

# Supplemental Report Officeholder

# FORM Cover Sheet SR

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                          |        |                                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|--------|---------------------------------------------------------|
| 1. CANDIDATE / OFFICEHOLDER NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | MS / MRS / MR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | FIRST                                                                                                                    | MI     | 2. Total Pages Filed:<br><b>58</b>                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>Chad A</b>                                                                                                            |        |                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | NICKNAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | LAST                                                                                                                     | SUFFIX | 3. Office Held<br><b>Dallas City Council District 1</b> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>West</b>                                                                                                              |        |                                                         |
| 4. SUPPLEMENTAL REPORT TYPE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> January 15<br/><br/> <input type="checkbox"/> July 15 </div> <div> <input type="checkbox"/> 30th day before election<br/><br/> <input checked="" type="checkbox"/> 8th day before election </div> <div> <input type="checkbox"/> Runoff<br/><br/> <input type="checkbox"/> Exceeded \$500 limit </div> <div> <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)<br/><br/> <input type="checkbox"/> Final Report </div> </div> |                                                                                                                          |        |                                                         |
| 5. PERIOD / COVERED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 3/28/2023 THROUGH 4/26/2023                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                          |        |                                                         |
| 6. ELECTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <div style="display: flex; justify-content: space-between;"> <div>Month    Day    Year</div> <div>5/6/2023</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> N/A </div>                                                                                                                                                                           |                                                                                                                          |        |                                                         |
| 7. OFFICE-HOLDER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | CONTRIBUTION TOTALS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1. TOTAL OFFICEHOLDER CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED |        | \$ 0.00                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 2. TOTAL OFFICEHOLDER CONTRIBUTIONS OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                   |        | \$ 3,750.00                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | EXPENDITURE TOTALS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 3. TOTAL OFFICEHOLDER EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED                                                     |        | \$ 0.00                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 4. TOTAL OFFICEHOLDER EXPENDITURES                                                                                       |        | \$ 7,476.40                                             |
| 8. POLITICAL<br>(Campaign)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | CONTRIBUTION TOTALS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 5. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED    |        | \$ 0.00                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 6. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                     |        | \$ 34,073.50                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | EXPENDITURE TOTALS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 7. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS UNLESS ITEMIZED                                                         |        | \$ 0.00                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 8. TOTAL POLITICAL EXPENDITURES                                                                                          |        | \$ 53,283.72                                            |
| 9. OFFICEHOLDER FUNDS USED FOR CAMPAIGN PURPOSES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 9. TOTAL DOLLAR AMOUNT OF OFFICEHOLDER CONTRIBUTIONS USED FOR CAMPAIGN EXPENDITURES DURING THE REPORTING PERIOD          |        | \$ 0.00                                                 |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <p>10. AFFIDAVIT</p> <p style="margin-top: 20px;">AFFIX NOTARY STAMP / SEAL ABOVE</p> </div> <div style="width: 55%;"> <p>I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election code.</p> <p style="text-align: center; margin-top: 20px;">***ELECTRONICALLY CERTIFIED***</p> <p style="text-align: center; margin-top: 10px;">_____<br/>Signature of Candidate or Officeholder</p> </div> </div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                          |        |                                                         |
| <p>Sworn to and subscribed before me, by the said <u>Chad A West</u>, this the <u>28th</u> day of <u>April</u>, 20 <u>23</u>, to certify which, witness my hand and seal of office.</p>                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                          |        |                                                         |
| <div style="display: flex; justify-content: space-between;"> <div>Signature of officer administering oath</div> <div>Printed name of officer administering oath</div> <div>Title of officer administering oath</div> </div>                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                          |        |                                                         |

## SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

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| The Instruction Guide explains how to complete this form.                                                                                                      |                                                                                                                                                                                                                                  | 1 Total pages Schedule A1:<br>1 of 19    |
| 2 FILER NAME<br>Chad A West                                                                                                                                    |                                                                                                                                                                                                                                  | 3 Filer ID (Ethics Commission Filers)    |
| 4 Date<br>04/10/2023<br><br>Campaign Contribution                                                                                                              | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>The Real Estate Council<br>.....<br>6 Contributor address; City; State; Zip Code<br>3100 McKinnon St Suite 1150 Dallas, TX 75201            | 7 Amount of contribution (\$)<br>2500.00 |
| 8 Principal occupation / Job title (See Instructions)                                                                                                          |                                                                                                                                                                                                                                  | 9 Employer (See Instructions)            |
| Date<br>04/13/2023<br><br>Campaign Contribution                                                                                                                | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Apartment Association of Greater Dallas<br>.....<br>Contributor address; City; State; Zip Code<br>5728 LBJ Freeway Suite 100 Dallas, TX 75240 | Amount of contribution (\$)<br>2500.00   |
| Principal occupation / Job title (See Instructions)                                                                                                            |                                                                                                                                                                                                                                  | Employer (See Instructions)              |
| Date<br>04/13/2023<br><br>Campaign Contribution                                                                                                                | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Stonewall Democrats of Dallas<br>.....<br>Contributor address; City; State; Zip Code<br>P.O. Box 192305 Dallas, TX 75219                      | Amount of contribution (\$)<br>750.00    |
| Principal occupation / Job title (See Instructions)                                                                                                            |                                                                                                                                                                                                                                  | Employer (See Instructions)              |
| Date<br>03/29/2023<br><br>Campaign Contribution                                                                                                                | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Ann Tomaszewski<br>.....<br>Contributor address; City; State; Zip Code<br>2519 Alden Street Dallas, TX 75211                                  | Amount of contribution (\$)<br>100.00    |
| Principal occupation / Job title (See Instructions)                                                                                                            |                                                                                                                                                                                                                                  | Employer (See Instructions)              |
|                                                                                                                                                                |                                                                                                                                                                                                                                  |                                          |
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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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| <b>The Instruction Guide explains how to complete this form.</b>                                                                                                      |                                                                                                                                                                                                                | <b>1</b> Total pages Schedule A1:<br>3 of 19  |
| <b>2</b> FILER NAME<br>Chad A West                                                                                                                                    |                                                                                                                                                                                                                | <b>3</b> Filer ID (Ethics Commission Filers)  |
| <b>4</b> Date<br>03/28/2023<br><br>Campaign Contribution                                                                                                              | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Joe Whitney<br>.....<br><b>6</b> Contributor address; City; State; Zip Code<br>1652 Sylvan Avenue Dallas, TX 75208 | <b>7</b> Amount of contribution (\$)<br>50.00 |
| <b>8</b> Principal occupation / Job title (See Instructions)                                                                                                          |                                                                                                                                                                                                                | <b>9</b> Employer (See Instructions)          |
| Date<br>04/17/2023<br><br>Campaign Contribution                                                                                                                       | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Dodge Carter<br>.....<br>Contributor address; City; State; Zip Code<br>3525 University Blvd Dallas, TX 75205                | Amount of contribution (\$)<br>150.00         |
| Principal occupation / Job title (See Instructions)                                                                                                                   |                                                                                                                                                                                                                | Employer (See Instructions)                   |
| Date<br>04/13/2023<br><br>Campaign Contribution                                                                                                                       | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Sean Rae<br>.....<br>Contributor address; City; State; Zip Code<br>4512 Lorraine Ave Dallas, TX 75225                       | Amount of contribution (\$)<br>200.00         |
| Principal occupation / Job title (See Instructions)                                                                                                                   |                                                                                                                                                                                                                | Employer (See Instructions)                   |
| Date<br>04/13/2023<br><br>Campaign Contribution                                                                                                                       | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Michael Levy<br>.....<br>Contributor address; City; State; Zip Code<br>5 Vista Lane Glen Head, NY 11545                     | Amount of contribution (\$)<br>150.00         |
| Principal occupation / Job title (See Instructions)                                                                                                                   |                                                                                                                                                                                                                | Employer (See Instructions)                   |
|                                                                                                                                                                       |                                                                                                                                                                                                                |                                               |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements. |                                                                                                                                                                                                                |                                               |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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| <b>The Instruction Guide explains how to complete this form.</b>                                                                                                      |                                                                                                                                                                                                             | <b>1</b> Total pages Schedule A1:<br>4 of 19   |
| <b>2</b> FILER NAME<br>Chad A West                                                                                                                                    |                                                                                                                                                                                                             | <b>3</b> Filer ID (Ethics Commission Filers)   |
| <b>4</b> Date<br>04/14/2023<br><br>Campaign Contribution                                                                                                              | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Matt Enzler<br>.....<br><b>6</b> Contributor address; City; State; Zip Code<br>6027 Goliad Ave Dallas, TX 75206 | <b>7</b> Amount of contribution (\$)<br>500.00 |
| <b>8</b> Principal occupation / Job title (See Instructions)                                                                                                          |                                                                                                                                                                                                             | <b>9</b> Employer (See Instructions)           |
| Date<br>04/12/2023<br><br>Campaign Contribution                                                                                                                       | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Stanley Mullikin<br>.....<br>Contributor address; City; State; Zip Code<br>3412 Harvard Ave Dallas, TX 75205             | Amount of contribution (\$)<br>150.00          |
| Principal occupation / Job title (See Instructions)                                                                                                                   |                                                                                                                                                                                                             | Employer (See Instructions)                    |
| Date<br>04/12/2023<br><br>Campaign Contribution                                                                                                                       | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Tori Shubert<br>.....<br>Contributor address; City; State; Zip Code<br>4560 Lorraine Aven Dallas, TX 75205               | Amount of contribution (\$)<br>150.00          |
| Principal occupation / Job title (See Instructions)                                                                                                                   |                                                                                                                                                                                                             | Employer (See Instructions)                    |
| Date<br>04/10/2023<br><br>Campaign Contribution                                                                                                                       | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Cheri Bancroft<br>.....<br>Contributor address; City; State; Zip Code<br>2598 Middleton Drive Frisco, TX 75033           | Amount of contribution (\$)<br>150.00          |
| Principal occupation / Job title (See Instructions)                                                                                                                   |                                                                                                                                                                                                             | Employer (See Instructions)                    |
|                                                                                                                                                                       |                                                                                                                                                                                                             |                                                |
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| The Instruction Guide explains how to complete this form.                                                                                                      |                                                                                                                                                    | 1 Total pages Schedule A1:<br>5 of 19    |
| 2 FILER NAME<br>Chad A West                                                                                                                                    |                                                                                                                                                    | 3 Filer ID (Ethics Commission Filers)    |
| 4 Date<br>04/10/2023<br><br>Campaign Contribution                                                                                                              | 5 Full name of contributor<br>Itzel Crow<br>.....<br>6 Contributor address; City; State; Zip Code<br>4612 Watauga Road Dallas, TX 75208            | 7 Amount of contribution (\$)<br>1000.00 |
| 8 Principal occupation / Job title (See Instructions)                                                                                                          |                                                                                                                                                    | 9 Employer (See Instructions)            |
| Date<br>04/12/2023<br><br>Campaign Contribution                                                                                                                | Full name of contributor<br>Brulinda Juracek<br>.....<br>Contributor address; City; State; Zip Code<br>11450 Saint Michaels Drive Dallas, TX 75230 | Amount of contribution (\$)<br>150.00    |
| Principal occupation / Job title (See Instructions)                                                                                                            |                                                                                                                                                    | Employer (See Instructions)              |
| Date<br>04/12/2023<br><br>Campaign Contribution                                                                                                                | Full name of contributor<br>Nancy McClain<br>.....<br>Contributor address; City; State; Zip Code<br>3819 Maple Ave Dallas, TX 75219                | Amount of contribution (\$)<br>150.00    |
| Principal occupation / Job title (See Instructions)                                                                                                            |                                                                                                                                                    | Employer (See Instructions)              |
| Date<br>04/17/2023<br><br>Campaign Contribution                                                                                                                | Full name of contributor<br>William Munding<br>.....<br>Contributor address; City; State; Zip Code<br>3413 Southwestern Dallas, TX 75225           | Amount of contribution (\$)<br>500.00    |
| Principal occupation / Job title (See Instructions)                                                                                                            |                                                                                                                                                    | Employer (See Instructions)              |
|                                                                                                                                                                |                                                                                                                                                    |                                          |
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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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| <b>The Instruction Guide explains how to complete this form.</b>                                                                                                      |                                                                                                                                                                                                                   | <b>1</b> Total pages Schedule A1:<br>6 of 19   |
| <b>2</b> FILER NAME<br>Chad A West                                                                                                                                    |                                                                                                                                                                                                                   | <b>3</b> Filer ID (Ethics Commission Filers)   |
| <b>4</b> Date<br>04/17/2023<br><br>Campaign Contribution                                                                                                              | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>William Munding<br>.....<br><b>6</b> Contributor address; City; State; Zip Code<br>3413 Southwestern Dallas, TX 75225 | <b>7</b> Amount of contribution (\$)<br>500.00 |
| <b>8</b> Principal occupation / Job title (See Instructions)                                                                                                          |                                                                                                                                                                                                                   | <b>9</b> Employer (See Instructions)           |
| Date<br>04/10/2023<br><br>Campaign Contribution                                                                                                                       | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Shirley Crow<br>.....<br>Contributor address; City; State; Zip Code<br>6310 Mercedes Ave Dallas, TX 75214                      | Amount of contribution (\$)<br>1000.00         |
| Principal occupation / Job title (See Instructions)                                                                                                                   |                                                                                                                                                                                                                   | Employer (See Instructions)                    |
| Date<br>04/10/2023<br><br>Campaign Contribution                                                                                                                       | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Robert Crow<br>.....<br>Contributor address; City; State; Zip Code<br>4612 Watauga Road Dallas, TX 75209                       | Amount of contribution (\$)<br>1000.00         |
| Principal occupation / Job title (See Instructions)                                                                                                                   |                                                                                                                                                                                                                   | Employer (See Instructions)                    |
| Date<br>04/10/2023<br><br>Campaign Contribution                                                                                                                       | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>George Crow<br>.....<br>Contributor address; City; State; Zip Code<br>3606 S Tyler Street Dallas, TX 75224                     | Amount of contribution (\$)<br>1000.00         |
| Principal occupation / Job title (See Instructions)                                                                                                                   |                                                                                                                                                                                                                   | Employer (See Instructions)                    |
|                                                                                                                                                                       |                                                                                                                                                                                                                   |                                                |
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| <b>The Instruction Guide explains how to complete this form.</b>                                                                                                      |                                                                                                                                                                                                              | <b>1</b> Total pages Schedule A1:<br>7 of 19  |
| <b>2</b> FILER NAME<br>Chad A West                                                                                                                                    |                                                                                                                                                                                                              | <b>3</b> Filer ID (Ethics Commission Filers)  |
| <b>4</b> Date<br>04/17/2023<br><br>Campaign Contribution                                                                                                              | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Michelle Wheeler<br>.....<br><b>6</b> Contributor address; City; State; Zip Code<br>726 S Manus Dallas, TX 75224 | <b>7</b> Amount of contribution (\$)<br>50.00 |
| <b>8</b> Principal occupation / Job title (See Instructions)                                                                                                          |                                                                                                                                                                                                              | <b>9</b> Employer (See Instructions)          |
| Date<br>04/10/2023<br><br>Campaign Contribution                                                                                                                       | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Stuart Crow<br>.....<br>Contributor address; City; State; Zip Code<br>6310 Mercedes Ave Dallas, TX 75214                  | Amount of contribution (\$)<br>1000.00        |
| Principal occupation / Job title (See Instructions)                                                                                                                   |                                                                                                                                                                                                              | Employer (See Instructions)                   |
| Date<br>03/28/2023<br><br>Campaign Contribution                                                                                                                       | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Chris Escobedo<br>.....<br>Contributor address; City; State; Zip Code<br>1222 N. Winnetka Ave Dallas, TX 75208            | Amount of contribution (\$)<br>250.00         |
| Principal occupation / Job title (See Instructions)                                                                                                                   |                                                                                                                                                                                                              | Employer (See Instructions)                   |
| Date<br>03/28/2023<br><br>Campaign Contribution                                                                                                                       | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Bonnie Taylor<br>.....<br>Contributor address; City; State; Zip Code<br>1403 Hollywood Ave Dallas, TX 75208               | Amount of contribution (\$)<br>25.00          |
| Principal occupation / Job title (See Instructions)                                                                                                                   |                                                                                                                                                                                                              | Employer (See Instructions)                   |
|                                                                                                                                                                       |                                                                                                                                                                                                              |                                               |
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| <b>The Instruction Guide explains how to complete this form.</b>                                                                                                      |                                                                                                                                                                                                                    | <b>1</b> Total pages Schedule A1:<br>8 of 19   |
| <b>2</b> FILER NAME<br>Chad A West                                                                                                                                    |                                                                                                                                                                                                                    | <b>3</b> Filer ID (Ethics Commission Filers)   |
| <b>4</b> Date<br>03/30/2023<br><br>Campaign Contribution                                                                                                              | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Annise Parker<br>.....<br><b>6</b> Contributor address; City; State; Zip Code<br>428 Westmoreland St Houston, TX 77006 | <b>7</b> Amount of contribution (\$)<br>100.00 |
| <b>8</b> Principal occupation / Job title (See Instructions)                                                                                                          |                                                                                                                                                                                                                    | <b>9</b> Employer (See Instructions)           |
| Date<br>03/30/2023<br><br>Campaign Contribution                                                                                                                       | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Heather Taiylor<br>.....<br>Contributor address; City; State; Zip Code<br>1101 Gross St Houston, TX 77019                       | Amount of contribution (\$)<br>50.00           |
| Principal occupation / Job title (See Instructions)                                                                                                                   |                                                                                                                                                                                                                    | Employer (See Instructions)                    |
| Date<br>03/31/2023<br><br>Campaign Contribution                                                                                                                       | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Mario Castillo<br>.....<br>Contributor address; City; State; Zip Code<br>1715 Freeman St Houston, TX 77009                      | Amount of contribution (\$)<br>50.00           |
| Principal occupation / Job title (See Instructions)                                                                                                                   |                                                                                                                                                                                                                    | Employer (See Instructions)                    |
| Date<br>03/31/2023<br><br>Campaign Contribution                                                                                                                       | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Benjamin Chou<br>.....<br>Contributor address; City; State; Zip Code<br>#1005 South Houston, TX 77007                           | Amount of contribution (\$)<br>100.00          |
| Principal occupation / Job title (See Instructions)                                                                                                                   |                                                                                                                                                                                                                    | Employer (See Instructions)                    |
|                                                                                                                                                                       |                                                                                                                                                                                                                    |                                                |
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## SCHEDULE A1

