uer Paid				
7 PAYEE	(a) Payee name Southwest Airlines		(b) Payee address; PO Box 36647 Dallas, TX 75235-1647	City,	State,	Zip Code		
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Officeholder Legislative Travel					
Non-Political				TX, officeholder living e	xpense			
9 Complete ONLY if direct candidate/Officeholder name Office sought expenditure to benefit C/OH			e sought	Office held				
PAYMENT	(a) Amount Charged \$416.48	(b) Date of Charge 05/14/2025	(c) Date(s) Credit Card Iss 06/06/2025	uer Paid				
PAYEE	(a) Payee name Southwest Airlines		(b) Payee address; PO Box 36647 Dallas, TX 75235-1647	City,	State,	Zip Code		
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Officeholder Legislative	Travel				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living e	xpense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held				
PAYMENT	(a) Amount Charged \$416.48	(b) Date of Charge 05/15/2025	(c) Date(s) Credit Card Iss 06/06/2025	uer Paid				
PAYEE (a) Payee name Southwest Airlines			(b) Payee address; PO Box 36647 Dallas, TX 75235-1647	City,	State,	Zip Code		
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel Out of District			(b) Description Officeholder Legislative	Travel				
Non-Political	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	of Texas. Complete Schedule T.		TX, officeholder living e	xpense			
Complete ONLY if direct expenditure to benefit C/OH	Complete ONLY if direct Candidate/Officeholder name Of			Office held				

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.										
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethic	cs Commiss	sion Filers)					
Sch: 27/35 Rpt: 83/99	West, Royce (The I	Honorable)		00020990							
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	1,706.6	65					
6 PAYMENT	(a) Amount Charged \$427.48	(b) Date of Charge 05/17/2025	(c) Date(s) Credit Card Issuer 06/06/2025	Paid							
7 PAYEE	(a) Payee name Southwest Airlines		(b) Payee address; PO Box 36647	City,	State,	Zip Code					
			Dallas, TX 75235-1647								
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Officeholder Legislative Tr	Travel							
Non-Political	(C) Check if travel outside	Check if Austin, TX,	officeholder living exp	ense							
expenditure to benefit C/OH			e sought	Office held							
PAYMENT	(a) Amount Charged \$396.30	(b) Date of Charge 05/23/2025	(c) Date(s) Credit Card Issuer 06/06/2025	[*] Paid							
PAYEE	(a) Payee name Southwest Airlines		(b) Payee address; City, State, Zip Co PO Box 36647 Dallas, TX 75235-1647								
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Officeholder Legislative Tr	ravel							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exp	ense						
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held							
PAYMENT	(a) Amount Charged \$748.59	(b) Date of Charge 05/30/2025	(c) Date(s) Credit Card Issuer 06/06/2025	Paid							
PAYEE (a) Payee name Southwest Airlines			(b) Payee address; PO Box 36647 Dallas, TX 75235-1647	City,	State,	Zip Code					
PURPOSE OF EXPENDITURE X Political	EXPENDITURE (See Categories listed at the top of this schedule) Travel Out of District			CP Event El Pa	aso TX						
Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.									
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

		The Inst	ruction Guide explains how	to complete	this form.	(* ** ** ******************************	,	,
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethio	s Commiss	sion Filers)
	Sch: 28/35 Rpt: 84/99	West, Royce (The I	Honorable)			00020990		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES GED TO A CREDIT	\$	1,706.6	65
6	PAYMENT	(a) Amount Charged \$11.20	(b) Date of Charge 05/30/2025	(c) Date(s) 06/06/20) Credit Card Issuer 25	Paid		
7	PAYEE	(a) Payee name Southwest Airlines		(b) Payee PO Box	36647	City,	State,	Zip Code
Ļ	DUDDOCE OF	(a) Category		(b) Descri	X 75235-1647			
8	PURPOSE OF EXPENDITURE X Political	(See Categories listed at the top Travel Out of District	of this schedule)	` ′	vel - Attend NAA(CP Court Heari	ng El Pa	so TX
				Check if Austin, TX,	officeholder living exp	ense		
9	· · · · · · · · · · · · · · · · · · ·				Office held			
expenditure to benefit C/OH			1					
	PAYMENT	(a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issu 06/01/2025			Paid			
	PAYEE (a) Payee name			(b) Payee	address;	City,	State,	Zip Code
		Google LLC		1600 Am	phitheatre Pkwy			
L					n View, CA 94043	3-1351		
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descrip Email Ho				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin TX	officeholder living exp	ense	
- E	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	<u> </u>	e sought	eneskur tastut, irk	Office held		
	PAYMENT	(a) Amount Charged \$699.40	(b) Date of Charge 06/01/2025	(c) Date(s) 06/13/20) Credit Card Issuer 25	Paid		
	PAYEE	(a) Payee name Charter Furniture S	olutions		address; idway Rd TX 75001-4521	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descrip Furniture	otion Rental - Staff Ap	ots. 116 and 27	1- 89th L	.egislature
1	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
e	Complete ONLY if direct					Office held		
Г								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Insti	uction Guide explains how	to complete thi	s form.				
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)	
Sch: 29/35 Rpt: 85/99	West, Royce (The F	Honorable)			00020990			
4 CREDIT CARD ISSUER		ncial institution revious	EXPENDI	F UNITEMIZED TURES D TO A CREDIT	\$	1,706.6	65	
6 PAYMENT	(a) Amount Charged	(b) Date of Charge		redit Card Issuer	r Paid			
	\$2,988.32	06/01/2025	06/13/2025	5				
7 PAYEE	(a) Payee name		(b) Payee ad	ldress;	City,	State,	Zip Code	
	AMLI Eastside		1000 San Marcos St					
			Austin, TX	78702-2605				
8 PURPOSE OF	(a) Category (See Categories listed at the top	of this cohodula)	(b) Description					
EXPENDITURE X Political	Office Overhead/Rental Expense Rent - Staff Apt. 271 - 89			f Apt. 271 - 89t	h Legislature			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
9 Complete ONLY if direct Candidate/Officeholder name Offi			e sought		Office held			
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge		redit Card Issuer	r Paid			
	\$20.35	06/04/2025	06/13/2025)				
PAYEE	(a) Payee name		(b) Payee ad	ldress;	City,	State,	Zip Code	
	Lyft		185 Berry 5 Ste 5000	St				
			San Franci	San Francisco, CA 94107-2503				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Transportation Equipr		(b) Description Officeholder Rideshare - NAACP Court Hearing - El Paso					
X Political	Expense	nent And Nelated	TX					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held			
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge		redit Card Issuer	r Paid			
	\$16.42	06/05/2025	06/13/2025)				
PAYEE	(a) Payee name		(b) Payee ad	ldress;	City,	State,	Zip Code	
	14		185 Berry S	St				
	Lyft		Ste 5000					
				sco, CA 94107	-2503			
PURPOSE OF (a) Category (See Categories listed at the top of this schedule)			(b) Description				ELD	
X Political	Transportation Equipr Expense	,	TX	er Rideshare - N	NAACP Court I	Hearing -	El Paso	
Non-Political		of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	-	Office held			
	•							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete this form.				
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethi	cs Commiss	sion Filers)	
Sch: 30/35 Rpt: 86/99	West, Royce (The I	Honorable)		00020990			
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDI CARD	\$	1,706.6	65	
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	er Paid			
	\$396.30	05/07/2025	06/13/2025				
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	of this schedule)	(b) Description	.			
X Political	Travel Out of District	or this seriedate)	Officeholder Legislative	Travel			
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, T	X, officeholder living exp	oense		
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged \$376.95	(b) Date of Charge 05/12/2025	(c) Date(s) Credit Card Issu 06/13/2025	er Paid			
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 Staff Travel - National Conference State Legislators, Boston, Mass August 4-6, 2025				
X Political			Buston, Mass August 4-	0, 2025			
Non-Political	(c) X Check if travel outside	<u> </u>		X, officeholder living exp	oense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held			
PAYMENT	(a) Amount Charged \$362.96	(b) Date of Charge 05/12/2025	(c) Date(s) Credit Card Issu 06/13/2025	er Paid			
PAYEE	(a) Payee name	l .	(b) Payee address;	City,	State,	Zip Code	
	Southwest Airlines		PO Box 36647				
			Dallas, TX 75235-1647				
PURPOSE OF	(a) Category (See Categories listed at the top	of this schodulo)	(b) Description				
EXPENDITURE X Political	Travel Out of District	or this scriedule)	Staff Travel - Attend Nat Summit, Boston, Mass -			egislators	
Non-Political	(c) X Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, T	X, officeholder living exp	pense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	<u> </u>	e sought	Office held			
I							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