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| <b>The Instruction Guide explains how to complete this form.</b>                                                                                                                  |                                                                                                                                                                                                                | <b>1</b> Total pages Schedule A1:<br>9 of 19   |
| <b>2</b> FILER NAME<br>Chad A West                                                                                                                                                |                                                                                                                                                                                                                | <b>3</b> Filer ID (Ethics Commission Filers)   |
| <b>4</b> Date<br>03/31/2023<br><br>Campaign Contribution                                                                                                                          | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Stephen Miller<br>.....<br><b>6</b> Contributor address; City; State; Zip Code<br>10250 Rosser Rd Dallas, TX 75229 | <b>7</b> Amount of contribution (\$)<br>237.20 |
| <b>8</b> Principal occupation / Job title (See Instructions)                                                                                                                      |                                                                                                                                                                                                                | <b>9</b> Employer (See Instructions)           |
| <b>Date</b><br>04/02/2023<br><br>Campaign Contribution                                                                                                                            | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Ashley Farris<br>.....<br><b>Contributor address; City; State; Zip Code</b><br>1531 Oak Knoll St Dallas, TX 75208    | <b>Amount of contribution (\$)</b><br>500.00   |
| <b>Principal occupation / Job title (See Instructions)</b>                                                                                                                        |                                                                                                                                                                                                                | <b>Employer (See Instructions)</b>             |
| <b>Date</b><br>04/02/2023<br><br>Campaign Contribution                                                                                                                            | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Richard Walker<br>.....<br><b>Contributor address; City; State; Zip Code</b><br>707 N. Clinton Ave Dallas, TX 75208  | <b>Amount of contribution (\$)</b><br>50.00    |
| <b>Principal occupation / Job title (See Instructions)</b>                                                                                                                        |                                                                                                                                                                                                                | <b>Employer (See Instructions)</b>             |
| <b>Date</b><br>04/04/2023<br><br>Campaign Contribution                                                                                                                            | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>BUDDY CRAMER<br>.....<br><b>Contributor address; City; State; Zip Code</b><br>3508 HAYNIE AVE DALLAS, TX 75205       | <b>Amount of contribution (\$)</b><br>1000.00  |
| <b>Principal occupation / Job title (See Instructions)</b>                                                                                                                        |                                                                                                                                                                                                                | <b>Employer (See Instructions)</b>             |
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## SCHEDULE A1

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| <b>The Instruction Guide explains how to complete this form.</b>                                                                                                      |                                                                                                                                                                                                                 | <b>1</b> Total pages Schedule A1:<br>10 of 19   |
| <b>2</b> FILER NAME<br>Chad A West                                                                                                                                    |                                                                                                                                                                                                                 | <b>3</b> Filer ID (Ethics Commission Filers)    |
| <b>4</b> Date<br>04/04/2023<br><br>Officeholder Contribution                                                                                                          | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>BUDDY CRAMER<br>.....<br><b>6</b> Contributor address; City; State; Zip Code<br>3508 HAYNIE AVE DALLAS, TX 75205    | <b>7</b> Amount of contribution (\$)<br>1500.00 |
| <b>8</b> Principal occupation / Job title (See Instructions)                                                                                                          |                                                                                                                                                                                                                 | <b>9</b> Employer (See Instructions)            |
| <b>Date</b><br>04/04/2023<br><br><b>Campaign Contribution</b>                                                                                                         | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Donald Petty<br>.....<br><b>Contributor address; City; State; Zip Code</b><br>2808 Fairmount St Dallas, TX 75201      | <b>Amount of contribution (\$)</b><br>250.00    |
| <b>Principal occupation / Job title (See Instructions)</b>                                                                                                            |                                                                                                                                                                                                                 | <b>Employer (See Instructions)</b>              |
| <b>Date</b><br>04/05/2023<br><br><b>Campaign Contribution</b>                                                                                                         | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>William Peirson<br>.....<br><b>Contributor address; City; State; Zip Code</b><br>1235 Lausanne Ave Dallas, TX 75208   | <b>Amount of contribution (\$)</b><br>500.00    |
| <b>Principal occupation / Job title (See Instructions)</b>                                                                                                            |                                                                                                                                                                                                                 | <b>Employer (See Instructions)</b>              |
| <b>Date</b><br>04/06/2023<br><br><b>Campaign Contribution</b>                                                                                                         | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Rudy Oeftering<br>.....<br><b>Contributor address; City; State; Zip Code</b><br>3303 Throckmorton St Dallas, TX 75219 | <b>Amount of contribution (\$)</b><br>1000.00   |
| <b>Principal occupation / Job title (See Instructions)</b>                                                                                                            |                                                                                                                                                                                                                 | <b>Employer (See Instructions)</b>              |
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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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1 Total pages Schedule A1:  
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2 FILER NAME

Chad A West

3 Filer ID (Ethics Commission Filers)

4 Date

04/06/2023

Campaign  
Contribution

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Anthony Page

7 Amount of contribution (\$)

750.00

6 Contributor address;

2000 Carlisle St

City;

Dallas, TX 75204

State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

04/06/2023

Officeholder  
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Anthony Page

Amount of contribution (\$)

2250.00

Contributor address;

2000 Carlisle St

City;

Dallas, TX 75204

State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/06/2023

Campaign  
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Scott Rodgers

Amount of contribution (\$)

250.00

Contributor address;

5918 Lomo Alto

City;

Dallas, TX 75205

State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/11/2023

Campaign  
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Benjamin Breunig

Amount of contribution (\$)

1000.00

Contributor address;

9311 Lanshire Dr

City;

Dallas, TX 75238

State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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## SCHEDULE A1

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| The Instruction Guide explains how to complete this form.                                                                                                      |                                                                                                                                                                                                   | 1 Total pages Schedule A1:<br>12 of 19  |
| 2 FILER NAME<br>Chad A West                                                                                                                                    |                                                                                                                                                                                                   | 3 Filer ID (Ethics Commission Filers)   |
| 4 Date<br>04/12/2023<br><br>Campaign Contribution                                                                                                              | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Stephen Bancroft<br>.....<br>6 Contributor address; City; State; Zip Code<br>2598 Middleton Frisco, TX 75033 | 7 Amount of contribution (\$)<br>850.00 |
| 8 Principal occupation / Job title (See Instructions)                                                                                                          |                                                                                                                                                                                                   | 9 Employer (See Instructions)           |
| Date<br>04/12/2023<br><br>Campaign Contribution                                                                                                                | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Carol Donovan<br>.....<br>Contributor address; City; State; Zip Code<br>6509 Malcolm Dr Dallas, TX 75214       | Amount of contribution (\$)<br>1000.00  |
| Principal occupation / Job title (See Instructions)                                                                                                            |                                                                                                                                                                                                   | Employer (See Instructions)             |
| Date<br>04/13/2023<br><br>Campaign Contribution                                                                                                                | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Trent Brookshire<br>.....<br>Contributor address; City; State; Zip Code<br>500 W Ceres Los Angeles, CA 90013   | Amount of contribution (\$)<br>100.00   |
| Principal occupation / Job title (See Instructions)                                                                                                            |                                                                                                                                                                                                   | Employer (See Instructions)             |
| Date<br>04/13/2023<br><br>Campaign Contribution                                                                                                                | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Dave Neumann<br>.....<br>Contributor address; City; State; Zip Code<br>6318 Turner Way Dallas, TX 75230        | Amount of contribution (\$)<br>94.70    |
| Principal occupation / Job title (See Instructions)                                                                                                            |                                                                                                                                                                                                   | Employer (See Instructions)             |
|                                                                                                                                                                |                                                                                                                                                                                                   |                                         |
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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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1 Total pages Schedule A1:  
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2 FILER NAME

Chad A West

3 Filer ID (Ethics Commission Filers)

4 Date

04/15/2023

Campaign  
Contribution

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Kenneth Compston

7 Amount of contribution (\$)

949.70

6 Contributor address;

2006 Cambridge Blvd

City;

Upper Arlington, OH 43221

State;

Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

04/17/2023

Campaign  
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Jane Gaines

Amount of contribution (\$)

50.00

Contributor address;

2136 Kessler Ct

City;

Dallas, TX 75208

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/17/2023

Campaign  
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Jim Lake

Amount of contribution (\$)

1000.00

Contributor address;

1704 W. Colorado Blvd

City;

Dallas, TX 75208

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/17/2023

Campaign  
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Michael Turner

Amount of contribution (\$)

250.00

Contributor address;

2006 Colorado

City;

Dallas, TX 75204

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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1 Total pages Schedule A1:  
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2 FILER NAME

Chad A West

3 Filer ID (Ethics Commission Filers)

4 Date

04/17/2023

Campaign  
Contribution

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

NEWT WALKER

6 Contributor address;

2519 THOMAS AVE

City;

Dallas, TX 75201

State; Zip Code

7 Amount of contribution (\$)

250.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

04/18/2023

Campaign  
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Chris Heinbaugh

Contributor address;

1801 Bonham Ave

City;

Dallas, TX 75204

State; Zip Code

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/18/2023

Campaign  
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Paula Phillips

Contributor address;

1607 Shelmire Dr

City;

Dallas, TX 75224

State; Zip Code

Amount of contribution (\$)

30.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/19/2023

Campaign  
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Christopher Witt

Contributor address;

302 N Waverly Dr

City;

Dallas, TX 75208

State; Zip Code

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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## SCHEDULE A1

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| The Instruction Guide explains how to complete this form.                                                                                                      |                                                                                                                                                                                                      |                               | 1 Total pages Schedule A1:<br>15 of 19  |
| 2 FILER NAME<br>Chad A West                                                                                                                                    |                                                                                                                                                                                                      |                               | 3 Filer ID (Ethics Commission Filers)   |
| 4 Date<br>04/22/2023<br><br>Campaign Contribution                                                                                                              | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>David Mullally<br>.....<br>6 Contributor address; City; State; Zip Code<br>922 N Edgefield Ave Dallas, TX 75208 |                               | 7 Amount of contribution (\$)<br>100.00 |
| 8 Principal occupation / Job title (See Instructions)                                                                                                          |                                                                                                                                                                                                      | 9 Employer (See Instructions) |                                         |
| Date<br>04/24/2023<br><br>Campaign Contribution                                                                                                                | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Don Glendenning<br>.....<br>Contributor address; City; State; Zip Code<br>3401 lee pkwy Dallas, TX 75219          |                               | Amount of contribution (\$)<br>500.00   |
| Principal occupation / Job title (See Instructions)                                                                                                            |                                                                                                                                                                                                      | Employer (See Instructions)   |                                         |
| Date<br>04/24/2023<br><br>Campaign Contribution                                                                                                                | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Clay Jenkins<br>.....<br>Contributor address; City; State; Zip Code<br>516 W Main St. Waxahachie, TX 75165        |                               | Amount of contribution (\$)<br>949.70   |
| Principal occupation / Job title (See Instructions)                                                                                                            |                                                                                                                                                                                                      | Employer (See Instructions)   |                                         |
| Date<br>04/24/2023<br><br>Campaign Contribution                                                                                                                | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Rena Maas<br>.....<br>Contributor address; City; State; Zip Code<br>5333 W Kiest Blvd Dallas, TX 75236            |                               | Amount of contribution (\$)<br>500.00   |
| Principal occupation / Job title (See Instructions)                                                                                                            |                                                                                                                                                                                                      | Employer (See Instructions)   |                                         |
|                                                                                                                                                                |                                                                                                                                                                                                      |                               |                                         |
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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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| <b>The Instruction Guide explains how to complete this form.</b>                                                                                                      |                                                                                                                                                                                                                   | <b>1</b> Total pages Schedule A1:<br>16 of 19  |
| <b>2</b> FILER NAME<br>Chad A West                                                                                                                                    |                                                                                                                                                                                                                   | <b>3</b> Filer ID (Ethics Commission Filers)   |
| <b>4</b> Date<br>04/24/2023<br><br>Campaign Contribution                                                                                                              | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Brad Nitschke<br>.....<br><b>6</b> Contributor address; City; State; Zip Code<br>821 N Windomere Ave Dallas, TX 75208 | <b>7</b> Amount of contribution (\$)<br>237.20 |
| <b>8</b> Principal occupation / Job title (See Instructions)                                                                                                          |                                                                                                                                                                                                                   | <b>9</b> Employer (See Instructions)           |
| Date<br>04/24/2023<br><br>Campaign Contribution                                                                                                                       | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Gerald Stool<br>.....<br>Contributor address; City; State; Zip Code<br>2308 Fairmont St Dallas, TX 75201                       | Amount of contribution (\$)<br>350.00          |
| Principal occupation / Job title (See Instructions)                                                                                                                   |                                                                                                                                                                                                                   | Employer (See Instructions)                    |
| Date<br>04/26/2023<br><br>Campaign Contribution                                                                                                                       | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Robert Snider<br>.....<br>Contributor address; City; State; Zip Code<br>P.O. Box 1432 Ft. Worth, TX 76164                      | Amount of contribution (\$)<br>100.00          |
| Principal occupation / Job title (See Instructions)                                                                                                                   |                                                                                                                                                                                                                   | Employer (See Instructions)                    |
| Date<br>04/16/2023<br><br>Campaign Contribution                                                                                                                       | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Laura Miller<br>.....<br>Contributor address; City; State; Zip Code<br>P.O. Box 191466 Dallas, TX 75219                        | Amount of contribution (\$)<br>1000.00         |
| Principal occupation / Job title (See Instructions)                                                                                                                   |                                                                                                                                                                                                                   | Employer (See Instructions)                    |
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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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| <b>The Instruction Guide explains how to complete this form.</b>                                                                                                      |                                                                                                                                                                                                                       | <b>1</b> Total pages Schedule A1:<br>17 of 19  |
| <b>2</b> FILER NAME<br>Chad A West                                                                                                                                    |                                                                                                                                                                                                                       | <b>3</b> Filer ID (Ethics Commission Filers)   |
| <b>4</b> Date<br>04/13/2023<br><br>Campaign Contribution                                                                                                              | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Kevin Dinnie<br>.....<br><b>6</b> Contributor address; City; State; Zip Code<br>73 Talmadge Hill Road New Haven, CT 06840 | <b>7</b> Amount of contribution (\$)<br>150.00 |
| <b>8</b> Principal occupation / Job title (See Instructions)                                                                                                          |                                                                                                                                                                                                                       | <b>9</b> Employer (See Instructions)           |
| Date<br>04/11/2023<br><br>Campaign Contribution                                                                                                                       | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>CWA Political Action Cmte PAC<br>.....<br>Contributor address; City; State; Zip Code<br>501 3rd Street NW Washington , DC 20001    | Amount of contribution (\$)<br>1250.00         |
| Principal occupation / Job title (See Instructions)                                                                                                                   |                                                                                                                                                                                                                       | Employer (See Instructions)                    |
| Date<br>03/28/2023<br><br>Campaign Contribution                                                                                                                       | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Demetria Tricomi<br>.....<br>Contributor address; City; State; Zip Code<br>1005 Shady Rest Lane Corinth, TX 76208                  | Amount of contribution (\$)<br>250.00          |
| Principal occupation / Job title (See Instructions)                                                                                                                   |                                                                                                                                                                                                                       | Employer (See Instructions)                    |
| Date<br>03/29/2023<br><br>Campaign Contribution                                                                                                                       | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Lynn Sheils<br>.....<br>Contributor address; City; State; Zip Code<br>2300 Leonard Street Suite 506 Dallas, TX 75201               | Amount of contribution (\$)<br>250.00          |
| Principal occupation / Job title (See Instructions)                                                                                                                   |                                                                                                                                                                                                                       | Employer (See Instructions)                    |
|                                                                                                                                                                       |                                                                                                                                                                                                                       |                                                |
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## SCHEDULE A1