Candidate/Officeholder/Politica			alaries/Wages/Contract Labor	OTHER (enter a category not listed above)			
	The Instr	ruction Guide explains how	w to complete this form.				
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
Sch: 31/35 Rpt: 87/99	West, Royce (The I	Honorable)		00020990			
4 CREDIT CARD	Name of finar	ncial institution	5 TOTAL OF UNITEMIZED				
ISSUER	see nr	revious	EXPENDITURES	\$ 1,706.65			
	β.	01.000	CHARGED TO A CRED				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	er Paid			
			06/13/2025				
	\$300.61	05/20/2025					
7 PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code			
, INILL	(a) Fayee Hame			City, State, Zip Code			
	Constant Contact	nc.	1601 Trapelo Rd				
			Ste 329				
0 DUDDOOF OF	(a) Catagoni		Waltham, MA 02451-739 (b) Description	ο <i>(</i>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	Email Messaging Service	o Foo			
	Fees	,	Email Wessaying Service	e ree			
X Political							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		X, officeholder living expense			
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	ce sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	er Paid			
	\$99.00	05/09/2025	06/13/2025				
	ļ						
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code			
			7700 E 1st Pl				
	National Conferenc	e of State					
			Denver, CO 80230-7143	3			
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top Fees	of this schedule)	Staff Continuous Legal I				
X Political			Conference State Legisi	ators Summit, Boston Mass			
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 Offic	ce sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	er Paid			
	\$1.510.00	05/09/2025	06/13/2025				
	Ψ1,010.00	00/00/2020					
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code			
	(19)		7700 E 1st Pl	, , , , , , , , , , , , , , , , , , , ,			
	National Conferenc	e of State					
			Denver, CO 80230-7143	3			
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top	of this schedule)	1,,	tional Conference State Legislators			
X Political	Fees		Summit, Boston Mass -	_			
Non-Political	(a) Dobast ***	of Towns Committee Color		V. afficialisation in the second			
	1	of Texas. Complete Schedule T.		X, officeholder living expense Office held			
Complete ONLY if direct	Candidate/Officeholder	name Offic	ce sought	Office field			
expenditure to benefit C/OH							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	I ne inst	ruction Guide explains now	to complete thi	s torm.				
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	3 Filer ID (Ethics Commission Filers)		
Sch: 32/35 Rpt: 88/99	West, Royce (The I	Honorable)			00020990			
4 CREDIT CARD ISSUER		ncial institution revious	EXPENDI	F UNITEMIZED TURES D TO A CREDIT	\$	1,706.6	65	
6 PAYMENT	(a) Amount Charged \$1,510.00	(b) Date of Charge 05/09/2025	(c) Date(s) C 06/13/2025	redit Card Issuer 5	r Paid			
7 PAYEE	(a) Payee name National Conference	e of State	(b) Payee ac 7700 E 1st Denver, CC		City,	State,	Zip Code	
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Fees	of this schedule)		tration(2)- Natio	onal Conferenc ugust 3-6, 2025		Legislators	
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought		Office held			
PAYMENT	(a) Amount Charged \$3,020.00	(b) Date of Charge 05/09/2025	(c) Date(s) C 06/13/2025	redit Card Issuer	r Paid			
PAYEE	(a) Payee name National Conference	ee of State	(b) Payee ac 7700 E 1st Denver, CC	•	City,	State,	Zip Code	
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Description Duplicate Staff Registration Fee - National Conference State Legislators - Boston Mass					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought		Office held			
PAYMENT	(a) Amount Charged \$554.95	(b) Date of Charge 06/04/2025	(c) Date(s) C 06/13/2025	redit Card Issuer	r Paid			
Pegasus Film Festival		(b) Payee ac 2904 Floyd Dallas, TX		City,	State,	Zip Code		
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Contributions/Donatio Candidate/Officehold		(b) Description		s Film Festival			
Non-Political	(*)	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought		Office held			

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

		The Inst	ruction Guide explains how	to complete t	his form.					
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethics Commission Filers)				
	Sch: 33/35 Rpt: 89/99	West, Royce (The I	Honorable)		00020990					
4	CREDIT CARD ISSUER		ncial institution revious	EXPENI	OF UNITEMIZED DITURES ED TO A CREDIT	\$	1,706.6	65		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid				
		\$21.01	06/03/2025							
7	PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code		
		Southwest Airlines	PO Box 36647							
Ļ	DUDDOS 05	Dallas, TX 75235-1647 (a) Category (b) Description								
8	PURPOSE OF EXPENDITURE X Political	(See Categories listed at the top of this schedule) Travel Out of District (b) Description Officeholder Ticket Change Paso TX			ge Fee - Attend	I NAACP	Hearing El			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	·i	Check if Austin, TX,	officeholder living exp	pense			
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e 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				
		\$11.20	06/03/2025							
	PAYEE	(a) Payee name	•	(b) Payee a	address;	City,	State,	Zip Code		
		Southwest Airlines		PO Box 3	6647					
L					< 75235-1647					
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Descrip Staff Trav	tion rel - Attend NAA	CP Court Hear	ing El Pa	so TX		
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	<u> </u>	Check if Austin, TX,	officeholder living exp	oense			
	Complete ONLY if direct	Candidate/Officeholder	<u> </u>	e 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				
		\$35.31	06/05/2025							
	PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code		
		Lietal Dago Dol Nor	to.	10 Henry	Trost Ct					
		Hotel Paso Del Nor	ie							
					TX 79901-1154					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip		Traval Attacad	NAACD	Count		
		Food/Beverage Expe			der Meal during ⁻ El Paso TX	rravei - Allenu	NAACP	Court		
	X Political									
_	Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.	0.001:5:5:	Check if Austin, TX,	officeholder living exp	ense			
_	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
F-	Apenditure to beliefft C/OH									

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.								
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	ics Commiss	sion Filers)		
Sch: 34/35 Rpt: 90/99	West, Royce (The I	Honorable)			00020990				
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED DITURES ED TO A CREDIT	\$	1,706.6	35		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid				
	\$351.83	06/05/2025							
7 PAYEE	(a) Payee name Hotel Paso Del Nor	Hotel Paso Del Norte			City,	State,	Zip Code		
		El Paso, TX 79901-1154							
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Officeholder Lodging - Att Paso TX				ring El		
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	oense			
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held				
expenditure to benefit C/OH		T	T.,,						
PAYMENT	(a) Amount Charged \$1,514.97	(b) Date of Charge 06/18/2025	(c) Date(s)	Credit Card Issuer	Paid				
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code		
	American Airlines		PO Box 63						
DUDDOOF OF	(a) Category		(b) Descript	t, TX 75261-962	16				
PURPOSE OF EXPENDITURE X Political	(See Categories listed at the top Travel Out of District	of this schedule)	Officehold	er Travel - Natio	r Travel - National Conference of State Summit, Boston Mass, August 3-6, 2025				
Non-Political	(c) X Check if travel outside	of Texas. Complete Schedule T.	Γ	Check if Austin, TX,	officeholder living exp	pense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	_	Office held				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid				
	\$335.79	06/20/2025							
PAYEE	(a) Payee name	•	(b) Payee a	ddress;	City,	State,	Zip Code		
	Constant Contact Inc.			elo Rd MA 02451-7357	,				
PURPOSE OF EXPENDITURE	1 ' ' ' '		(b) Descript Email Mes	ion saging Service	Fee				
X Political	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	oense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
	1								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	- Gift/Awards	rage Expense s/Memorials Expense ces	Polling Expense Printing Expense Salaries/Wages/Contract Labor	Travel in District Travel Out of District OTHER (enter a cate		
	The Insti	uction Guide explains	how to complete this form.			
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (E	thics Commissio	n Filers)
Sch: 35/35 Rpt: 91/99	West, Royce (The I	Honorable)		00020990		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZE EXPENDITURES CHARGED TO A CRED CARD	\$	1,706.65	j
6 PAYMENT	(a) Amount Charged \$1,587.88	(b) Date of Charge 03/29/2025	(c) Date(s) Credit Card Issu 04/11/2025	uer Paid		
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	Sewell Cadillac of D	Pallas	7310 Lemmon Ave			
			Dallas, TX 75209-3014			
			(b) Description Officeholder 2025 New	Vehicle Lease	Payment	
Non-Political	I	of Texas. Complete Schedule	<u> </u>	TX, officeholder living	expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name C	Office sought	Office held		