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| The Instruction Guide explains how to complete this form.                                                                                                      |                                                                                                                                                                                                         | 1 Total pages Schedule A1:<br>18 of 19 |
| 2 FILER NAME<br>Chad A West                                                                                                                                    |                                                                                                                                                                                                         | 3 Filer ID (Ethics Commission Filers)  |
| 4 Date<br>03/28/2023<br><br>Campaign Contribution                                                                                                              | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Greta Torres<br>.....<br>6 Contributor address; City; State; Zip Code<br>10821 Emerald Park Lane Haslet, TX 76052  | 7 Amount of contribution (\$) 250.00   |
| 8 Principal occupation / Job title (See Instructions)                                                                                                          |                                                                                                                                                                                                         | 9 Employer (See Instructions)          |
| Date<br>03/28/2023<br><br>Campaign Contribution                                                                                                                | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Judy Green-Redier<br>.....<br>Contributor address; City; State; Zip Code<br>854 Creekside Drive Lewisville, TX 75067 | Amount of contribution (\$) 250.00     |
| Principal occupation / Job title (See Instructions)                                                                                                            |                                                                                                                                                                                                         | Employer (See Instructions)            |
| Date<br>03/28/2023<br><br>Campaign Contribution                                                                                                                | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Chris Luna<br>.....<br>Contributor address; City; State; Zip Code<br>P.O. Box 131523 Dallas, TX 75313                | Amount of contribution (\$) 500.00     |
| Principal occupation / Job title (See Instructions)                                                                                                            |                                                                                                                                                                                                         | Employer (See Instructions)            |
| Date<br>03/28/2023<br><br>Campaign Contribution                                                                                                                | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Jack Parker<br>.....<br>Contributor address; City; State; Zip Code<br>12824 Midway Road Suite 1139 Dallas, TX 75244  | Amount of contribution (\$) 250.00     |
| Principal occupation / Job title (See Instructions)                                                                                                            |                                                                                                                                                                                                         | Employer (See Instructions)            |
|                                                                                                                                                                |                                                                                                                                                                                                         |                                        |
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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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| <b>The Instruction Guide explains how to complete this form.</b>                                                                                                      |                                                                                                                                                                                                                      | <b>1</b> Total pages Schedule A1:<br>19 of 19  |
| <b>2</b> FILER NAME<br>Chad A West                                                                                                                                    |                                                                                                                                                                                                                      | <b>3</b> Filer ID (Ethics Commission Filers)   |
| <b>4</b> Date<br>03/30/2023<br><br>Campaign Contribution                                                                                                              | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Jeannie Bradford<br>.....<br><b>6</b> Contributor address; City; State; Zip Code<br>9122 Windy Crest Dr Dallas, TX 75243 | <b>7</b> Amount of contribution (\$)<br>250.00 |
| <b>8</b> Principal occupation / Job title (See Instructions)                                                                                                          |                                                                                                                                                                                                                      | <b>9</b> Employer (See Instructions)           |
| Date<br>03/28/2023<br><br>Campaign Contribution                                                                                                                       | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Roger Albright<br>.....<br>Contributor address; City; State; Zip Code<br>1701 N Collins Blvd Suite 1100 Richardson, TX 75080      | Amount of contribution (\$)<br>250.00          |
| Principal occupation / Job title (See Instructions)                                                                                                                   |                                                                                                                                                                                                                      | Employer (See Instructions)                    |
| Date                                                                                                                                                                  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>.....<br>Contributor address; City; State; Zip Code                                                                               | Amount of contribution (\$)                    |
| Principal occupation / Job title (See Instructions)                                                                                                                   |                                                                                                                                                                                                                      | Employer (See Instructions)                    |
| Date                                                                                                                                                                  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>.....<br>Contributor address; City; State; Zip Code                                                                               | Amount of contribution (\$)                    |
| Principal occupation / Job title (See Instructions)                                                                                                                   |                                                                                                                                                                                                                      | Employer (See Instructions)                    |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements. |                                                                                                                                                                                                                      |                                                |

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|                                                                             |                                                                                                                                                               |                                       |
|-----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1:<br>1 of 38                                       | 2 FILER NAME<br>Chad A West                                                                                                                                   | 3 Filer ID (Ethics Commission Filers) |
| 4 Date<br>03/28/2023                                                        | 5 Payee name<br>Chad West PLLC                                                                                                                                |                                       |
| 6 Amount (\$)<br>256.00<br>Campaign Funds for<br>Campaign Expenditures      | 7 Payee address;<br>3606 South Tyler Street Dallas, TX 75224<br>City; State; Zip Code                                                                         |                                       |
| 8<br><br>PURPOSE<br>OF<br>EXPENDITURE                                       | (a) Category (See Categories listed at the top of this schedule)<br>Reimbursement                                                                             | (b) Description<br>Stamps             |
|                                                                             | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct<br>expenditure to benefit C/OH                    | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |
| Date<br>03/28/2023                                                          | Payee name<br>Cibo Divino                                                                                                                                     |                                       |
| Amount (\$)<br>198.89<br>Campaign Funds for<br>Campaign Expenditures        | Payee address;<br>1868 Sylvan Avenue Dallas, TX 75208<br>City; State; Zip Code                                                                                |                                       |
| PURPOSE<br>OF<br>EXPENDITURE                                                | Category (See Categories listed at the top of this schedule)<br>Fundraising Expense                                                                           | Description<br>Fundraising            |
|                                                                             | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense     |                                       |
| Complete ONLY if direct<br>expenditure to benefit C/OH                      | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |
| Date<br>03/29/2023                                                          | Payee name<br>Cathedral Garage                                                                                                                                |                                       |
| Amount (\$)<br>15.00<br>Officeholder Funds for<br>Officeholder Expenditures | Payee address;<br>2000 Elm Street Dallas, TX 75201<br>City; State; Zip Code                                                                                   |                                       |
| PURPOSE<br>OF<br>EXPENDITURE                                                | Category (See Categories listed at the top of this schedule)<br>In District Travel                                                                            | Description<br>Parking                |
|                                                                             | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense     |                                       |
| Complete ONLY if direct<br>expenditure to benefit C/OH                      | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED                         |                                                                                                                                                               |                                       |

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|                                                                              |                                                                                                                                                                      |                                              |
|------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| <b>1</b> Total pages Schedule F1:<br>2 of 38                                 | <b>2</b> FILER NAME<br>Chad A West                                                                                                                                   | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> Date<br>03/29/2023                                                  | <b>5</b> Payee name<br>BBBop Seoul                                                                                                                                   |                                              |
| <b>6</b> Amount (\$)<br>39.84<br>Campaign Funds for<br>Campaign Expenditures | <b>7</b> Payee address;<br>828 West Davis Street Dallas, TX 75208<br>City; State; Zip Code                                                                           |                                              |
| <b>8</b><br><br><b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                        | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Meals                                                                                     | <b>(b)</b> Description<br>Volunteer Meals    |
|                                                                              | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                              |
| <b>9</b> Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OH       | Candidate / Officeholder name                                                                                                                                        | Office sought Office held                    |
| Date<br>03/29/2023                                                           | Payee name<br>Ascension                                                                                                                                              |                                              |
| Amount (\$)<br>21.16<br>Campaign Funds for<br>Campaign Expenditures          | Payee address;<br>200 Crescent Court Dallas, TX 75201<br>City; State; Zip Code                                                                                       |                                              |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                                        | Category (See Categories listed at the top of this schedule)<br>Fundraising Expense                                                                                  | Description<br>Meeting with donor            |
|                                                                              | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense            |                                              |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OH                | Candidate / Officeholder name                                                                                                                                        | Office sought Office held                    |
| Date<br>03/29/2023                                                           | Payee name<br>CVS Pharmacy                                                                                                                                           |                                              |
| Amount (\$)<br>29.20<br>Officeholder Funds for<br>Officeholder Expenditures  | Payee address;<br>108 West Davis Street Dallas, TX 75208<br>City; State; Zip Code                                                                                    |                                              |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                                        | Category (See Categories listed at the top of this schedule)<br>Supplies                                                                                             | Description<br>Supplies for Meeting          |
|                                                                              | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense            |                                              |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OH                | Candidate / Officeholder name                                                                                                                                        | Office sought Office held                    |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>                   |                                                                                                                                                                      |                                              |

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|                                                                            |                                                                                                                                                               |                                               |
|----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| 1 Total pages Schedule F1:<br>3 of 38                                      | 2 FILER NAME<br>Chad A West                                                                                                                                   | 3 Filer ID (Ethics Commission Filers)         |
| 4 Date<br>03/29/2023                                                       | 5 Payee name<br>USPS                                                                                                                                          |                                               |
| 6 Amount (\$) 37.80<br>Officeholder Funds for<br>Officeholder Expenditures | 7 Payee address; City; State; Zip Code<br>515 Centre Street Dallas, TX 75208                                                                                  |                                               |
| 8<br><b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                                 | (a) Category (See Categories listed at the top of this schedule)<br>Gifts                                                                                     | (b) Description<br>Gifts - Mailing and Boxing |
|                                                                            | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                               |
| 9 Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OH            | Candidate / Officeholder name                                                                                                                                 | Office sought Office held                     |
| Date<br>03/29/2023                                                         | Payee name<br>Walgreens                                                                                                                                       |                                               |
| Amount (\$) 60.74<br>Campaign Funds for<br>Campaign Expenditures           | Payee address; City; State; Zip Code<br>1306 North Beckley Ave Dallas, TX 75208                                                                               |                                               |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                                      | Category (See Categories listed at the top of this schedule)<br>Supplies                                                                                      | Description<br>Supplies for Block Walking     |
|                                                                            | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense     |                                               |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OH              | Candidate / Officeholder name                                                                                                                                 | Office sought Office held                     |
| Date<br>03/29/2023                                                         | Payee name<br>Mammogram Poster Girls                                                                                                                          |                                               |
| Amount (\$) 500.00<br>Officeholder Funds for<br>Officeholder Expenditures  | Payee address; City; State; Zip Code<br>3606 S Tyler Street Dallas, TX 75224                                                                                  |                                               |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                                      | Category (See Categories listed at the top of this schedule)<br>Donation                                                                                      | Description<br>Donation                       |
|                                                                            | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense     |                                               |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OH              | Candidate / Officeholder name                                                                                                                                 | Office sought Office held                     |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED                        |                                                                                                                                                               |                                               |

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|                                                                                |                                                                                               |                                                                                                      |                                                                           |                                              |             |
|--------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|----------------------------------------------|-------------|
| <b>1</b> Total pages Schedule F1:<br>4 of 38                                   |                                                                                               | <b>2</b> FILER NAME<br>Chad A West                                                                   |                                                                           | <b>3</b> Filer ID (Ethics Commission Filers) |             |
| <b>4</b> Date<br>03/29/2023                                                    |                                                                                               | <b>5</b> Payee name<br>K&R Screen                                                                    |                                                                           |                                              |             |
| <b>6</b> Amount (\$)<br>2933.58<br>Campaign Funds for<br>Campaign Expenditures |                                                                                               | <b>7</b> Payee address;<br>3915 Main Street      Dallas, TX 75226<br>City;      State;      Zip Code |                                                                           |                                              |             |
| <b>8</b><br><br><b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                          | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Signs for Campaign |                                                                                                      | <b>(b)</b> Description<br>Printing Costs                                  |                                              |             |
|                                                                                | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.    |                                                                                                      | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                              |             |
| <b>9</b> Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OH         |                                                                                               | Candidate / Officeholder name                                                                        |                                                                           | Office sought                                | Office held |
| Date<br>03/30/2023                                                             |                                                                                               | Payee name<br>Musume                                                                                 |                                                                           |                                              |             |
| Amount (\$)<br>53.91<br>Officeholder Funds for<br>Officeholder Expenditures    |                                                                                               | Payee address;<br>2330 Flora Street Suite 100<br>Dallas, TX 75201<br>City;      State;      Zip Code |                                                                           |                                              |             |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                                          | Category (See Categories listed at the top of this schedule)<br>Meals                         |                                                                                                      | Description<br>Meals                                                      |                                              |             |
|                                                                                | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.               |                                                                                                      | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                              |             |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OH                  |                                                                                               | Candidate / Officeholder name                                                                        |                                                                           | Office sought                                | Office held |
| Date<br>03/30/2023                                                             |                                                                                               | Payee name<br>Dex Imaging                                                                            |                                                                           |                                              |             |
| Amount (\$)<br>43.65<br>Officeholder Funds for<br>Officeholder Expenditures    |                                                                                               | Payee address;<br>14202 Proton Road      Dallas, TX 75244<br>City;      State;      Zip Code         |                                                                           |                                              |             |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                                          | Category (See Categories listed at the top of this schedule)<br>Advertising Expense           |                                                                                                      | Description<br>Copies                                                     |                                              |             |
|                                                                                | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.               |                                                                                                      | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                              |             |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OH                  |                                                                                               | Candidate / Officeholder name                                                                        |                                                                           | Office sought                                | Office held |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>                     |                                                                                               |                                                                                                      |                                                                           |                                              |             |