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica		Travel Out of District OTHER (enter a category not listed above)				
	Credit Card Payment	The Instruction Guide explains how to complete this form.					
1	Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)				
	Sch: 1/2 Rpt: 92/99	West, Royce (The Honorable)	00020990				
4	Date	5 Payee name					
	06/13/2025	Costco Gas #0636					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$48.67	250 W Highway 67					
	Reimbursement from political contributions intended	Duncanville, TX 75137-4415					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	Check if travel outside of Texas. Complete Schedule T.				
	OF EXPENDITURE	Transportation Equipment And Related	Check if Austin, TX, officeholder living expense				
		Expense Fuel - Officehold	der Vehicle				
_	Operation ONLY & Street	Office accepts	Office held				
9	Complete <u>ONLY</u> if direct expenditure to benefit	Candidate/Officeholder name Office sought	Office held				
	C/OH						
	Date	Payee name					
	06/17/2025	Costco Gas #0636					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$61.84	250 W Highway 67					
	Reimbursement from political contributions intended	Duncanville, TX 75137-4415					
	PURPOSE	Category (See Categories listed at the top of this schedule) Description	Check if travel outside of Texas. Complete Schedule T.				
	OF EXPENDITURE	Transportation Equipment And Related	Check if Austin, TX, officeholder living expense				
		Expense Fuel - Officehold	ruel - Officeholder Vehicle				
	Operation ONLY if direct	Office accepts	Office held				
	Complete ONLY if direct expenditure to benefit	Candidate/Officeholder name Office sought	Office held				
	C/OH						
	Date	Payee name					
	06/26/2025	Costco Gas #0636					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$54.42	250 W Highway 67					
	Reimbursement from political contributions						
	intended	Duncanville, TX 75137-4415	_				
	PURPOSE OF	Category (See Categories listed at the top of this schedule) Description Transportation Equipment And Deleted	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
	EXPENDITURE	Transportation Equipment And Related Expense Fuel - Officehold	-				
		Candidate/Officeholder name Office sought	Office held				
	expenditure to benefit C/OH						

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. FILER NAME Filer ID Total pages Schedule G: (Ethics Commission Filers) Sch: 2/2 Rpt: 93/99 West, Royce (The Honorable) 00020990 Date Payee name 06/07/2025 Fuel City TX 6 Amount (\$) Payee address; City; State; Zip Code \$23.00 1107 J Elmer Weaver Fwy Reimbursement from political contributions intended Cedar Hill, TX 75104 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. 8 OF Check if Austin, TX, officeholder living expense Transportation Equipment And Related **EXPENDITURE** Expense Fuel - Officeholder Vehicle Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

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

SCHEDULE K

	The Instru	ction Guide explains how to complete this form.	- 1		ages Schedule K: /4 Rpt: 94/99	
2	FILER NAME				(Ethics Commiss	ion Filers)
	West, Royce	e (The Honorable)		00020	990	
4	Date 02/02/2025	 Name of person from whom amount is received American National Bank of Texas Address of person from whom amount is received; City; State; Zip Code 			8 Amount (\$)	\$5,099.43
		Terrell, TX 75160				
		7 Purpose for which amount is received	politic	al contr	ibution returned to f	iler
	Date	Name of person from whom amount is received			Amount (\$)	
	03/02/2025	American National Bank of Texas				\$4,152.60
		Address of person from whom amount is received; City; State; Zip Code Terrell, TX 75160				
			politic	al contr	ı ribution returned to f	iler
		Bank Interest	pontio	ar oona	ibation rotarriog to 1	
	5 .				I (a)	
	Date 03/31/2025	Name of person from whom amount is received			Amount (\$)	Φ4 010 OC
	03/31/2025 American National Bank of Texas Address of person from whom amount is received; City; State; Zip Code					\$4,219.86
		Terrell, TX 75160				
			politic	al contr	ribution returned to f	iler
		Bank Interest				
	Date	Name of person from whom amount is received			Amount (\$)	
	04/30/2025	American National Bank of Texas				\$4,319.15
		Address of person from whom amount is received; City; State; Zip Code				
		Terrell, TX 75160				
		Purpose for which amount is received	politic	al contr	ibution returned to f	iler
	Date	Name of person from whom amount is received			Amount (\$)	
	06/01/2025	American National Bank of Texas				\$4,560.77
		Address of person from whom amount is received; City; State; Zip Code				
		Terrell, TX 75160				
		Purpose for which amount is received	politic	al contr	ribution returned to f	iler
		Bank Interest				
		•				