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|                                                                              |                                                                                                                                                                      |                                              |
|------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| <b>1</b> Total pages Schedule F1:<br>5 of 38                                 | <b>2</b> FILER NAME<br>Chad A West                                                                                                                                   | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> Date<br>03/31/2023                                                  | <b>5</b> Payee name<br>Oak Cliff Brewing                                                                                                                             |                                              |
| <b>6</b> Amount (\$)<br>35.91<br>Campaign Funds for<br>Campaign Expenditures | <b>7</b> Payee address;<br>1300 South Polk Street Suite 222<br>Dallas, TX 75224<br>City; State; Zip Code                                                             |                                              |
| <b>8</b><br><br><b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                        | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fundraising Expense                                                                       | <b>(b)</b> Description<br>Meeting with donor |
|                                                                              | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                              |
| <b>9</b> Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OH       | Candidate / Officeholder name                                                                                                                                        | Office sought Office held                    |
| Date<br>03/31/2023                                                           | Payee name<br>David De La Fuente                                                                                                                                     |                                              |
| Amount (\$)<br>12000.00<br>Campaign Funds for<br>Campaign Expenditures       | Payee address;<br>106 South Clinton Avenue<br>Dallas, TX 75208<br>City; State; Zip Code                                                                              |                                              |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                                        | Category (See Categories listed at the top of this schedule)<br>Wages                                                                                                | Description<br>Consulting                    |
|                                                                              | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense            |                                              |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OH                | Candidate / Officeholder name                                                                                                                                        | Office sought Office held                    |
| Date<br>03/31/2023                                                           | Payee name<br>El Tiempo Cantina                                                                                                                                      |                                              |
| Amount (\$)<br>577.63<br>Campaign Funds for<br>Campaign Expenditures         | Payee address;<br>2814 Navigation Boulevard<br>Houston, TX 77003<br>City; State; Zip Code                                                                            |                                              |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                                        | Category (See Categories listed at the top of this schedule)<br>Fundraising Expense                                                                                  | Description<br>Fundraising Dinner            |
|                                                                              | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense            |                                              |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OH                | Candidate / Officeholder name                                                                                                                                        | Office sought Office held                    |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>                   |                                                                                                                                                                      |                                              |

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|                                                                         |                                                                                                                                                               |                                       |
|-------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1:<br>6 of 38                                   | 2 FILER NAME<br>Chad A West                                                                                                                                   | 3 Filer ID (Ethics Commission Filers) |
| 4 Date<br>03/31/2023                                                    | 5 Payee name<br>InFocus Campaigns, LLC                                                                                                                        |                                       |
| 6 Amount (\$)<br>4320.45<br>Campaign Funds for<br>Campaign Expenditures | 7 Payee address;<br>4 North East 10th Street Suite 260<br>Oklahoma City, OK 73103<br>City; State; Zip Code                                                    |                                       |
| 8<br><br>PURPOSE<br>OF<br>EXPENDITURE                                   | (a) Category (See Categories listed at the top of this schedule)<br>Advertising Expense                                                                       | (b) Description<br>Text campaign      |
|                                                                         | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct<br>expenditure to benefit C/OH                | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |
| Date<br>03/31/2023                                                      | Payee name<br>Chad West PLLC                                                                                                                                  |                                       |
| Amount (\$)<br>226.00<br>Campaign Funds for<br>Campaign Expenditures    | Payee address;<br>3606 South Tyler Street Dallas, TX 75224<br>City; State; Zip Code                                                                           |                                       |
| PURPOSE<br>OF<br>EXPENDITURE                                            | Category (See Categories listed at the top of this schedule)<br>Jamiling                                                                                      | Description<br>Stamps                 |
|                                                                         | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense     |                                       |
| Complete ONLY if direct<br>expenditure to benefit C/OH                  | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |
| Date<br>04/03/2023                                                      | Payee name<br>Dallas Voice OUT                                                                                                                                |                                       |
| Amount (\$)<br>920.00<br>Campaign Funds for<br>Campaign Expenditures    | Payee address;<br>1825 Market Center Boulevard Suite 240<br>Dallas, TX 75207<br>City; State; Zip Code                                                         |                                       |
| PURPOSE<br>OF<br>EXPENDITURE                                            | Category (See Categories listed at the top of this schedule)<br>Advertising Expense                                                                           | Description<br>Full Page Display      |
|                                                                         | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense     |                                       |
| Complete ONLY if direct<br>expenditure to benefit C/OH                  | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED                     |                                                                                                                                                               |                                       |

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|                                                                               |                                                                                                                                                                      |                                                           |
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| <b>1</b> Total pages Schedule F1:<br>7 of 38                                  | <b>2</b> FILER NAME<br>Chad A West                                                                                                                                   | <b>3</b> Filer ID (Ethics Commission Filers)              |
| <b>4</b> Date<br>04/03/2023                                                   | <b>5</b> Payee name<br>Benny Guzman                                                                                                                                  |                                                           |
| <b>6</b> Amount (\$)<br>155.00<br>Campaign Funds for<br>Campaign Expenditures | <b>7</b> Payee address;<br>306 Montreal Avenue Dallas, TX 75208<br>City; State; Zip Code                                                                             |                                                           |
| <b>8</b><br><br><b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                         | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Mileage                                                                                   | <b>(b)</b> Description<br>Gas and other exp reimbursement |
|                                                                               | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                                           |
| <b>9</b> Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OH        | Candidate / Officeholder name                                                                                                                                        | Office sought Office held                                 |
| Date<br>04/03/2023                                                            | Payee name<br>Benny Guzman                                                                                                                                           |                                                           |
| Amount (\$)<br>960.00<br>Campaign Funds for<br>Campaign Expenditures          | Payee address;<br>306 Montreal Avenue Dallas, TX 75208<br>City; State; Zip Code                                                                                      |                                                           |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                                         | Category (See Categories listed at the top of this schedule)<br>Contract Labor                                                                                       | Description<br>Signs                                      |
|                                                                               | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense            |                                                           |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OH                 | Candidate / Officeholder name                                                                                                                                        | Office sought Office held                                 |
| Date<br>04/03/2023                                                            | Payee name<br>Marina Ruiz                                                                                                                                            |                                                           |
| Amount (\$)<br>595.00<br>Campaign Funds for<br>Campaign Expenditures          | Payee address;<br>5322 Whispering Oaks Drive<br>Dallas, TX 75236<br>City; State; Zip Code                                                                            |                                                           |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                                         | Category (See Categories listed at the top of this schedule)<br>Contract Labor                                                                                       | Description<br>Block-walker                               |
|                                                                               | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense            |                                                           |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OH                 | Candidate / Officeholder name                                                                                                                                        | Office sought Office held                                 |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>                    |                                                                                                                                                                      |                                                           |

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|                                                                               |                                                                                                                                                                      |                                              |
|-------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| <b>1</b> Total pages Schedule F1:<br>8 of 38                                  | <b>2</b> FILER NAME<br>Chad A West                                                                                                                                   | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> Date<br>04/03/2023                                                   | <b>5</b> Payee name<br>Aureliano Garrido                                                                                                                             |                                              |
| <b>6</b> Amount (\$)<br>595.00<br>Campaign Funds for<br>Campaign Expenditures | <b>7</b> Payee address;<br>1911 Grauwylar Road Irving, TX 75061<br>City; State; Zip Code                                                                             |                                              |
| <b>8</b><br><br><b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                         | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contract Labor                                                                            | <b>(b)</b> Description<br>Block-walker       |
|                                                                               | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                              |
| <b>9</b> Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OH        | Candidate / Officeholder name                                                                                                                                        | Office sought Office held                    |
| Date<br>04/03/2023                                                            | Payee name<br>Narda S Caballero                                                                                                                                      |                                              |
| Amount (\$)<br>595.00<br>Campaign Funds for<br>Campaign Expenditures          | Payee address;<br>1911 Grauwylar Road Irving, TX 75061<br>City; State; Zip Code                                                                                      |                                              |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                                         | Category (See Categories listed at the top of this schedule)<br>Contract Labor                                                                                       | Description<br>Block-Walker                  |
|                                                                               | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense            |                                              |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OH                 | Candidate / Officeholder name                                                                                                                                        | Office sought Office held                    |
| Date<br>04/03/2023                                                            | Payee name<br>Hotel Zaza                                                                                                                                             |                                              |
| Amount (\$)<br>283.85<br>Campaign Funds for<br>Campaign Expenditures          | Payee address;<br>5701 Main Street Houston, TX 77005<br>City; State; Zip Code                                                                                        |                                              |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                                         | Category (See Categories listed at the top of this schedule)<br>Fundraising Expense                                                                                  | Description<br>Fundraising Expense           |
|                                                                               | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense            |                                              |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OH                 | Candidate / Officeholder name                                                                                                                                        | Office sought Office held                    |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>                    |                                                                                                                                                                      |                                              |

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### 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)

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|                                                                               |  |                                                                                                       |  |                                                                           |             |
|-------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------|-------------|
| <b>1</b> Total pages Schedule F1:<br>9 of 38                                  |  | <b>2</b> FILER NAME<br>Chad A West                                                                    |  | <b>3</b> Filer ID (Ethics Commission Filers)                              |             |
| <b>4</b> Date<br>04/03/2023                                                   |  | <b>5</b> Payee name<br>Zaza Houston                                                                   |  |                                                                           |             |
| <b>6</b> Amount (\$)<br>186.98<br>Campaign Funds for<br>Campaign Expenditures |  | <b>7</b> Payee address;<br>5701 Main Street      Houston, TX 77005<br>City;      State;      Zip Code |  |                                                                           |             |
| <b>8</b><br><br><b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                         |  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fundraising Expense        |  | <b>(b)</b> Description<br>Fundraising Expense                             |             |
|                                                                               |  | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.            |  | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |             |
| <b>9</b> Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OH        |  | Candidate / Officeholder name                                                                         |  | Office sought                                                             | Office held |
| Date<br>04/03/2023                                                            |  | Payee name<br>Southern Maid                                                                           |  |                                                                           |             |
| Amount (\$)<br>42.36<br>Campaign Funds for<br>Campaign Expenditures           |  | Payee address;<br>937 West Davis Street      Dallas, TX 75208<br>City;      State;      Zip Code      |  |                                                                           |             |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                                         |  | Category (See Categories listed at the top of this schedule)<br>Meals                                 |  | Description<br>Donuts for Volunteers                                      |             |
|                                                                               |  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.                       |  | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |             |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OH                 |  | Candidate / Officeholder name                                                                         |  | Office sought                                                             | Office held |
| Date<br>04/03/2023                                                            |  | Payee name<br>The Pour House                                                                          |  |                                                                           |             |
| Amount (\$)<br>45.72<br>Campaign Funds for<br>Campaign Expenditures           |  | Payee address;<br>1919 Skillman Street      Dallas, TX 75206<br>City;      State;      Zip Code       |  |                                                                           |             |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                                         |  | Category (See Categories listed at the top of this schedule)<br>Meals                                 |  | Description<br>Meal for Volunteers                                        |             |
|                                                                               |  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.                       |  | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |             |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OH                 |  | Candidate / Officeholder name                                                                         |  | Office sought                                                             | Office held |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>                    |  |                                                                                                       |  |                                                                           |             |

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

|                                            |                               |                                |                                            |
|--------------------------------------------|-------------------------------|--------------------------------|--------------------------------------------|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |                                            |

The Instruction Guide explains how to complete this form.

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|--------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|----------------------------------------------|--|
| <b>1</b> Total pages Schedule F1:<br>10 of 38                                        |                                                                                                   | <b>2</b> FILER NAME<br>Chad A West                                                                 |                                                                           | <b>3</b> Filer ID (Ethics Commission Filers) |  |
| <b>4</b> Date<br>04/03/2023                                                          |                                                                                                   | <b>5</b> Payee name<br>DFW Airport Park                                                            |                                                                           |                                              |  |
| <b>6</b> Amount (\$)<br>54.00<br>Officeholder Funds for<br>Officeholder Expenditures |                                                                                                   | <b>7</b> Payee address;<br>2334 International Parkway<br>Dallas, TX 75261<br>City; State; Zip Code |                                                                           |                                              |  |
| <b>8</b><br><br><b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                                | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Travel out of District |                                                                                                    | <b>(b)</b> Description<br>Travel                                          |                                              |  |
|                                                                                      | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.        |                                                                                                    | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                              |  |
| <b>9</b> Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OH               |                                                                                                   | Candidate / Officeholder name                                                                      |                                                                           | Office sought<br>Office held                 |  |
| Date<br>04/03/2023                                                                   |                                                                                                   | Payee name<br>Sketches of Spain                                                                    |                                                                           |                                              |  |
| Amount (\$)<br>89.54<br>Officeholder Funds for<br>Officeholder Expenditures          |                                                                                                   | Payee address;<br>321 North Zang Boulevard<br>Dallas, TX 75208<br>City; State; Zip Code            |                                                                           |                                              |  |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                                                | Category (See Categories listed at the top of this schedule)<br>Meals                             |                                                                                                    | Description<br>Meeting with Neighborhood President                        |                                              |  |
|                                                                                      | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.                   |                                                                                                    | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                              |  |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OH                        |                                                                                                   | Candidate / Officeholder name                                                                      |                                                                           | Office sought<br>Office held                 |  |
| Date<br>04/03/2023                                                                   |                                                                                                   | Payee name<br>Flower Shop                                                                          |                                                                           |                                              |  |
| Amount (\$)<br>384.34<br>Campaign Funds for<br>Campaign Expenditures                 |                                                                                                   | Payee address;<br>3606 S Tyler Street<br>Houston, TX 75111<br>City; State; Zip Code                |                                                                           |                                              |  |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                                                | Category (See Categories listed at the top of this schedule)<br>Fundraising Expense               |                                                                                                    | Description<br>Host Gift                                                  |                                              |  |
|                                                                                      | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.                   |                                                                                                    | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                              |  |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OH                        |                                                                                                   | Candidate / Officeholder name                                                                      |                                                                           | Office sought<br>Office held                 |  |

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

|                                            |                               |                                |                                            |
|--------------------------------------------|-------------------------------|--------------------------------|--------------------------------------------|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |                                            |

The Instruction Guide explains how to complete this form.

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| <b>1</b> Total pages Schedule F1:<br>11 of 38                             |                                                                                            | <b>2</b> FILER NAME<br>Chad A West                                                 |                                                                           | <b>3</b> Filer ID (Ethics Commission Filers) |  |
| <b>4</b> Date<br>04/04/2023                                               |                                                                                            | <b>5</b> Payee name<br>Minerva Arredondo                                           |                                                                           |                                              |  |
| <b>6</b> Amount (\$) 60.00<br>Campaign Funds for<br>Campaign Expenditures |                                                                                            | <b>7</b> Payee address; City; State; Zip Code<br>3119 Gulden Lane Dallas, TX 75212 |                                                                           |                                              |  |
| <b>8</b><br><br><b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contract Labor  |                                                                                    | <b>(b)</b> Description<br>Block Walker                                    |                                              |  |
|                                                                           | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |                                                                                    | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                              |  |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH       |                                                                                            | Candidate / Officeholder name                                                      |                                                                           | Office sought Office held                    |  |

  

|                                                                  |                                                                                 |                                                                           |                                                                           |                           |  |
|------------------------------------------------------------------|---------------------------------------------------------------------------------|---------------------------------------------------------------------------|---------------------------------------------------------------------------|---------------------------|--|
| Date<br>04/04/2023                                               |                                                                                 | Payee name<br>Hilario Rios Pena                                           |                                                                           |                           |  |
| Amount (\$) 60.00<br>Campaign Funds for<br>Campaign Expenditures |                                                                                 | Payee address; City; State; Zip Code<br>3119 Gulden Lane Dallas, TX 75212 |                                                                           |                           |  |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                            | Category (See Categories listed at the top of this schedule)<br>Contract Labor  |                                                                           | Description<br>Block Walker                                               |                           |  |
|                                                                  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |                                                                           | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                           |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH       |                                                                                 | Candidate / Officeholder name                                             |                                                                           | Office sought Office held |  |

  

|                                                                           |                                                                                 |                                                                                    |                                                                           |                           |  |
|---------------------------------------------------------------------------|---------------------------------------------------------------------------------|------------------------------------------------------------------------------------|---------------------------------------------------------------------------|---------------------------|--|
| Date<br>04/04/2023                                                        |                                                                                 | Payee name<br>Sunset Hill Association                                              |                                                                           |                           |  |
| Amount (\$) 500.00<br>Officeholder Funds for<br>Officeholder Expenditures |                                                                                 | Payee address; City; State; Zip Code<br>509 South Brighton Avenue Dallas, TX 75208 |                                                                           |                           |  |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                                     | Category (See Categories listed at the top of this schedule)<br>Donation        |                                                                                    | Description<br>Donation                                                   |                           |  |
|                                                                           | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |                                                                                    | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                           |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                |                                                                                 | Candidate / Officeholder name                                                      |                                                                           | Office sought Office held |  |

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|                                                                              |  |                                                                                                       |  |                                                                           |             |
|------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------|-------------|
| <b>1</b> Total pages Schedule F1:<br>12 of 38                                |  | <b>2</b> FILER NAME<br>Chad A West                                                                    |  | <b>3</b> Filer ID (Ethics Commission Filers)                              |             |
| <b>4</b> Date<br>04/04/2023                                                  |  | <b>5</b> Payee name<br>Daniel Gomez                                                                   |  |                                                                           |             |
| <b>6</b> Amount (\$)<br>60.00<br>Campaign Funds for<br>Campaign Expenditures |  | <b>7</b> Payee address;<br>4978 Bernal Drive      Dallas, TX 75212<br>City;      State;      Zip Code |  |                                                                           |             |
| <b>8</b><br><br><b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                        |  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contract Labor             |  | <b>(b)</b> Description<br>Block Walker                                    |             |
|                                                                              |  | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.            |  | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |             |
| <b>9</b> Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OH       |  | Candidate / Officeholder name                                                                         |  | Office sought                                                             | Office held |
| Date<br>04/05/2023                                                           |  | Payee name<br>Chad West                                                                               |  |                                                                           |             |
| Amount (\$)<br>78.42<br>Campaign Funds for<br>Campaign Expenditures          |  | Payee address;<br>810 North Bishop Avenue      Dallas, TX 75208<br>City;      State;      Zip Code    |  |                                                                           |             |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                                        |  | Category (See Categories listed at the top of this schedule)<br>Mailing Expenses                      |  | Description<br>Reimbursement                                              |             |
|                                                                              |  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.                       |  | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |             |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OH                |  | Candidate / Officeholder name                                                                         |  | Office sought                                                             | Office held |
| Date<br>04/06/2023                                                           |  | Payee name<br>The Writers Garret                                                                      |  |                                                                           |             |
| Amount (\$)<br>500.00<br>Officeholder Funds for<br>Officeholder Expenditures |  | Payee address;<br>215 South Tyler Street      Dallas, TX 75208<br>City;      State;      Zip Code     |  |                                                                           |             |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                                        |  | Category (See Categories listed at the top of this schedule)<br>Donation                              |  | Description<br>Community Partner Sponsorship                              |             |
|                                                                              |  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.                       |  | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |             |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OH                |  | Candidate / Officeholder name                                                                         |  | Office sought                                                             | Office held |
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|                                                                              |                                                                                             |                                                                                                       |                                                                           |                                              |             |
|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|----------------------------------------------|-------------|
| <b>1</b> Total pages Schedule F1:<br>13 of 38                                |                                                                                             | <b>2</b> FILER NAME<br>Chad A West                                                                    |                                                                           | <b>3</b> Filer ID (Ethics Commission Filers) |             |
| <b>4</b> Date<br>04/06/2023                                                  |                                                                                             | <b>5</b> Payee name<br>USPS                                                                           |                                                                           |                                              |             |
| <b>6</b> Amount (\$)<br>13.86<br>Campaign Funds for<br>Campaign Expenditures |                                                                                             | <b>7</b> Payee address;<br>515 Centre Street      Dallas, TX 75208<br>City;      State;      Zip Code |                                                                           |                                              |             |
| <b>8</b><br><br><b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                        | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Mailing Expenses |                                                                                                       | <b>(b)</b> Description<br>Mailing Supplies                                |                                              |             |
|                                                                              | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  |                                                                                                       | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                              |             |
| <b>9</b> Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OH       |                                                                                             | Candidate / Officeholder name                                                                         |                                                                           | Office sought                                | Office held |
| Date<br>04/06/2023                                                           |                                                                                             | Payee name<br>The Writers Garret                                                                      |                                                                           |                                              |             |
| Amount (\$)<br>500.00<br>Officeholder Funds for<br>Officeholder Expenditures |                                                                                             | Payee address;<br>215 South Tyler Street      Dallas, TX 75208<br>City;      State;      Zip Code     |                                                                           |                                              |             |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                                        | Category (See Categories listed at the top of this schedule)<br>Donation                    |                                                                                                       | Description<br>Community Partner Sponsorship                              |                                              |             |
|                                                                              | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.             |                                                                                                       | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                              |             |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OH                |                                                                                             | Candidate / Officeholder name                                                                         |                                                                           | Office sought                                | Office held |
| Date<br>04/07/2023                                                           |                                                                                             | Payee name<br>American Airlines                                                                       |                                                                           |                                              |             |
| Amount (\$)<br>50.22<br>Officeholder Funds for<br>Officeholder Expenditures  |                                                                                             | Payee address;<br>2400 Aviation Drive      Dallas, TX 75261<br>City;      State;      Zip Code        |                                                                           |                                              |             |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                                        | Category (See Categories listed at the top of this schedule)<br>Travel out of District      |                                                                                                       | Description<br>Travel Expense                                             |                                              |             |
|                                                                              | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.             |                                                                                                       | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                              |             |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OH                |                                                                                             | Candidate / Officeholder name                                                                         |                                                                           | Office sought                                | Office held |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>                   |                                                                                             |                                                                                                       |                                                                           |                                              |             |

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|                                                                               |  |                                                                                                |  |                                                                           |             |
|-------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------|-------------|
| <b>1</b> Total pages Schedule F1:<br>14 of 38                                 |  | <b>2</b> FILER NAME<br>Chad A West                                                             |  | <b>3</b> Filer ID (Ethics Commission Filers)                              |             |
| <b>4</b> Date<br>04/07/2023                                                   |  | <b>5</b> Payee name<br>Tom Thumb                                                               |  |                                                                           |             |
| <b>6</b> Amount (\$)<br>148.66<br>Campaign Funds for<br>Campaign Expenditures |  | <b>7</b> Payee address;<br>315 South Hampton Road<br>City; Dallas, TX 75208<br>State; Zip Code |  |                                                                           |             |
| <b>8</b><br><br><b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                         |  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Supplies            |  | <b>(b)</b> Description<br>Block Walking Supplies                          |             |
|                                                                               |  | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.     |  | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |             |
| <b>9</b> Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OH        |  | Candidate / Officeholder name                                                                  |  | Office sought                                                             | Office held |
| Date<br>04/10/2023                                                            |  | Payee name<br>Benny Guzman                                                                     |  |                                                                           |             |
| Amount (\$)<br>980.00<br>Campaign Funds for<br>Campaign Expenditures          |  | Payee address;<br>306 Montreal Avenue<br>City; Dallas, TX 75208<br>State; Zip Code             |  |                                                                           |             |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                                         |  | Category (See Categories listed at the top of this schedule)<br>Contract Labor                 |  | Description<br>Signs                                                      |             |
|                                                                               |  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.                |  | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |             |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OH                 |  | Candidate / Officeholder name                                                                  |  | Office sought                                                             | Office held |
| Date<br>04/10/2023                                                            |  | Payee name<br>Benny Guzman                                                                     |  |                                                                           |             |
| Amount (\$)<br>75.00<br>Campaign Funds for<br>Campaign Expenditures           |  | Payee address;<br>306 Montreal Avenue<br>City; Dallas, TX 75208<br>State; Zip Code             |  |                                                                           |             |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                                         |  | Category (See Categories listed at the top of this schedule)<br>Mileage                        |  | Description<br>Mileage                                                    |             |
|                                                                               |  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.                |  | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |             |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OH                 |  | Candidate / Officeholder name                                                                  |  | Office sought                                                             | Office held |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>                    |  |                                                                                                |  |                                                                           |             |

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

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| <b>1</b> Total pages Schedule F1:<br>15 of 38                              |  | <b>2</b> FILER NAME<br>Chad A West                                                                 |  | <b>3</b> Filer ID (Ethics Commission Filers)                              |             |
| <b>4</b> Date<br>04/10/2023                                                |  | <b>5</b> Payee name<br>Marina Ruiz                                                                 |  |                                                                           |             |
| <b>6</b> Amount (\$) 630.00<br>Campaign Funds for<br>Campaign Expenditures |  | <b>7</b> Payee address;<br>5322 Whispering Oaks Drive<br>Dallas, TX 75236<br>City; State; Zip Code |  |                                                                           |             |
| <b>8</b><br><br><b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                      |  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contract Labor          |  | <b>(b)</b> Description<br>Block walker                                    |             |
|                                                                            |  | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.         |  | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |             |
| <b>9</b> Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OH     |  | Candidate / Officeholder name                                                                      |  | Office sought                                                             | Office held |
| Date<br>04/10/2023                                                         |  | Payee name<br>Aureliano Garrido                                                                    |  |                                                                           |             |
| Amount (\$) 630.00<br>Campaign Funds for<br>Campaign Expenditures          |  | Payee address;<br>1911 Grauwlyer Road Irving, TX 75061<br>City; State; Zip Code                    |  |                                                                           |             |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                                      |  | Category (See Categories listed at the top of this schedule)<br>Contract Labor                     |  | Description<br>block walker                                               |             |
|                                                                            |  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.                    |  | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |             |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OH              |  | Candidate / Officeholder name                                                                      |  | Office sought                                                             | Office held |
| Date<br>04/10/2023                                                         |  | Payee name<br>Narda S Caballero                                                                    |  |                                                                           |             |
| Amount (\$) 530.00<br>Campaign Funds for<br>Campaign Expenditures          |  | Payee address;<br>1911 Grauwlyer Road Irving, TX 75061<br>City; State; Zip Code                    |  |                                                                           |             |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                                      |  | Category (See Categories listed at the top of this schedule)<br>Contract Labor                     |  | Description<br>block walker                                               |             |
|                                                                            |  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.                    |  | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |             |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OH              |  | Candidate / Officeholder name                                                                      |  | Office sought                                                             | Office held |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>                 |  |                                                                                                    |  |                                                                           |             |

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

|                                            |                               |                                |                                            |
|--------------------------------------------|-------------------------------|--------------------------------|--------------------------------------------|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |                                            |

The Instruction Guide explains how to complete this form.

|                                                                                                                                |                                                                                                |                                                                                                 |                                                                           |                                              |  |
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| <b>1</b> Total pages Schedule F1:<br>16 of 38                                                                                  |                                                                                                | <b>2</b> FILER NAME<br>Chad A West                                                              |                                                                           | <b>3</b> Filer ID (Ethics Commission Filers) |  |
| <b>4</b> Date<br>04/10/2023                                                                                                    |                                                                                                | <b>5</b> Payee name<br>Qualigraphics                                                            |                                                                           |                                              |  |
| <b>6</b> Amount (\$)<br>1565.15<br>Campaign Funds for<br>Campaign Expenditures                                                 |                                                                                                | <b>7</b> Payee address;<br>934 Stevens Woods Court<br>Dallas, TX 75208<br>City; State; Zip Code |                                                                           |                                              |  |
| <b>8</b><br><br><b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                                                                          | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense |                                                                                                 | <b>(b)</b> Description<br>Marketing Materials                             |                                              |  |
|                                                                                                                                | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.     |                                                                                                 | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                              |  |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name Office sought Office held |                                                                                                |                                                                                                 |                                                                           |                                              |  |
| Date<br>04/10/2023                                                                                                             |                                                                                                | Payee name<br>The Dallas Assembly                                                               |                                                                           |                                              |  |
| Amount (\$)<br>75.00<br>Officeholder Funds for<br>Officeholder Expenditures                                                    |                                                                                                | Payee address;<br>12900 Preston Road Suite 1210<br>Dallas, TX 75230<br>City; State; Zip Code    |                                                                           |                                              |  |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                                                                                          | Category (See Categories listed at the top of this schedule)<br>Membership                     |                                                                                                 | Description<br>Event Fee                                                  |                                              |  |
|                                                                                                                                | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.                |                                                                                                 | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                              |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name Office sought Office held          |                                                                                                |                                                                                                 |                                                                           |                                              |  |
| Date<br>04/10/2023                                                                                                             |                                                                                                | Payee name<br>Written By T                                                                      |                                                                           |                                              |  |
| Amount (\$)<br>133.91<br>Campaign Funds for<br>Campaign Expenditures                                                           |                                                                                                | Payee address;<br>380 Melba Street<br>Dallas, TX 75208<br>City; State; Zip Code                 |                                                                           |                                              |  |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                                                                                          | Category (See Categories listed at the top of this schedule)<br>Fundraising Expense            |                                                                                                 | Description<br>Fundraising Meeting                                        |                                              |  |
|                                                                                                                                | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.                |                                                                                                 | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                              |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name Office sought Office held          |                                                                                                |                                                                                                 |                                                                           |                                              |  |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>                                                                     |                                                                                                |                                                                                                 |                                                                           |                                              |  |

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|                                                                           |                                                                                            |                                                                                        |                                                                           |                                              |             |
|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|---------------------------------------------------------------------------|----------------------------------------------|-------------|
| <b>1</b> Total pages Schedule F1:<br>17 of 38                             |                                                                                            | <b>2</b> FILER NAME<br>Chad A West                                                     |                                                                           | <b>3</b> Filer ID (Ethics Commission Filers) |             |
| <b>4</b> Date<br>04/10/2023                                               |                                                                                            | <b>5</b> Payee name<br>The Pour House                                                  |                                                                           |                                              |             |
| <b>6</b> Amount (\$) 89.07<br>Campaign Funds for<br>Campaign Expenditures |                                                                                            | <b>7</b> Payee address; City; State; Zip Code<br>1919 Skillman Street Dallas, TX 75206 |                                                                           |                                              |             |
| <b>8</b><br><br><b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Meals           |                                                                                        | <b>(b)</b> Description<br>Volunteer Meals                                 |                                              |             |
|                                                                           | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |                                                                                        | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                              |             |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH       |                                                                                            | Candidate / Officeholder name                                                          |                                                                           | Office sought                                | Office held |
| Date<br>04/10/2023                                                        |                                                                                            | Payee name<br>Eatzis                                                                   |                                                                           |                                              |             |
| Amount (\$) 115.26<br>Officeholder Funds for<br>Officeholder Expenditures |                                                                                            | Payee address; City; State; Zip Code<br>3403 Oak Lawn Avenue Dallas, TX 75219          |                                                                           |                                              |             |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                                     | Category (See Categories listed at the top of this schedule)<br>Gifts                      |                                                                                        | Description<br>Meals for New Parents                                      |                                              |             |
|                                                                           | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.            |                                                                                        | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                              |             |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                |                                                                                            | Candidate / Officeholder name                                                          |                                                                           | Office sought                                | Office held |
| Date<br>04/11/2023                                                        |                                                                                            | Payee name<br>Wayward Coffee                                                           |                                                                           |                                              |             |
| Amount (\$) 15.40<br>Officeholder Funds for<br>Officeholder Expenditures  |                                                                                            | Payee address; City; State; Zip Code<br>1318 West Davis Street Dallas, TX 75208        |                                                                           |                                              |             |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                                     | Category (See Categories listed at the top of this schedule)<br>Meals                      |                                                                                        | Description<br>Coffee meeting                                             |                                              |             |
|                                                                           | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.            |                                                                                        | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                              |             |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                |                                                                                            | Candidate / Officeholder name                                                          |                                                                           | Office sought                                | Office held |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>                |                                                                                            |                                                                                        |                                                                           |                                              |             |