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

SCHEDULE K

_						
	The Instru	ction Guide explains how to complete this form.	1		ages Schedule K: /4 Rpt: 95/99	
2	FILER NAME		3	Filer ID	(Ethics Commission File	ers)
	West, Royce	(The Honorable)		00020	990	
4	Date	5 Name of person from whom amount is received	•		8 Amount (\$)	
	06/30/2025	American National Bank of Texas			\$4,0	88.08
		6 Address of person from whom amount is received; City; State; Zip Code				
		Terrell, TX 75160				
			olitic	al contr	Iibution returned to filer	
		Bank Interest		C. CO. IC.		
	Date	Name of parson from whom amount is required			Amount (\$)	
	06/24/2025	Name of person from whom amount is received Gearing, Christopher			Amount (\$)	68.96
	00/24/2023	Address of person from whom amount is received; City; State; Zip Code			ΨΣ	.00.50
		Dallas, TX 75208				
		Purpose for which amount is received Check if po	olitic	al contr	ibution returned to filer	
		Refund - Staff Expense Reimbursement Overpayment				
	Date	Name of person from whom amount is received			Amount (\$)	
	05/08/2025	General Motors Financial Company Inc.				49.30
Address of person from whom amount is received; City; State; Zip Code						
/ Handes of policer from mile in a mean to recent any female, 2 ip coas						
		Arlington, TX 76014				
			olitic	al contr	ibution returned to filer	
		Refund - Officeholder Vehicle Lease Payment				
	Date	Name of person from whom amount is received			Amount (\$)	
	06/26/2025	National Conference of State Legislators - Denver			\$3,0	20.00
		Address of person from whom amount is received; City; State; Zip Code				
		Denver, CO 80230				
			alitia	al aantr	ibution returned to filer	
		Refund of Duplicate Payment - Staff Registration Fee	OIILIC	ai conti	ibution returned to filer	
	Data				Α (Φ)	
	Date 06/26/2025	Name of person from whom amount is received National Conference of State Legislators - Denver			Amount (\$)	55.00
	00/20/2023				Φ1	55.00
		Address of person from whom amount is received; City; State; Zip Code				
		Denver, CO 80230				
		Purpose for which amount is received Check if po	olitic	al contr	ibution returned to filer	
		Refund Staff Registration Fee				

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

SCHEDULE K

	The Instru	ction Guide explains how to complete this form.	1		pages Schedule K: 3/4 Rpt: 96/99
2	FILER NAME West, Royce	e (The Honorable)	3		ID (Ethics Commission Filers) 20990
4	Date 06/26/2025	 Name of person from whom amount is received National Conference of State Legislators - Denver Address of person from whom amount is received; City; State; Zip Code Denver, CO 80230 			8 Amount (\$) \$99.00
		7 Purpose for which amount is received		cal co	ntribution returned to filer
	Date 02/17/2025	Name of person from whom amount is received Texas Comptroller of Public Accounts Address of person from whom amount is received; City; State; Zip Code Austin, TX 78711-2068			Amount (\$) \$338.00
		Purpose for which amount is received	olitio	cal co	ntribution returned to filer
	Date 03/24/2025	Name of person from whom amount is received Texas Comptroller of Public Accounts Address of person from whom amount is received; City; State; Zip Code			Amount (\$)
		Austin, TX 78711-2068 Purpose for which amount is received	olitic	cal co	ntribution returned to filer
	Date 04/15/2025	Name of person from whom amount is received Texas Comptroller of Public Accounts Address of person from whom amount is received; City; State; Zip Code			Amount (\$) \$856.10
		Austin, TX 78711-2068 Purpose for which amount is received	olitic	cal co	ntribution returned to filer
	Date 05/13/2025	Name of person from whom amount is received Texas Comptroller of Public Accounts Address of person from whom amount is received; City; State; Zip Code			Amount (\$) \$800.00
		Austin, TX 78711-2068 Purpose for which amount is received	olitic	cal co	ntribution returned to filer

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 4/4 Rpt: 97/99 2 FILER NAME Filer ID (Ethics Commission Filers) West, Royce (The Honorable) 00020990 5 Name of person from whom amount is received 8 Amount (\$) Date 06/30/2025 Texas Comptroller of Public Accounts \$726.75 6 Address of person from whom amount is received; City; State; Zip Code Austin, TX 78711-2068 Purpose for which amount is received Check if political contribution returned to filer West-Capitol 89th Legislature

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

		LE	

The Insti	ruction C	Guide explains	1 Total pages Schedule T: Sch: 1/2 Rpt: 98/99								
2 FILER NAME			3 Filer ID (Ethics Commission Filers)								
West, Royce (Th			00020990								
4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee											
American Airlines E. Contribution / Expanditure reported on											
I `	Contribution / Expenditure reported on: Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1										
Schedule F2	Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1										
	X Schedule F4 Schedule G Schedule H Schedule COH-UC										
6 Dates of Travel	7 Name of person(s) traveling West, Royce (Sen.)										
			city or name of departure location								
08/02/2025	Dallas	-									
		•									
08/02/2025 Boston											
10 Means of transportation											
Commercial Airplane Attend National Conference of State Legislators Summit											
Name of Contributor / Corporation or Labor Organization / Pledgor /Payee											
Southwest Airlines											
Contribution / Expenditure reported on:											
Schedule A2 Schedule F2		Schedule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1						
	X Schedule F4 Schedule G Schedule H Schedule COH-UC										
Dates of Travel	Name of person(s) traveling										
	Gearing, Christopher										
08/03/2025	Departure city or name of departure location Dallas										
00/00/2020											
08/03/2025	Bosto	Destination city or name of destination location Boston									
Means of transpor	<u>l</u> tation	Purpose of tra	vel (including name of co	onference. seminar. or	other event)						
Commercial Airplane Attend National Conference State Legislators Summit											
Name of Contribut	or / Corpora	ation or Labor Orga	anization / Pledgor /Paye	ee							
Southwest Airlin		· ·	,								
Contribution / Expenditure reported on:											
Schedule A2	Schedule D Schedule F1										
Schedule F2	<u>×</u> :	Schedule F4	Schedule G	Schedule H	Schedule COH-UC						
Dates of Travel	Name of person(s) traveling										
Leibowitz, Vincent											
	Depart	ure city or name of	departure location								
08/03/2025 Austin											
	Destina	Destination city or name of destination location									
08/03/2025	Boston										
Means of transportation		Purpose of travel (including name of conference, seminar, or other event)									
Commercial Airplane Attend National Conference State Legislators Summit											

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 / Expenditure reported on:											
Schedule A2		Schedule B	Schedule B(J)	Schedule C2	Schedule D	Schedule F1					
Schedule F2	X	Schedule F4	Schedule G	Schedule H	Schedule COH-UC						
6 Dates of Travel	7 Name of person(s) traveling										
	West, Royce (Sen.)										
	8 Departure city or name of departure location										
01/29/2025	Austin										
	9 Destination city or name of destination location										
01/29/2025	Baltimore										
10 Means of transportation											
Commercial Airplane Attend Democratic National Committee Winter Meeting											
Name of Contributor / Corporation or Labor Organization / Pledgor /Payee											
Southwest Airlines											
Contribution / Expenditure reported on:											
Schedule A2		Schedule B	Schedule B(J)	Schedule C2	Schedule D	Schedule F1					
Schedule F2	X	Schedule F4	Schedule G	Schedule H	Schedule COH-UC						
Dates of Travel	Name of person(s) traveling										
	West, Royce (Sen.)										
		Departure city or name of departure location									
02/02/2025	Baltimore										
		Destination city or name of destination location									
02/02/2025	Dallas										
Means of transportation Purpose of travel (including name of conference, seminar, or other event) Commercial Airplane Attend Democratic National Committee Winter Meeting											
Commercial Airp		<u> </u>									
		ation or Labor Orga	nization / Pledgor /Pay	ee							
Southwest Airlin											
Contribution / Expe						— • • • • • •					
Schedule A2	브	Schedule B	Schedule B(J)	Schedule C2	Schedule D	Schedule F1					
Schedule F2	X	Schedule F4	Schedule G	Schedule H	Schedule COH-UC						
Dates of Travel		of person(s) travelir									
		ns, Lawrence "Ch									
Departure city or name of departure location											
08/03/2025	Dallas										
Destination city or name of destination location											
	08/04/2025 Boston										
Means of transportation		Purpose of travel (including name of conference, seminar, or other event) Attend National Conference State Logiclators Summit									
Commercial Airplane Attend National Conference State Legislators Summit											