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

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| <b>1</b> Total pages Schedule F1:<br>18 of 38                                        |  | <b>2</b> FILER NAME<br>Chad A West                                                         |  | <b>3</b> Filer ID (Ethics Commission Filers)                              |             |
| <b>4</b> Date<br>04/11/2023                                                          |  | <b>5</b> Payee name<br>Eatzis                                                              |  |                                                                           |             |
| <b>6</b> Amount (\$)<br>93.93<br>Officeholder Funds for<br>Officeholder Expenditures |  | <b>7</b> Payee address;<br>3403 Oak Lawn Avenue Dallas, TX 75219<br>City; State; Zip Code  |  |                                                                           |             |
| <b>8</b><br><br><b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                                |  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Gifts           |  | <b>(b)</b> Description<br>Meals for New Parents                           |             |
|                                                                                      |  | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |  | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |             |
| <b>9</b> Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OH               |  | Candidate / Officeholder name                                                              |  | Office sought                                                             | Office held |
| Date<br>04/11/2023                                                                   |  | Payee name<br>Oak Cliff Lions Club                                                         |  |                                                                           |             |
| Amount (\$)<br>50.00<br>Officeholder Funds for<br>Officeholder Expenditures          |  | Payee address;<br>P.O. Box 4445 Dallas, TX 75208<br>City; State; Zip Code                  |  |                                                                           |             |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                                                |  | Category (See Categories listed at the top of this schedule)<br>Advertising Expense        |  | Description<br>Member Dues                                                |             |
|                                                                                      |  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.            |  | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |             |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OH                        |  | Candidate / Officeholder name                                                              |  | Office sought                                                             | Office held |
| Date<br>04/12/2023                                                                   |  | Payee name<br>Chad West PLLC                                                               |  |                                                                           |             |
| Amount (\$)<br>189.00<br>Officeholder Funds for<br>Officeholder Expenditures         |  | Payee address;<br>3606 South Tyler Street Dallas, TX 75224<br>City; State; Zip Code        |  |                                                                           |             |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                                                |  | Category (See Categories listed at the top of this schedule)<br>Reimbursement              |  | Description<br>Stamps                                                     |             |
|                                                                                      |  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.            |  | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |             |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OH                        |  | Candidate / Officeholder name                                                              |  | Office sought                                                             | Office held |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>                           |  |                                                                                            |  |                                                                           |             |

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

|                                            |                               |                                |                                            |
|--------------------------------------------|-------------------------------|--------------------------------|--------------------------------------------|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |                                            |

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| <b>1</b> Total pages Schedule F1:<br>19 of 38                                 |                                                                                                | <b>2</b> FILER NAME<br>Chad A West                                                                    |                                                                           | <b>3</b> Filer ID (Ethics Commission Filers) |             |
| <b>4</b> Date<br>04/12/2023                                                   |                                                                                                | <b>5</b> Payee name<br>Cibo Divino                                                                    |                                                                           |                                              |             |
| <b>6</b> Amount (\$)<br>122.83<br>Campaign Funds for<br>Campaign Expenditures |                                                                                                | <b>7</b> Payee address;<br>1868 Sylvan Avenue Suite D100<br>Dallas, TX 75208<br>City; State; Zip Code |                                                                           |                                              |             |
| <b>8</b><br><br><b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                         | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fundraising Expense |                                                                                                       | <b>(b)</b> Description<br>Fundraising Meeting                             |                                              |             |
|                                                                               | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.     |                                                                                                       | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                              |             |
| <b>9</b> Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OH        |                                                                                                | Candidate / Officeholder name                                                                         |                                                                           | Office sought                                | Office held |
| Date<br>04/13/2023                                                            |                                                                                                | Payee name<br>USPS                                                                                    |                                                                           |                                              |             |
| Amount (\$)<br>32.60<br>Campaign Funds for<br>Campaign Expenditures           |                                                                                                | Payee address;<br>515 Centre Street Dallas, TX 75208<br>City; State; Zip Code                         |                                                                           |                                              |             |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                                         | Category (See Categories listed at the top of this schedule)<br>Mailing Expenses               |                                                                                                       | Description<br>Mailing Supplies                                           |                                              |             |
|                                                                               | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.                |                                                                                                       | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                              |             |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OH                 |                                                                                                | Candidate / Officeholder name                                                                         |                                                                           | Office sought                                | Office held |
| Date<br>04/13/2023                                                            |                                                                                                | Payee name<br>Cibo Divino                                                                             |                                                                           |                                              |             |
| Amount (\$)<br>164.54<br>Campaign Funds for<br>Campaign Expenditures          |                                                                                                | Payee address;<br>1868 Sylvan Avenue Dallas, TX 75208<br>City; State; Zip Code                        |                                                                           |                                              |             |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                                         | Category (See Categories listed at the top of this schedule)<br>Fundraising Expense            |                                                                                                       | Description<br>Fundraising Meeting                                        |                                              |             |
|                                                                               | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.                |                                                                                                       | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                              |             |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OH                 |                                                                                                | Candidate / Officeholder name                                                                         |                                                                           | Office sought                                | Office held |

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

|                                            |                               |                                |                                            |
|--------------------------------------------|-------------------------------|--------------------------------|--------------------------------------------|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |                                            |

The Instruction Guide explains how to complete this form.

|                                                                                    |                                                                                            |                                                                                       |                                                                           |                                              |  |
|------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------|----------------------------------------------|--|
| <b>1</b> Total pages Schedule F1:<br>20 of 38                                      |                                                                                            | <b>2</b> FILER NAME<br>Chad A West                                                    |                                                                           | <b>3</b> Filer ID (Ethics Commission Filers) |  |
| <b>4</b> Date<br>04/13/2023                                                        |                                                                                            | <b>5</b> Payee name<br>Dallas Art                                                     |                                                                           |                                              |  |
| <b>6</b> Amount (\$) 500.00<br>Officeholder Funds for<br>Officeholder Expenditures |                                                                                            | <b>7</b> Payee address; City; State; Zip Code<br>3606 S Tyler Street Dallas, TX 75224 |                                                                           |                                              |  |
| <b>8</b><br><br><b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Donation        |                                                                                       | <b>(b)</b> Description<br>Donation                                        |                                              |  |
|                                                                                    | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |                                                                                       | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                              |  |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                |                                                                                            |                                                                                       |                                                                           |                                              |  |
| Date<br>04/14/2023                                                                 |                                                                                            | Payee name<br>Mail House                                                              |                                                                           |                                              |  |
| Amount (\$) 5828.25<br>Campaign Funds for<br>Campaign Expenditures                 |                                                                                            | Payee address; City; State; Zip Code<br>2276 Vantage Dallas, TX 75207                 |                                                                           |                                              |  |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                                              | Category (See Categories listed at the top of this schedule)<br>Advertising Expense        |                                                                                       | Description<br>Mailing Supplies                                           |                                              |  |
|                                                                                    | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.            |                                                                                       | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                              |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                         |                                                                                            |                                                                                       |                                                                           |                                              |  |
| Date<br>04/14/2023                                                                 |                                                                                            | Payee name<br>Qualigraphics                                                           |                                                                           |                                              |  |
| Amount (\$) 3904.19<br>Campaign Funds for<br>Campaign Expenditures                 |                                                                                            | Payee address; City; State; Zip Code<br>934 Stevens Woods Court Dallas, TX 75208      |                                                                           |                                              |  |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                                              | Category (See Categories listed at the top of this schedule)<br>Advertising Expense        |                                                                                       | Description<br>Campaign Material                                          |                                              |  |
|                                                                                    | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.            |                                                                                       | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                              |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                         |                                                                                            |                                                                                       |                                                                           |                                              |  |

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

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|-------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------|-------------|
| <b>1</b> Total pages Schedule F1:<br>21 of 38                                 |  | <b>2</b> FILER NAME<br>Chad A West                                                                 |  | <b>3</b> Filer ID (Ethics Commission Filers)                              |             |
| <b>4</b> Date<br>04/17/2023                                                   |  | <b>5</b> Payee name<br>Marina Ruiz                                                                 |  |                                                                           |             |
| <b>6</b> Amount (\$)<br>510.00<br>Campaign Funds for<br>Campaign Expenditures |  | <b>7</b> Payee address;<br>5322 Whispering Oaks Drive<br>Dallas, TX 75236<br>City; State; Zip Code |  |                                                                           |             |
| <b>8</b><br><br><b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                         |  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contract Labor          |  | <b>(b)</b> Description<br>Block-walker                                    |             |
|                                                                               |  | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.         |  | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |             |
| <b>9</b> Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OH        |  | Candidate / Officeholder name                                                                      |  | Office sought                                                             | Office held |
| <b>Date</b><br><br>04/17/2023                                                 |  | <b>Payee name</b><br><br>Aureliano Garrido                                                         |  |                                                                           |             |
| <b>Amount (\$)</b><br>510.00<br>Campaign Funds for<br>Campaign Expenditures   |  | <b>Payee address;</b><br>1911 Grauwlyer Road Irving, TX 75061<br>City; State; Zip Code             |  |                                                                           |             |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                                         |  | <b>Category</b> (See Categories listed at the top of this schedule)<br>Contract Labor              |  | <b>Description</b><br>Block-walker                                        |             |
|                                                                               |  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.                    |  | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |             |
| <b>Complete ONLY</b> if direct<br>expenditure to benefit C/OH                 |  | Candidate / Officeholder name                                                                      |  | Office sought                                                             | Office held |
| <b>Date</b><br><br>04/17/2023                                                 |  | <b>Payee name</b><br><br>Narda Caballero                                                           |  |                                                                           |             |
| <b>Amount (\$)</b><br>510.00<br>Campaign Funds for<br>Campaign Expenditures   |  | <b>Payee address;</b><br>1911 Grauwlyer Road Irving, TX 75061<br>City; State; Zip Code             |  |                                                                           |             |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                                         |  | <b>Category</b> (See Categories listed at the top of this schedule)<br>Contract Labor              |  | <b>Description</b><br>Block-walker                                        |             |
|                                                                               |  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.                    |  | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |             |
| <b>Complete ONLY</b> if direct<br>expenditure to benefit C/OH                 |  | Candidate / Officeholder name                                                                      |  | Office sought                                                             | Office held |

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|                                                                               |  |                                                                                            |  |                                                                           |             |
|-------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------|-------------|
| <b>1</b> Total pages Schedule F1:<br>22 of 38                                 |  | <b>2</b> FILER NAME<br>Chad A West                                                         |  | <b>3</b> Filer ID (Ethics Commission Filers)                              |             |
| <b>4</b> Date<br>04/17/2023                                                   |  | <b>5</b> Payee name<br>Benny Guzman                                                        |  |                                                                           |             |
| <b>6</b> Amount (\$)<br>960.00<br>Campaign Funds for<br>Campaign Expenditures |  | <b>7</b> Payee address;<br>306 Montreal Avenue Dallas, TX 75208<br>City; State; Zip Code   |  |                                                                           |             |
| <b>8</b><br><br><b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                         |  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contract Labor  |  | <b>(b)</b> Description<br>Block-walking                                   |             |
|                                                                               |  | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |  | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |             |
| <b>9</b> Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OH        |  | Candidate / Officeholder name                                                              |  | Office sought                                                             | Office held |
| Date<br>04/17/2023                                                            |  | Payee name<br>Benny Guzman                                                                 |  |                                                                           |             |
| Amount (\$)<br>80.00<br>Campaign Funds for<br>Campaign Expenditures           |  | Payee address;<br>306 Montreal Avenue Dallas, TX 75208<br>City; State; Zip Code            |  |                                                                           |             |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                                         |  | Category (See Categories listed at the top of this schedule)<br>Contract Labor             |  | Description<br>Signs                                                      |             |
|                                                                               |  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.            |  | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |             |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OH                 |  | Candidate / Officeholder name                                                              |  | Office sought                                                             | Office held |
| Date<br>04/17/2023                                                            |  | Payee name<br>Benny Guzman                                                                 |  |                                                                           |             |
| Amount (\$)<br>40.00<br>Campaign Funds for<br>Campaign Expenditures           |  | Payee address;<br>306 Montreal Avenue Dallas, TX 75208<br>City; State; Zip Code            |  |                                                                           |             |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                                         |  | Category (See Categories listed at the top of this schedule)<br>Mileage                    |  | Description<br>Gas                                                        |             |
|                                                                               |  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.            |  | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |             |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OH                 |  | Candidate / Officeholder name                                                              |  | Office sought                                                             | Office held |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>                    |  |                                                                                            |  |                                                                           |             |

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

|                                            |                               |                                |                                            |
|--------------------------------------------|-------------------------------|--------------------------------|--------------------------------------------|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |                                            |

The Instruction Guide explains how to complete this form.

|                                                                                                                                |                                                                                                   |                                                                                                 |                                                                           |                                              |  |
|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|----------------------------------------------|--|
| <b>1</b> Total pages Schedule F1:<br>23 of 38                                                                                  |                                                                                                   | <b>2</b> FILER NAME<br>Chad A West                                                              |                                                                           | <b>3</b> Filer ID (Ethics Commission Filers) |  |
| <b>4</b> Date<br>04/17/2023                                                                                                    |                                                                                                   | <b>5</b> Payee name<br>Chad West                                                                |                                                                           |                                              |  |
| <b>6</b> Amount (\$)<br>84.92<br>Officeholder Funds for<br>Officeholder Expenditures                                           |                                                                                                   | <b>7</b> Payee address;<br>810 North Bishop Avenue<br>City; Dallas, TX 75208<br>State; Zip Code |                                                                           |                                              |  |
| <b>8</b><br><br><b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                                                                          | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Travel out of District |                                                                                                 | <b>(b)</b> Description<br>Uber                                            |                                              |  |
|                                                                                                                                | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.        |                                                                                                 | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                              |  |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name Office sought Office held |                                                                                                   |                                                                                                 |                                                                           |                                              |  |
| Date<br>04/17/2023                                                                                                             |                                                                                                   | Payee name<br>Skate Parks                                                                       |                                                                           |                                              |  |
| Amount (\$)<br>30.00<br>Officeholder Funds for<br>Officeholder Expenditures                                                    |                                                                                                   | Payee address;<br>2633 Ferris Street<br>City; Dallas, TX 75226<br>State; Zip Code               |                                                                           |                                              |  |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                                                                                          | Category (See Categories listed at the top of this schedule)<br>Donation                          |                                                                                                 | Description<br>Donation                                                   |                                              |  |
|                                                                                                                                | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.                   |                                                                                                 | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                              |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name Office sought Office held          |                                                                                                   |                                                                                                 |                                                                           |                                              |  |
| Date<br>04/17/2023                                                                                                             |                                                                                                   | Payee name<br>Glorias Restaurant                                                                |                                                                           |                                              |  |
| Amount (\$)<br>47.73<br>Campaign Funds for<br>Campaign Expenditures                                                            |                                                                                                   | Payee address;<br>600 North Bishop Avenue<br>City; Dallas, TX 75208<br>State; Zip Code          |                                                                           |                                              |  |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                                                                                          | Category (See Categories listed at the top of this schedule)<br>Fundraising Expense               |                                                                                                 | Description<br>Fundraising Meeting                                        |                                              |  |
|                                                                                                                                | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.                   |                                                                                                 | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                              |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name Office sought Office held          |                                                                                                   |                                                                                                 |                                                                           |                                              |  |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>                                                                     |                                                                                                   |                                                                                                 |                                                                           |                                              |  |

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|                                                                           |                                                                                            |                                                                                                         |                                                                           |                                              |             |
|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|----------------------------------------------|-------------|
| <b>1</b> Total pages Schedule F1:<br>24 of 38                             |                                                                                            | <b>2</b> FILER NAME<br>Chad A West                                                                      |                                                                           | <b>3</b> Filer ID (Ethics Commission Filers) |             |
| <b>4</b> Date<br>04/17/2023                                               |                                                                                            | <b>5</b> Payee name<br>USA Donuts                                                                       |                                                                           |                                              |             |
| <b>6</b> Amount (\$) 19.50<br>Campaign Funds for<br>Campaign Expenditures |                                                                                            | <b>7</b> Payee address;<br>902 North Westmoreland Road<br>Dallas, TX 75211<br>City; State; Zip Code     |                                                                           |                                              |             |
| <b>8</b><br><br><b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Meals           |                                                                                                         | <b>(b)</b> Description<br>Meals for Volunteers                            |                                              |             |
|                                                                           | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |                                                                                                         | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                              |             |
| <b>9</b> Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OH    |                                                                                            | Candidate / Officeholder name                                                                           |                                                                           | Office sought                                | Office held |
| Date<br>04/17/2023                                                        |                                                                                            | Payee name<br>Eataly Dallas                                                                             |                                                                           |                                              |             |
| Amount (\$) 18.32<br>Officeholder Funds for<br>Officeholder Expenditures  |                                                                                            | Payee address;<br>8687 North Central Expressway Suite 2172<br>Dallas, TX 75225<br>City; State; Zip Code |                                                                           |                                              |             |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                                     | Category (See Categories listed at the top of this schedule)<br>Meals                      |                                                                                                         | Description<br>Meeting with Advisor                                       |                                              |             |
|                                                                           | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.            |                                                                                                         | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                              |             |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OH             |                                                                                            | Candidate / Officeholder name                                                                           |                                                                           | Office sought                                | Office held |
| Date<br>04/17/2023                                                        |                                                                                            | Payee name<br>Out of the Closet                                                                         |                                                                           |                                              |             |
| Amount (\$) 11.91<br>Officeholder Funds for<br>Officeholder Expenditures  |                                                                                            | Payee address;<br>3920 Cedar Springs RoadDallas, TX 75219<br>City; State; Zip Code                      |                                                                           |                                              |             |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                                     | Category (See Categories listed at the top of this schedule)<br>Supplies                   |                                                                                                         | Description<br>Supplies                                                   |                                              |             |
|                                                                           | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.            |                                                                                                         | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                              |             |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OH             |                                                                                            | Candidate / Officeholder name                                                                           |                                                                           | Office sought                                | Office held |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>                |                                                                                            |                                                                                                         |                                                                           |                                              |             |

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|                                                                              |  |                                                                                                |  |                                                                           |             |
|------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------|-------------|
| <b>1</b> Total pages Schedule F1:<br>25 of 38                                |  | <b>2</b> FILER NAME<br>Chad A West                                                             |  | <b>3</b> Filer ID (Ethics Commission Filers)                              |             |
| <b>4</b> Date<br>04/17/2023                                                  |  | <b>5</b> Payee name<br>The Trove                                                               |  |                                                                           |             |
| <b>6</b> Amount (\$)<br>53.60<br>Campaign Funds for<br>Campaign Expenditures |  | <b>7</b> Payee address;<br>320 West Seventh Street Dallas, TX 75208<br>City; State; Zip Code   |  |                                                                           |             |
| <b>8</b><br><br><b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                        |  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fundraising Expense |  | <b>(b)</b> Description<br>Meeting with Donor                              |             |
|                                                                              |  | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.     |  | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |             |
| <b>9</b> Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OH       |  | Candidate / Officeholder name                                                                  |  | Office sought                                                             | Office held |
| Date<br>04/17/2023                                                           |  | Payee name<br>Revelers                                                                         |  |                                                                           |             |
| Amount (\$)<br>57.14<br>Campaign Funds for<br>Campaign Expenditures          |  | Payee address;<br>412 North Bishop Avenue Dallas, TX 75208<br>City; State; Zip Code            |  |                                                                           |             |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                                        |  | Category (See Categories listed at the top of this schedule)<br>Fundraising Expense            |  | Description<br>Meeting with Donor                                         |             |
|                                                                              |  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.                |  | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |             |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OH                |  | Candidate / Officeholder name                                                                  |  | Office sought                                                             | Office held |
| Date<br>04/17/2023                                                           |  | Payee name<br>The Pour House                                                                   |  |                                                                           |             |
| Amount (\$)<br>86.64<br>Campaign Funds for<br>Campaign Expenditures          |  | Payee address;<br>1919 Skillman Street Dallas, TX 75206<br>City; State; Zip Code               |  |                                                                           |             |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                                        |  | Category (See Categories listed at the top of this schedule)<br>Meals                          |  | Description<br>Volunteer Meals                                            |             |
|                                                                              |  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.                |  | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |             |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OH                |  | Candidate / Officeholder name                                                                  |  | Office sought                                                             | Office held |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>                   |  |                                                                                                |  |                                                                           |             |

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|                                                                              |                                                                                                                                                               |                                       |
|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1:<br>26 of 38                                       | 2 FILER NAME<br>Chad A West                                                                                                                                   | 3 Filer ID (Ethics Commission Filers) |
| 4 Date<br>04/17/2023                                                         | 5 Payee name<br>Beverleys                                                                                                                                     |                                       |
| 6 Amount (\$)<br>100.00<br>Campaign Funds for<br>Campaign Expenditures       | 7 Payee address;<br>3215 North Fitzhugh Avenue<br>Dallas, TX 75204<br>City; State; Zip Code                                                                   |                                       |
| 8<br><b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                                   | (a) Category (See Categories listed at the top of this schedule)<br>Fundraising Expense                                                                       | (b) Description<br>Meeting with Donor |
|                                                                              | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OH              | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |
| Date<br>04/17/2023                                                           | Payee name<br>Diffa Dallas                                                                                                                                    |                                       |
| Amount (\$)<br>519.52<br>Officeholder Funds for<br>Officeholder Expenditures | Payee address;<br>2050 North Stemmons Freeway<br>Dallas, TX 75207<br>City; State; Zip Code                                                                    |                                       |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                                        | Category (See Categories listed at the top of this schedule)<br>Donation                                                                                      | Description<br>Donation               |
|                                                                              | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense     |                                       |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OH                | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |
| Date<br>04/17/2023                                                           | Payee name<br>Kessler School                                                                                                                                  |                                       |
| Amount (\$)<br>875.67<br>Officeholder Funds for<br>Officeholder Expenditures | Payee address;<br>1215 Tuner Avenue Dallas, TX 75208<br>City; State; Zip Code                                                                                 |                                       |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                                        | Category (See Categories listed at the top of this schedule)<br>Donation                                                                                      | Description<br>Donation               |
|                                                                              | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense     |                                       |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OH                | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED                          |                                                                                                                                                               |                                       |

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|                                                                            |                                                                                                                                                                      |                                              |
|----------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| <b>1</b> Total pages Schedule F1:<br>27 of 38                              | <b>2</b> FILER NAME<br>Chad A West                                                                                                                                   | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> Date<br>04/17/2023                                                | <b>5</b> Payee name<br>Written By T                                                                                                                                  |                                              |
| <b>6</b> Amount (\$) 226.52<br>Campaign Funds for<br>Campaign Expenditures | <b>7</b> Payee address; City; State; Zip Code<br>3606 S Tyler Street Dallas, TX 75224                                                                                |                                              |
| <b>8</b><br><br><b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                      | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fundraising Expense                                                                       | <b>(b)</b> Description<br>Meeting with Donor |
|                                                                            | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                              |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH        | Candidate / Officeholder name Office sought Office held                                                                                                              |                                              |
| Date<br>04/18/2023                                                         | Payee name<br>Chad West PLLC                                                                                                                                         |                                              |
| Amount (\$) 189.00<br>Officeholder Funds for<br>Officeholder Expenditures  | Payee address; City; State; Zip Code<br>3606 South Tyler Street Dallas, TX 75224                                                                                     |                                              |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                                      | Category (See Categories listed at the top of this schedule)<br>Reimbursement                                                                                        | Description<br>Stamps                        |
|                                                                            | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense            |                                              |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                 | Candidate / Officeholder name Office sought Office held                                                                                                              |                                              |
| Date<br>04/18/2023                                                         | Payee name<br>Chad West                                                                                                                                              |                                              |
| Amount (\$) 2000.00<br>Campaign Funds for<br>Campaign Expenditures         | Payee address; City; State; Zip Code<br>810 North Bishop Avenue Dallas, TX 75208                                                                                     |                                              |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                                      | Category (See Categories listed at the top of this schedule)<br>Rent                                                                                                 | Description<br>Rent                          |
|                                                                            | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense            |                                              |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                 | Candidate / Officeholder name Office sought Office held                                                                                                              |                                              |

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|                                                                           |                                                                                         |                                                                                          |                                                                           |                                       |  |
|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|---------------------------------------|--|
| 1 Total pages Schedule F1:<br>28 of 38                                    |                                                                                         | 2 FILER NAME<br>Chad A West                                                              |                                                                           | 3 Filer ID (Ethics Commission Filers) |  |
| 4 Date<br>04/19/2023                                                      |                                                                                         | 5 Payee name<br>Full Moon Design Group                                                   |                                                                           |                                       |  |
| 6 Amount (\$) 595.38<br>Campaign Funds for<br>Campaign Expenditures       |                                                                                         | 7 Payee address; City; State; Zip Code<br>3423 West Pentagon Parkway<br>Dallas, TX 75233 |                                                                           |                                       |  |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                                     | (a) Category (See Categories listed at the top of this schedule)<br>Advertising Expense |                                                                                          | (b) Description<br>Campaign Material                                      |                                       |  |
|                                                                           | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.     |                                                                                          | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |  |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH              |                                                                                         | Candidate / Officeholder name                                                            |                                                                           | Office sought Office held             |  |
| Date<br>04/19/2023                                                        |                                                                                         | Payee name<br>Chad West                                                                  |                                                                           |                                       |  |
| Amount (\$) 350.00<br>Campaign Funds for<br>Campaign Expenditures         |                                                                                         | Payee address; City; State; Zip Code<br>810 North Bishop Avenue<br>Dallas, TX 75208      |                                                                           |                                       |  |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                                     | Category (See Categories listed at the top of this schedule)<br>Rent for 3606 S Tyler   |                                                                                          | Description<br>Rent                                                       |                                       |  |
|                                                                           | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.         |                                                                                          | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                |                                                                                         | Candidate / Officeholder name                                                            |                                                                           | Office sought Office held             |  |
| Date<br>04/19/2023                                                        |                                                                                         | Payee name<br>American Airlines                                                          |                                                                           |                                       |  |
| Amount (\$) 774.81<br>Officeholder Funds for<br>Officeholder Expenditures |                                                                                         | Payee address; City; State; Zip Code<br>3606 S Tyler Street<br>Dallas, TX 75224          |                                                                           |                                       |  |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                                     | Category (See Categories listed at the top of this schedule)<br>Travel out of District  |                                                                                          | Description<br>Travel                                                     |                                       |  |
|                                                                           | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.         |                                                                                          | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                |                                                                                         | Candidate / Officeholder name                                                            |                                                                           | Office sought Office held             |  |

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|                                                                               |                                                                                                                                                                      |                                                |
|-------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>1</b> Total pages Schedule F1:<br>29 of 38                                 | <b>2</b> FILER NAME<br>Chad A West                                                                                                                                   | <b>3</b> Filer ID (Ethics Commission Filers)   |
| <b>4</b> Date<br>04/20/2023                                                   | <b>5</b> Payee name<br>Oak Cliff Brewing                                                                                                                             |                                                |
| <b>6</b> Amount (\$)<br>134.75<br>Campaign Funds for<br>Campaign Expenditures | <b>7</b> Payee address;<br>1300 South Polk Street Suite 222<br>Dallas, TX 75224<br>City; State; Zip Code                                                             |                                                |
| <b>8</b><br><br><b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                         | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Meals                                                                                     | <b>(b)</b> Description<br>Meals for volunteers |
|                                                                               | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                                |
| <b>9</b> Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OH        | Candidate / Officeholder name                                                                                                                                        | Office sought Office held                      |
| Date<br>04/20/2023                                                            | Payee name<br>00 Leadership Forward                                                                                                                                  |                                                |
| Amount (\$)<br>300.00<br>Officeholder Funds for<br>Officeholder Expenditures  | Payee address;<br>3606 S Tyler Street Dallas, TX 75224<br>City; State; Zip Code                                                                                      |                                                |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                                         | Category (See Categories listed at the top of this schedule)<br>Donation                                                                                             | Description<br>Donation                        |
|                                                                               | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense            |                                                |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OH                 | Candidate / Officeholder name                                                                                                                                        | Office sought Office held                      |
| Date<br>04/20/2023                                                            | Payee name<br>1010 Partnership LLC                                                                                                                                   |                                                |
| Amount (\$)<br>28.21<br>Officeholder Funds for<br>Officeholder Expenditures   | Payee address;<br>1060 Kiest Boulevard Dallas, TX 75224<br>City; State; Zip Code                                                                                     |                                                |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                                         | Category (See Categories listed at the top of this schedule)<br>Meals                                                                                                | Description<br>Meals                           |
|                                                                               | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense            |                                                |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OH                 | Candidate / Officeholder name                                                                                                                                        | Office sought Office held                      |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>                    |                                                                                                                                                                      |                                                |

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|                                                                               |                                                                                                                                                               |                                       |
|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1:<br>30 of 38                                        | 2 FILER NAME<br>Chad A West                                                                                                                                   | 3 Filer ID (Ethics Commission Filers) |
| 4 Date<br>04/20/2023                                                          | 5 Payee name<br>DEX Imaging                                                                                                                                   |                                       |
| 6 Amount (\$)<br>59.68<br>Campaign Funds for<br>Campaign Expenditures         | 7 Payee address;<br>P.O. Box 17299 Clearwater, FL 33762<br>City; State; Zip Code                                                                              |                                       |
| 8<br><b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                                    | (a) Category (See Categories listed at the top of this schedule)<br>Office supplies                                                                           | (b) Description<br>Copies             |
|                                                                               | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OH               | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |
| Date<br>04/21/2023                                                            | Payee name<br>Cibo Divino                                                                                                                                     |                                       |
| Amount (\$)<br>71.81<br>Campaign Funds for<br>Campaign Expenditures           | Payee address;<br>1868 Sylvan Avenue Dallas, TX 75208<br>City; State; Zip Code                                                                                |                                       |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                                         | Category (See Categories listed at the top of this schedule)<br>Fundraising Expense                                                                           | Description<br>Meeting with Donor     |
|                                                                               | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense     |                                       |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OH                 | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |
| Date<br>04/21/2023                                                            | Payee name<br>Oak Cliff Coalition                                                                                                                             |                                       |
| Amount (\$)<br>1000.00<br>Officeholder Funds for<br>Officeholder Expenditures | Payee address;<br>529 Hoel Drive Dallas, TX 75224<br>City; State; Zip Code                                                                                    |                                       |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                                         | Category (See Categories listed at the top of this schedule)<br>Donation                                                                                      | Description<br>Donation               |
|                                                                               | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense     |                                       |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OH                 | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED                           |                                                                                                                                                               |                                       |

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|                                                                            |  |                                                                                                    |  |                                                                           |             |
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| <b>1</b> Total pages Schedule F1:<br>31 of 38                              |  | <b>2</b> FILER NAME<br>Chad A West                                                                 |  | <b>3</b> Filer ID (Ethics Commission Filers)                              |             |
| <b>4</b> Date<br>04/24/2023                                                |  | <b>5</b> Payee name<br>Marina Ruiz                                                                 |  |                                                                           |             |
| <b>6</b> Amount (\$) 775.00<br>Campaign Funds for<br>Campaign Expenditures |  | <b>7</b> Payee address;<br>5322 Whispering Oaks Drive<br>Dallas, TX 75236<br>City; State; Zip Code |  |                                                                           |             |
| <b>8</b><br><br><b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                      |  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contract Labor          |  | <b>(b)</b> Description<br>Block-walker                                    |             |
|                                                                            |  | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.         |  | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |             |
| <b>9</b> Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OH     |  | Candidate / Officeholder name                                                                      |  | Office sought                                                             | Office held |
| <b>Date</b><br>04/24/2023                                                  |  | <b>Payee name</b><br>Aureliano Garrido                                                             |  |                                                                           |             |
| <b>Amount (\$)</b> 775.00<br>Campaign Funds for<br>Campaign Expenditures   |  | <b>Payee address;</b><br>1911 Grauwylar Road Irving, TX 75061<br>City; State; Zip Code             |  |                                                                           |             |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                                      |  | <b>Category</b> (See Categories listed at the top of this schedule)<br>Contract Labor              |  | <b>Description</b><br>Block-walker                                        |             |
|                                                                            |  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.                    |  | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |             |
| <b>Complete ONLY if direct<br/>expenditure to benefit C/OH</b>             |  | Candidate / Officeholder name                                                                      |  | Office sought                                                             | Office held |
| <b>Date</b><br>04/24/2023                                                  |  | <b>Payee name</b><br>Narda Caballero                                                               |  |                                                                           |             |
| <b>Amount (\$)</b> 775.00<br>Campaign Funds for<br>Campaign Expenditures   |  | <b>Payee address;</b><br>1911 Grauwylar Road Irving, TX 75061<br>City; State; Zip Code             |  |                                                                           |             |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                                      |  | <b>Category</b> (See Categories listed at the top of this schedule)<br>Contract Labor              |  | <b>Description</b><br>Block-walker                                        |             |
|                                                                            |  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.                    |  | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |             |
| <b>Complete ONLY if direct<br/>expenditure to benefit C/OH</b>             |  | Candidate / Officeholder name                                                                      |  | Office sought                                                             | Office held |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>                 |  |                                                                                                    |  |                                                                           |             |

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|                                                                               |  |                                                                                                 |  |                                                                           |             |
|-------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------|-------------|
| <b>1</b> Total pages Schedule F1:<br>32 of 38                                 |  | <b>2</b> FILER NAME<br>Chad A West                                                              |  | <b>3</b> Filer ID (Ethics Commission Filers)                              |             |
| <b>4</b> Date<br>04/24/2023                                                   |  | <b>5</b> Payee name<br>Qualigraphics                                                            |  |                                                                           |             |
| <b>6</b> Amount (\$)<br>432.40<br>Campaign Funds for<br>Campaign Expenditures |  | <b>7</b> Payee address;<br>934 Stevens Woods Court<br>Dallas, TX 75208<br>City; State; Zip Code |  |                                                                           |             |
| <b>8</b><br><br><b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                         |  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense  |  | <b>(b)</b> Description<br>Notecards and Envelopes                         |             |
|                                                                               |  | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.      |  | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |             |
| <b>9</b> Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OH        |  | Candidate / Officeholder name                                                                   |  | Office sought                                                             | Office held |
| Date<br>04/24/2023                                                            |  | Payee name<br>Chad West                                                                         |  |                                                                           |             |
| Amount (\$)<br>120.00<br>Officeholder Funds for<br>Officeholder Expenditures  |  | Payee address;<br>810 North Bishop Avenue<br>Dallas, TX 75208<br>City; State; Zip Code          |  |                                                                           |             |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                                         |  | Category (See Categories listed at the top of this schedule)<br>Travel out of District          |  | Description<br>Travel                                                     |             |
|                                                                               |  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.                 |  | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |             |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OH                 |  | Candidate / Officeholder name                                                                   |  | Office sought                                                             | Office held |
| Date<br>04/24/2023                                                            |  | Payee name<br>Benny Guzman                                                                      |  |                                                                           |             |
| Amount (\$)<br>1080.00<br>Campaign Funds for<br>Campaign Expenditures         |  | Payee address;<br>306 Montreal Avenue<br>Dallas, TX 75208<br>City; State; Zip Code              |  |                                                                           |             |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                                         |  | Category (See Categories listed at the top of this schedule)<br>Contract Labor                  |  | Description<br>Signs                                                      |             |
|                                                                               |  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.                 |  | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |             |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OH                 |  | Candidate / Officeholder name                                                                   |  | Office sought                                                             | Office held |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>                    |  |                                                                                                 |  |                                                                           |             |

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|                                                                    |                                                                                     |                                                                                                       |                                                                           |                                       |  |
|--------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|---------------------------------------|--|
| 1 Total pages Schedule F1:<br>33 of 38                             |                                                                                     | 2 FILER NAME<br>Chad A West                                                                           |                                                                           | 3 Filer ID (Ethics Commission Filers) |  |
| 4 Date<br>04/24/2023                                               |                                                                                     | 5 Payee name<br>Benny Guzman                                                                          |                                                                           |                                       |  |
| 6 Amount (\$) 50.00<br>Campaign Funds for<br>Campaign Expenditures |                                                                                     | 7 Payee address; City; State; Zip Code<br>306 Montreal Avenue Dallas, TX 75208                        |                                                                           |                                       |  |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                              | 8 (a) Category (See Categories listed at the top of this schedule)<br>Reimbursement |                                                                                                       | (b) Description<br>Gas                                                    |                                       |  |
|                                                                    | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.     |                                                                                                       | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |  |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH       |                                                                                     |                                                                                                       |                                                                           |                                       |  |
| Date<br>04/24/2023                                                 |                                                                                     | Payee name<br>InFocus Campaigns, LLC                                                                  |                                                                           |                                       |  |
| Amount (\$) 1525.14<br>Campaign Funds for<br>Campaign Expenditures |                                                                                     | Payee address; City; State; Zip Code<br>4 North East 10th Street Suite 260<br>Oklahoma City, OK 73103 |                                                                           |                                       |  |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                              | Category (See Categories listed at the top of this schedule)<br>Advertising Expense |                                                                                                       | Description<br>Calls and Messages                                         |                                       |  |
|                                                                    | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.     |                                                                                                       | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH         |                                                                                     |                                                                                                       |                                                                           |                                       |  |
| Date<br>04/24/2023                                                 |                                                                                     | Payee name<br>Another Round                                                                           |                                                                           |                                       |  |
| Amount (\$) 75.15<br>Campaign Funds for<br>Campaign Expenditures   |                                                                                     | Payee address; City; State; Zip Code<br>660 Fort Worth Avenue Suite 100<br>Dallas, TX 75208           |                                                                           |                                       |  |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                              | Category (See Categories listed at the top of this schedule)<br>Fundraising Expense |                                                                                                       | Description<br>Meeting with Donor                                         |                                       |  |
|                                                                    | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.     |                                                                                                       | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH         |                                                                                     |                                                                                                       |                                                                           |                                       |  |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>         |                                                                                     |                                                                                                       |                                                                           |                                       |  |

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|                                                                       |                                                                                                                                                               |                                               |
|-----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| 1 Total pages Schedule F1:<br>34 of 38                                | 2 FILER NAME<br>Chad A West                                                                                                                                   | 3 Filer ID (Ethics Commission Filers)         |
| 4 Date<br>04/24/2023                                                  | 5 Payee name<br>Whole Foods                                                                                                                                   |                                               |
| 6 Amount (\$)<br>16.64<br>Campaign Funds for<br>Campaign Expenditures | 7 Payee address;<br>2510 McKinney Avenue Dallas, TX 75201<br>City; State; Zip Code                                                                            |                                               |
| 8<br><br>PURPOSE<br>OF<br>EXPENDITURE                                 | (a) Category (See Categories listed at the top of this schedule)<br>Supplies                                                                                  | (b) Description<br>Supplies for Block Walking |
|                                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                               |
| 9 Complete ONLY if direct<br>expenditure to benefit C/OH              | Candidate / Officeholder name                                                                                                                                 | Office sought Office held                     |
| Date<br>04/24/2023                                                    | Payee name<br>Kessler Baki                                                                                                                                    |                                               |
| Amount (\$)<br>29.00<br>Campaign Funds for<br>Campaign Expenditures   | Payee address;<br>1129 North Beckley Ave Dallas, TX 75203<br>City; State; Zip Code                                                                            |                                               |
| PURPOSE<br>OF<br>EXPENDITURE                                          | Category (See Categories listed at the top of this schedule)<br>Gifts                                                                                         | Description<br>Gifts for hosts                |
|                                                                       | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense     |                                               |
| Complete ONLY if direct<br>expenditure to benefit C/OH                | Candidate / Officeholder name                                                                                                                                 | Office sought Office held                     |
| Date<br>04/24/2023                                                    | Payee name<br>The Pour House                                                                                                                                  |                                               |
| Amount (\$)<br>36.55<br>Campaign Funds for<br>Campaign Expenditures   | Payee address;<br>1919 Skillman Street Dallas, TX 75206<br>City; State; Zip Code                                                                              |                                               |
| PURPOSE<br>OF<br>EXPENDITURE                                          | Category (See Categories listed at the top of this schedule)<br>Meals                                                                                         | Description<br>Volunteer Meals                |
|                                                                       | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense     |                                               |
| Complete ONLY if direct<br>expenditure to benefit C/OH                | Candidate / Officeholder name                                                                                                                                 | Office sought Office held                     |
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|                                                                              |  |                                                                                                |  |                                                                           |             |
|------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------|-------------|
| <b>1</b> Total pages Schedule F1:<br>35 of 38                                |  | <b>2</b> FILER NAME<br>Chad A West                                                             |  | <b>3</b> Filer ID (Ethics Commission Filers)                              |             |
| <b>4</b> Date<br>04/24/2023                                                  |  | <b>5</b> Payee name<br>Gonzalez Restaurant                                                     |  |                                                                           |             |
| <b>6</b> Amount (\$)<br>37.18<br>Campaign Funds for<br>Campaign Expenditures |  | <b>7</b> Payee address;<br>367 Jefferson Boulevard Dallas, TX 75208<br>City; State; Zip Code   |  |                                                                           |             |
| <b>8</b><br><br><b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                        |  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fundraising Expense |  | <b>(b)</b> Description<br>Meeting with donor                              |             |
|                                                                              |  | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.     |  | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |             |
| <b>9</b> Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OH       |  | Candidate / Officeholder name                                                                  |  | Office sought                                                             | Office held |
| Date<br>04/24/2023                                                           |  | Payee name<br>Cibo Divino                                                                      |  |                                                                           |             |
| Amount (\$)<br>89.55<br>Campaign Funds for<br>Campaign Expenditures          |  | Payee address;<br>1868 Sylvan Avenue Dallas, TX 75208<br>City; State; Zip Code                 |  |                                                                           |             |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                                        |  | Category (See Categories listed at the top of this schedule)<br>Fundraising Expense            |  | Description<br>Meeting with donor                                         |             |
|                                                                              |  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.                |  | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |             |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OH                |  | Candidate / Officeholder name                                                                  |  | Office sought                                                             | Office held |
| Date<br>04/24/2023                                                           |  | Payee name<br>Flowers                                                                          |  |                                                                           |             |
| Amount (\$)<br>112.13<br>Officeholder Funds for<br>Officeholder Expenditures |  | Payee address;<br>3606 S Tyler Street Dallas, TX 75224<br>City; State; Zip Code                |  |                                                                           |             |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                                        |  | Category (See Categories listed at the top of this schedule)<br>Gifts                          |  | Description<br>Flower Gift                                                |             |
|                                                                              |  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.                |  | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |             |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OH                |  | Candidate / Officeholder name                                                                  |  | Office sought                                                             | Office held |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>                   |  |                                                                                                |  |                                                                           |             |

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|                                                                       |                                                                                                                                                               |                                        |
|-----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| 1 Total pages Schedule F1:<br>36 of 38                                | 2 FILER NAME<br>Chad A West                                                                                                                                   | 3 Filer ID (Ethics Commission Filers)  |
| 4 Date<br>04/25/2023                                                  | 5 Payee name<br>Top Golf Bay                                                                                                                                  |                                        |
| 6 Amount (\$)<br>58.46<br>Campaign Funds for<br>Campaign Expenditures | 7 Payee address; City; State; Zip Code<br>8787 Park Lane Dallas, TX 75231                                                                                     |                                        |
| 8<br><br>PURPOSE<br>OF<br>EXPENDITURE                                 | (a) Category (See Categories listed at the top of this schedule)<br>Fundraising Expense                                                                       | (b) Description<br>Meeting with Donor  |
|                                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                        |
| 9 Complete ONLY if direct<br>expenditure to benefit C/OH              | Candidate / Officeholder name                                                                                                                                 | Office sought Office held              |
| Date<br>04/25/2023                                                    | Payee name<br>Cibo Divino                                                                                                                                     |                                        |
| Amount (\$)<br>163.06<br>Campaign Funds for<br>Campaign Expenditures  | Payee address; City; State; Zip Code<br>1868 Sylvan Avenue Dallas, TX 75208                                                                                   |                                        |
| PURPOSE<br>OF<br>EXPENDITURE                                          | Category (See Categories listed at the top of this schedule)<br>Meals                                                                                         | Description<br>Meeting with Volunteers |
|                                                                       | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense     |                                        |
| Complete ONLY if direct<br>expenditure to benefit C/OH                | Candidate / Officeholder name                                                                                                                                 | Office sought Office held              |
| Date<br>04/25/2023                                                    | Payee name<br>Cibo Divino                                                                                                                                     |                                        |
| Amount (\$)<br>3.52<br>Campaign Funds for<br>Campaign Expenditures    | Payee address; City; State; Zip Code<br>1868 Sylvan Avenue Dallas, TX 75208                                                                                   |                                        |
| PURPOSE<br>OF<br>EXPENDITURE                                          | Category (See Categories listed at the top of this schedule)<br>Meals                                                                                         | Description<br>Meeting with Volunteers |
|                                                                       | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense     |                                        |
| Complete ONLY if direct<br>expenditure to benefit C/OH                | Candidate / Officeholder name                                                                                                                                 | Office sought Office held              |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|                                                                              |                                                                                                                                                                      |                                                  |
|------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|
| <b>1</b> Total pages Schedule F1:<br>37 of 38                                | <b>2</b> FILER NAME<br>Chad A West                                                                                                                                   | <b>3</b> Filer ID (Ethics Commission Filers)     |
| <b>4</b> Date<br>04/25/2023                                                  | <b>5</b> Payee name<br>Cretias Eatery                                                                                                                                |                                                  |
| <b>6</b> Amount (\$)<br>11.00<br>Campaign Funds for<br>Campaign Expenditures | <b>7</b> Payee address;<br>228 West Davis Street Dallas, TX 75208<br>City; State; Zip Code                                                                           |                                                  |
| <b>8</b><br><br><b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                        | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Gifts                                                                                     | <b>(b)</b> Description<br>Cupcakes for supporter |
|                                                                              | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                                  |
| <b>9</b> Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OH       | Candidate / Officeholder name                                                                                                                                        | Office sought Office held                        |
| Date<br>04/25/2023                                                           | Payee name<br>Taco y Vino                                                                                                                                            |                                                  |
| Amount (\$)<br>120.88<br>Campaign Funds for<br>Campaign Expenditures         | Payee address;<br>213 West Eighth Street Dallas, TX 75208<br>City; State; Zip Code                                                                                   |                                                  |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                                        | Category (See Categories listed at the top of this schedule)<br>Fundraising Expense                                                                                  | Description<br>Meeting with donor                |
|                                                                              | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense            |                                                  |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OH                | Candidate / Officeholder name                                                                                                                                        | Office sought Office held                        |
| Date<br>04/25/2023                                                           | Payee name<br>Mailchimp                                                                                                                                              |                                                  |
| Amount (\$)<br>137.51<br>Campaign Funds for<br>Campaign Expenditures         | Payee address;<br>3606 S Tyler Street Dallas, TX 75224<br>City; State; Zip Code                                                                                      |                                                  |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                                        | Category (See Categories listed at the top of this schedule)<br>Advertising Expense                                                                                  | Description<br>Marketing Emails                  |
|                                                                              | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense            |                                                  |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OH                | Candidate / Officeholder name                                                                                                                                        | Office sought Office held                        |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>                   |                                                                                                                                                                      |                                                  |

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|                                                                        |                                                                                                                                                               |                                       |
|------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1:<br>38 of 38                                 | 2 FILER NAME<br>Chad A West                                                                                                                                   | 3 Filer ID (Ethics Commission Filers) |
| 4 Date<br>04/26/2023                                                   | 5 Payee name<br>Kessler Baki                                                                                                                                  |                                       |
| 6 Amount (\$)<br>140.00<br>Campaign Funds for<br>Campaign Expenditures | 7 Payee address;<br>1129 North Beckley AveDallas, TX 75203<br>City; State; Zip Code                                                                           |                                       |
| 8<br><br>PURPOSE<br>OF<br>EXPENDITURE                                  | (a) Category (See Categories listed at the top of this schedule)<br>Gifts                                                                                     | (b) Description<br>Gifts for hosts    |
|                                                                        | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct<br>expenditure to benefit C/OH               | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |
| Date                                                                   | Payee name                                                                                                                                                    |                                       |
| Amount (\$)                                                            | Payee address; City; State; Zip Code                                                                                                                          |                                       |
| PURPOSE<br>OF<br>EXPENDITURE                                           | Category (See Categories listed at the top of this schedule)                                                                                                  | Description                           |
|                                                                        | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense     |                                       |
| Complete ONLY if direct<br>expenditure to benefit C/OH                 | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |
| Date                                                                   | Payee name                                                                                                                                                    |                                       |
| Amount (\$)                                                            | Payee address; City; State; Zip Code                                                                                                                          |                                       |
| PURPOSE<br>OF<br>EXPENDITURE                                           | Category (See Categories listed at the top of this schedule)                                                                                                  | Description                           |
|                                                                        | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense     |                                       |
| Complete ONLY if direct<br>expenditure to benefit C/OH                 | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED