

# Supplemental Report Officeholder

# FORM Cover Sheet SR

1. CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <b>Mr</b>	FIRST <b>Chad</b>	MI	2. Total Pages Filed: <b>34</b>
	NICKNAME	LAST <b>West</b>	SUFFIX	3. Office Held <b>Council District 1</b>
4. SUPPLEMENTAL REPORT TYPE	<div style="display: flex; justify-content: space-between;"> <div> c January 15  c July 15 </div> <div> <input checked="" type="checkbox"/> 30th day before election  c 8th day before election </div> <div> c Runoff  c Exceeded \$500 limit </div> <div> c 15th day after campaign treasurer appointment (officeholder only)  c Final Report </div> </div>			
5. PERIOD / COVERED	1/1/2021 THROUGH 3/22/2021			
6. ELECTION	<div style="display: flex; justify-content: space-between;"> <div>Month    Day    Year <b>5/1/2021</b></div> <div> c Primary    c Runoff    <input checked="" type="checkbox"/> General    c Special    c N/A </div> </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)		\$ 21,639.28
	EXPENDITURE TOTALS	3. TOTAL OFFICEHOLDER EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		\$ 0.00
		4. TOTAL OFFICEHOLDER EXPENDITURES		\$ 27,761.08
8. POLITICAL (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)		\$ 1,500.00
	EXPENDITURE TOTALS	7. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS UNLESS ITEMIZED		\$ 0.00
		8. TOTAL POLITICAL EXPENDITURES		\$ 0.00
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%;"> 10. AFFIDAVIT            AFFIX NOTARY STAMP / SEAL ABOVE </div> <div style="width: 55%; text-align: center;"> 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.    ***ELECTRONICALLY CERTIFIED***  _____  Signature of Candidate or Officeholder </div> </div>				
Sworn to and subscribed before me, by the said <u>Mr Chad West</u> , this the <u>31st</u> day of <u>March</u> , 20 <u>21</u> , to certify which, witness my hand and seal of office.				
<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>				

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
1 of 17**2** FILER NAME

Mr Chad West

**3** Filer ID (Ethics Commission Filers)**4** Date

03/08/2021

Officeholder  
Contribution**5** Full name of contributor☐ out-of-state PAC (ID#: \_\_\_\_\_)

William Addy

**6** Contributor address;

City; State; Zip Code

3805 Lausanne Ave

Dallas, TX 75208

**7** Amount of contribution (\$)

100.00

**8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

## Date

03/21/2021

Officeholder  
Contribution

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

John Angle

## Contributor address;

City; State; Zip Code

2420 S. Adams St.

Ft. Worth, TX 76110

## Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

## Date

02/12/2021

Officeholder  
Contribution

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Marcus Baker

## Contributor address;

City; State; Zip Code

1326 Hollywood Ave.

Dallas, TX 75208

## Amount of contribution (\$)

23.44

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

## Date

02/27/2021

Officeholder  
Contribution

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Chris / Brent Bolding

## Contributor address;

City; State; Zip Code

302 Rosemont Ave.

Dallas, TX 75208

## Amount of contribution (\$)

25.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
2 of 17**2** FILER NAME

Mr Chad West

**3** Filer ID (Ethics Commission Filers)**4** Date

01/13/2021

Officeholder  
Contribution**5** Full name of contributor☐ out-of-state PAC (ID#: \_\_\_\_\_)

Jacob Brown

**6** Contributor address;

City; State; Zip Code

1805 W. 29th St.

Austin, TX 78703

**7** Amount of contribution (\$)

949.70

**8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

## Date

01/14/2021

Officeholder  
Contribution

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Sally Cain

## Contributor address;

City; State; Zip Code

6307 Club Lake Ct.

Dallas, TX 75214

## Amount of contribution (\$)

1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

## Date

03/06/2021

Officeholder  
Contribution

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Lauren Clayton

## Contributor address;

City; State; Zip Code

918 Thomasson Dr.

Dallas, TX 75208

## Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

## Date

03/01/2021

Officeholder  
Contribution

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Richard Collins

## Contributor address;

City; State; Zip Code

8150 N Central Expwy.

Dallas, TX 75206

## Amount of contribution (\$)

949.70

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
3 of 17**2** FILER NAME

Mr Chad West

**3** Filer ID (Ethics Commission Filers)**4** Date

03/09/2021

Officeholder  
Contribution**5** Full name of contributor☐ out-of-state PAC (ID#: \_\_\_\_\_)

Casey Conner

**6** Contributor address;

City; State; Zip Code

1811 Green Tree Ln.

Duincanville, TX 75137

**7** Amount of contribution (\$)

100.00

**8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

## Date

02/23/2021

Officeholder  
Contribution

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

John Crowley

## Contributor address;

City; State; Zip Code

1109 Lausanne Ave

Dallas, TX 75208

## Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

## Date

03/20/2021

Officeholder  
Contribution

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

David Dunnigan 2

## Contributor address;

City; State; Zip Code

2157 Kessler Ct.

Dallas, TX 75208

## Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

## Date

01/12/2021

Officeholder  
Contribution

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Christopher Edgemon

## Contributor address;

City; State; Zip Code

5540 Farquhar

Dallas, TX 75209

## Amount of contribution (\$)

94.70

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
4 of 17**2** FILER NAME

Mr Chad West

**3** Filer ID (Ethics Commission Filers)**4** Date

01/18/2021

Officeholder  
Contribution**5** Full name of contributor☐ out-of-state PAC (ID#: \_\_\_\_\_)

Anne Foster

**6** Contributor address;

City; State; Zip Code

221 N. Windomere Ave

Dallas, TX 75208

**7** Amount of contribution (\$)

94.70

**8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

## Date

03/13/2021

Officeholder  
Contribution

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Aimee Furness 2

## Contributor address;

City; State; Zip Code

1950 W. Colorado Blvd.

Dallas, TX 75208

## Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

## Date

03/22/2021

Officeholder  
Contribution

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Jane Gaines

## Contributor address;

City; State; Zip Code

2136 Kessler Ct.

Dallas, TX 75208

## Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

## Date

01/20/2021

Officeholder  
Contribution

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Carl Ginsberg

## Contributor address;

City; State; Zip Code

2905 Wellborn St.

Dallas, TX 75219

## Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
5 of 17**2** FILER NAME

Mr Chad West

**3** Filer ID (Ethics Commission Filers)**4** Date

03/05/2021

Officeholder  
Contribution**5** Full name of contributor☐ out-of-state PAC (ID#: \_\_\_\_\_)

John Gomez

**6** Contributor address;

City; State; Zip Code

314 S. Winnetka Ave.

Dallas, TX 75208

**7** Amount of contribution (\$)

100.00

**8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

## Date

02/25/2021

Officeholder  
Contribution

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Peter Granoff

## Contributor address;

City; State; Zip Code

2207 Kessler Woods Ct.

Dallas, TX 75208

## Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

## Date

03/18/2021

Officeholder  
Contribution

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Anne Hamilton

## Contributor address;

City; State; Zip Code

5521 Swiss Ave.

Dallas, TX 75214

## Amount of contribution (\$)

949.70

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

## Date

03/22/2021

Officeholder  
Contribution

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Rhonda Harris

## Contributor address;

City; State; Zip Code

2322 Kessler Pkwy

Dallas, TX 75208

## Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
6 of 17**2** FILER NAME

Mr Chad West

**3** Filer ID (Ethics Commission Filers)**4** Date

03/20/2021

Officeholder  
Contribution**5** Full name of contributor☐ out-of-state PAC (ID#: \_\_\_\_\_)

Genifer Harrison

**6** Contributor address;

City; State; Zip Code

617 S. Ravinia Dr.

Dallas, TX 75211

**7** Amount of contribution (\$)

25.00

**8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

## Date

02/11/2021

Officeholder  
Contribution

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Daniel Huerta

## Contributor address;

City; State; Zip Code

1414 Cedar Hill Ave.

Dallas, TX 75208

## Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

## Date

03/05/2021

Officeholder  
Contribution

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Charles Jones

## Contributor address;

City; State; Zip Code

1029 Lausanne Ave

Dallas, TX 75208

## Amount of contribution (\$)

949.70

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

## Date

01/26/2021

Officeholder  
Contribution

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Eileen Josey

## Contributor address;

City; State; Zip Code

P.O. Box 223567

Dallas, TX 75222

## Amount of contribution (\$)

150.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
7 of 17**2** FILER NAME

Mr Chad West

**3** Filer ID (Ethics Commission Filers)**4** Date

02/20/2021

Officeholder  
Contribution**5** Full name of contributor☐ out-of-state PAC (ID#: \_\_\_\_\_)

Michael Kaufman

**6** Contributor address;

City; State; Zip Code

3731 Gilbert Ave.

Dallas, TX 75219

**7** Amount of contribution (\$)

250.00

**8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

## Date

01/22/2021

Officeholder  
Contribution

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Scott Larsen

## Contributor address;

City; State; Zip Code

665 Kessler Reserve Ct.

Dallas, TX 75208

## Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

## Date

03/20/2021

Officeholder  
Contribution

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Don Livingston

## Contributor address;

City; State; Zip Code

6628 Bryant Irvin Rd.

Ft. Worth, TX 76132

## Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

## Date

03/03/2021

Officeholder  
Contribution

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Stephen Long

## Contributor address;

City; State; Zip Code

902 Thomasson Dr.

Dallas, TX 75208

## Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
8 of 17**2** FILER NAME

Mr Chad West

**3** Filer ID (Ethics Commission Filers)**4** Date

03/01/2021

Officeholder  
Contribution**5** Full name of contributor

David Luther

☐ out-of-state PAC (ID#: \_\_\_\_\_)**6** Contributor address;

619 Kessler Spgs. Ave.

City; State; Zip Code

Dallas, TX 75208

**7** Amount of contribution (\$)

100.00

**8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

## Date

03/08/2021

Officeholder  
Contribution

## Full name of contributor

Beda Mast 2

☐ out-of-state PAC (ID#: \_\_\_\_\_)

## Contributor address;

1224 Lausanne Ave.

City; State; Zip Code

Dallas, TX 75208

## Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

## Date

01/05/2021

Officeholder  
Contribution

## Full name of contributor

James Mathis

☐ out-of-state PAC (ID#: \_\_\_\_\_)

## Contributor address;

2029 W. Colorado Blvd.

City; State; Zip Code

Dallas, TX 75208

## Amount of contribution (\$)

118.44

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

## Date

03/20/2021

Officeholder  
Contribution

## Full name of contributor

Von McClure

☐ out-of-state PAC (ID#: \_\_\_\_\_)

## Contributor address;

1603 Oak Knoll St.

City; State; Zip Code

Dallas, TX 75208

## Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
9 of 17**2** FILER NAME

Mr Chad West

**3** Filer ID (Ethics Commission Filers)**4** Date

01/03/2021

Officeholder  
Contribution**5** Full name of contributor☐ out-of-state PAC (ID#: \_\_\_\_\_)

Samuel McDonald

**6** Contributor address;

City; State; Zip Code

2630 Shelby Ave.

Dallas, TX 75219

**7** Amount of contribution (\$)

50.00

**8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

## Date

03/08/2021

Officeholder  
Contribution

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Mark McPherson

## Contributor address;

City; State; Zip Code

246 Waverly Dr.

Dallas, TX 75208

## Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

## Date

01/11/2021

Officeholder  
Contribution

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

David Micek

## Contributor address;

City; State; Zip Code

426 Monte Vista Dr.

Dallas, TX 75223

## Amount of contribution (\$)

1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

## Date

03/20/2021

Officeholder  
Contribution

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

J. Pierce Monkres

## Contributor address;

City; State; Zip Code

1210 N. Clinton Ave

Dallas, TX 75208

## Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
10 of 17**2** FILER NAME

Mr Chad West

**3** Filer ID (Ethics Commission Filers)**4** Date

01/11/2021

Officeholder  
Contribution**5** Full name of contributor☐ out-of-state PAC (ID#: \_\_\_\_\_)

Michele Morgan

**6** Contributor address;

City; State; Zip Code

631 S. Manus Dr.

Dallas, TX 75224

**7** Amount of contribution (\$)

50.00

**8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

## Date

03/02/2021

Officeholder  
Contribution

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

DAVE NEUMANN

## Contributor address;

City; State; Zip Code

6318 TURNER WAY

DALLAS, TX 75230

## Amount of contribution (\$)

94.70

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

## Date

01/04/2021

Officeholder  
Contribution

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Marilee OConnell

## Contributor address;

City; State; Zip Code

634 Kessler Reserve Ct.

Dallas, TX 75208

## Amount of contribution (\$)

949.70

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

## Date

03/20/2021

Officeholder  
Contribution

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Steven Pounders

## Contributor address;

City; State; Zip Code

3525 Turtle Creek Blvd.

Dallas, TX 75219

## Amount of contribution (\$)

949.70

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
11 of 17**2** FILER NAME

Mr Chad West

**3** Filer ID (Ethics Commission Filers)**4** Date

03/01/2021

Officeholder  
Contribution**5** Full name of contributor☐ out-of-state PAC (ID#: \_\_\_\_\_)

Dorotha Ocker

**6** Contributor address;

City; State; Zip Code

1609 Marsh Ln.

Carrollton, TX 75006

**7** Amount of contribution (\$)

237.20

**8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

## Date

02/23/2021

Officeholder  
Contribution

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Chris Peirson

## Contributor address;

City; State; Zip Code

4400 Alpha Rd.

Dallas, TX 75244

## Amount of contribution (\$)

949.70

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

## Date

01/01/2021

Officeholder  
Contribution

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Joel Perez

## Contributor address;

City; State; Zip Code

1303 Lansford Ave.

Dallas, TX 75224

## Amount of contribution (\$)

25.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

## Date

01/17/2021

Officeholder  
Contribution

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Audrey Pinkerton

## Contributor address;

City; State; Zip Code

434 W. Greenbriar Ln.

Dallas, TX 75208

## Amount of contribution (\$)

474.70

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
12 of 17

**2** FILER NAME

Mr Chad West

**3** Filer ID (Ethics Commission Filers)

**4** Date

02/10/2021

Officeholder  
Contribution

**5** Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Anjolie Ponce

**6** Contributor address;

City; State; Zip Code

415 Allison Dr.

Dallas, TX 75208

**7** Amount of contribution (\$)

100.00

**8** Principal occupation / Job title (See Instructions)

**9** Employer (See Instructions)

Date

03/22/2021

Officeholder  
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

John Wiley Price - Campaign

Contributor address;

City; State; Zip Code

510 E. 5th St.

Dallas, TX 75203

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/22/2021

Officeholder  
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Michael Rawlings

Contributor address;

City; State; Zip Code

3879 Maple Ave.

Dallas, TX 75219

Amount of contribution (\$)

949.70

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/02/2021

Officeholder  
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Susan Reese

Contributor address;

City; State; Zip Code

8626 Douglas Ave.

Dallas, TX 75225

Amount of contribution (\$)

949.70

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
13 of 17**2** FILER NAME

Mr Chad West

**3** Filer ID (Ethics Commission Filers)**4** Date

03/10/2021

Officeholder  
Contribution**5** Full name of contributor☐ out-of-state PAC (ID#: \_\_\_\_\_)

Judith Reid

**6** Contributor address;

City; State; Zip Code

612 Spruce Ave.

Lake Forest, IL 60045

**7** Amount of contribution (\$)

949.70

**8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

## Date

02/02/2021

Officeholder  
Contribution

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Denise Requardt

## Contributor address;

City; State; Zip Code

708 Woolsey Dr.

Dallas, TX 75224

## Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

## Date

03/20/2021

Officeholder  
Contribution

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amy Schaffner

## Contributor address;

City; State; Zip Code

1622 Oak Knoll St.

Dallas, TX 75208

## Amount of contribution (\$)

30.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

## Date

01/26/2021

Officeholder  
Contribution

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Pat Schenkel

## Contributor address;

City; State; Zip Code

614 N. Bishop Ave.

Dallas, TX 75208

## Amount of contribution (\$)

1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
14 of 17**2** FILER NAME

Mr Chad West

**3** Filer ID (Ethics Commission Filers)**4** Date

01/11/2021

Officeholder  
Contribution**5** Full name of contributor☐ out-of-state PAC (ID#: \_\_\_\_\_)

Jon Bernard Schwartz

**6** Contributor address;

City; State; Zip Code

308 N. Montclair Ave.

Dallas, TX 75208

**7** Amount of contribution (\$)

50.00

**8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

## Date

03/08/2021

Officeholder  
Contribution

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Joanna St. Angelo

## Contributor address;

City; State; Zip Code

3221 Red Bird Ln.

Grapevine, TX 76051

## Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

## Date

01/01/2021

Officeholder  
Contribution

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Lisa Taylor

## Contributor address;

City; State; Zip Code

923 Salmon Dr.

Dallas, TX 75208

## Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

## Date

01/02/2021

Officeholder  
Contribution

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Rhonda Turner

## Contributor address;

City; State; Zip Code

2830 W. Jefferson Blvd.

Dallas, TX 75211

## Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
15 of 17**2** FILER NAME

Mr Chad West

**3** Filer ID (Ethics Commission Filers)**4** Date

03/13/2021

Officeholder  
Contribution**5** Full name of contributor☐ out-of-state PAC (ID#: \_\_\_\_\_)

Jesus Valadez

**6** Contributor address;

City; State; Zip Code

717 W. Page Ave.

Dallas, TX 75208

**7** Amount of contribution (\$)

25.00

**8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

## Date

01/11/2021

Officeholder  
Contribution

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Brent Van Loggerenberg

## Contributor address;

City; State; Zip Code

516 Monte Vista Dr.

Dallas, TX 75223

## Amount of contribution (\$)

1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

## Date

01/11/2021

Officeholder  
Contribution

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Thea Van Loggerenberg

## Contributor address;

City; State; Zip Code

516 Monte Vista Dr.

Dallas, TX 75223

## Amount of contribution (\$)

1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

## Date

03/09/2021

Officeholder  
Contribution

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Daniel Waldmann

## Contributor address;

City; State; Zip Code

1111 N. Montclair Ave.

Dallas, TX 75208

## Amount of contribution (\$)

237.20

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
16 of 17**2** FILER NAME

Mr Chad West

**3** Filer ID (Ethics Commission Filers)**4** Date

01/19/2021

Officeholder  
Contribution**5** Full name of contributor☐ out-of-state PAC (ID#: \_\_\_\_\_)

Alan Walne

**6** Contributor address;

City; State; Zip Code

10020 Caribou Trail

Dallas, TX 75238

**7** Amount of contribution (\$)

500.00

**8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

## Date

01/04/2021

Officeholder  
Contribution

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Teresa Wash 2

## Contributor address;

City; State; Zip Code

420 Kearsarge St.

Desoto, TX 75115

## Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

## Date

03/16/2021

Officeholder  
Contribution

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Lawrence Worden

## Contributor address;

City; State; Zip Code

2019 Old Orchard Dr.

Dallas, TX 75230

## Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

## Date

03/06/2021

Officeholder  
Contribution

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Shannon Wyatt

## Contributor address;

City; State; Zip Code

103 N. Winnetka Ave.

Dallas, TX 75208

## Amount of contribution (\$)

237.20

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
17 of 17

**2** FILER NAME

Mr Chad West

**3** Filer ID (Ethics Commission Filers)

**4** Date

03/10/2021

Campaign  
Contribution

**5** Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

AAGD

**6** Contributor address;

City; State; Zip Code

5728 LBJ Freeway Suite 100

Dallas, TX 75240

**7** Amount of contribution (\$)

1500.00

**8** Principal occupation / Job title (See Instructions)

**9** Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

**If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.**

## SCHEDULE F1

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

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

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

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

<b>1</b> Total pages Schedule F1: 1 of 16	<b>2</b> FILER NAME Mr Chad West	<b>3</b> Filer ID (Ethics Commission Filers)
--	-------------------------------------	--

<b>4</b> Date	<b>5</b> Payee name
01/04/2021	Katy Seitzler

<b>6</b> Amount (\$) 480.00 Officeholder Funds for Officeholder Expenditures	<b>7</b> Payee address; City; State; Zip Code 217 Sycamore Creek Road, Allen, TX 75002
--	---

<p><b>8</b></p> <p><b>PURPOSE OF EXPENDITURE</b></p>	<p><b>(a) Category</b> (See Categories listed at the top of this schedule)</p> <p>Advertising Expense</p>	<p><b>(b) Description</b></p> <p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p> <p><input type="checkbox"/> Check if Austin, TX, officeholder living expense</p> <p>Email marketing, Campaign Communications and Social Media</p>
--	---	--

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date	Payee name
01/06/2021	Oak Cliff Lions Club

Amount (\$) 25.00 Officeholder Funds for Officeholder Expenditures	Payee address; P.O. Box 4445	City; State; Zip Code Dallas, TX 75208
---	---------------------------------	---

<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule)	<b>Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Advertising Expense	Sponsorship

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date	Payee name
01/06/2021	Jesse Perez

Amount (\$) 30.00 Officeholder Funds for Officeholder Expenditures	Payee address; City; State; Zip Code 3606 South Tyler Street Dallas, TX 75224
---	--

<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule)	<b>Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Contract Labor	<b>Campaign Help</b>

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Forms provided by Texas Ethics Commission

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 2 of 16	<b>2</b> FILER NAME Mr Chad West	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 01/11/2021	<b>5</b> Payee name Chad West PLLC	
<b>6</b> Amount (\$) 30.20 Officeholder Funds for Officeholder Expenditures	<b>7</b> Payee address; City; State; Zip Code 3606 South Tyler Street Dallas, TX 75224	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Mailchimp Reimbursement
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date  01/12/2021	Candidate / Officeholder name  HOME PAC of Greater Dallas	
Amount (\$) 500.00 Officeholder Funds for Officeholder Expenditures	Payee address; City; State; Zip Code 5816 West Plano Parkway Plano, TX 75093	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Reimbursement	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Reimbursement for donation overage
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date  01/12/2021	Candidate / Officeholder name  Dash for the Beads	
Amount (\$) 1000.00 Officeholder Funds for Officeholder Expenditures	Payee address; City; State; Zip Code 934 Stevens Woods Court Dallas, TX 75208	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Sponsorship
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

### 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: 3 of 16	<b>2</b> FILER NAME Mr Chad West	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 01/14/2021	<b>5</b> Payee name Farrokh Nazerian	
<b>6</b> Amount (\$) 3000.00 Officeholder Funds for Officeholder Expenditures	<b>7</b> Payee address; City; State; Zip Code 1978 Mission Ridge Road Santa Barbara, CA 93103	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Reimbursement	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Reimbursement for donation overage
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date  01/22/2021	Candidate / Officeholder name  Chad West	
Amount (\$) 250.33 Officeholder Funds for Officeholder Expenditures	Office sought  Office held  Payee name  Chad West	
Category (See Categories listed at the top of this schedule)  Contract Labor	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Volunteer Meal Reimbursement	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date  01/25/2021	Candidate / Officeholder name  Chad West PLLC	
Amount (\$) 31.27 Officeholder Funds for Officeholder Expenditures	Office sought  Office held  Payee name  Chad West PLLC	
Category (See Categories listed at the top of this schedule)  Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Mailchimp Reimbursement	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 4 of 16		<b>2</b> FILER NAME Mr Chad West		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 01/29/2021		<b>5</b> Payee name Liz Miller			
<b>6</b> Amount (\$) 5000.00 Officeholder Funds for Officeholder Expenditures		<b>7</b> Payee address; City; State; Zip Code 1201 Bittern Drive Little Elm, TX 75068			
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>		<b>(a)</b> Category (See Categories listed at the top of this schedule)  Contract Labor		<b>(b)</b> Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Campaign Help	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	
Date  02/03/2021		Payee name  Qualigraphics, Inc			
Amount (\$) 1633.92 Officeholder Funds for Officeholder Expenditures		Payee address; City; State; Zip Code 934 Stevens Woods Court Dallas, TX 75208			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule)  Advertising Expense		Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Re-Elect T-Shirts, Decals and Yard Stakes	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	
Date  02/04/2021		Payee name  Benny Guzman			
Amount (\$) 177.03 Officeholder Funds for Officeholder Expenditures		Payee address; City; State; Zip Code 306 South Montreal Dallas, TX 75208			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule)  Contract Labor		Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Volunteer Meal Reimbursement	
Complete <u>ONLY</u> if direct 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

### 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: 5 of 16	<b>2</b> FILER NAME Mr Chad West	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 02/09/2021	<b>5</b> Payee name Benny Guzman	
<b>6</b> Amount (\$) 150.00 Officeholder Funds for Officeholder Expenditures	<b>7</b> Payee address; City; State; Zip Code 306 South Montreal Dallas, TX 75208	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Mileage Reimbursement
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date  02/11/2021	Candidate / Officeholder name  Chad West PLLC	
Amount (\$) 31.27 Officeholder Funds for Officeholder Expenditures	Office sought  Payee address; City; State; Zip Code 3606 South Tyler Street Dallas, TX 75224	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Mailchimp Reimbursement
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date  02/12/2021	Candidate / Officeholder name  Edgar Johnson	
Amount (\$) 371.00 Officeholder Funds for Officeholder Expenditures	Office sought  Payee address; City; State; Zip Code 3636 West Redbird Lane Suite 821 Dallas, TX 75237	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Contract Labor	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Campaign Help
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

### 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: 6 of 16	<b>2</b> FILER NAME Mr Chad West	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 02/18/2021	<b>5</b> Payee name Oak Cliff Lions Club	
<b>6</b> Amount (\$) 25.00  Officeholder Funds for Officeholder Expenditures	<b>7</b> Payee address; City; State; Zip Code P.O. Box 4445 Dallas, TX 75208	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Membership Dues
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date  02/20/2021	Candidate / Officeholder name  Roxanne Powell	
Amount (\$) 65.00  Officeholder Funds for Officeholder Expenditures	Office sought  Payee address; City; State; Zip Code 808 Rutherford Road Waxahachie, TX 75165	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Contract Labor	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Campaign Help
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date  02/20/2021	Candidate / Officeholder name  Jocelyn Powell	
Amount (\$) 65.00  Officeholder Funds for Officeholder Expenditures	Office sought  Payee address; City; State; Zip Code 808 Rutherford Road Waxahachie, TX 75165	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Contract Labor	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Campaign Help
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 7 of 16	<b>2</b> FILER NAME Mr Chad West	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 02/24/2021	<b>5</b> Payee name Anthony Jaramillo	
<b>6</b> Amount (\$) 168.75 Officeholder Funds for Officeholder Expenditures	<b>7</b> Payee address; City; State; Zip Code 2650 East Melissa Road Suite 626 Melissa, TX 75454	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Campaign Help
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date  02/24/2021	Candidate / Officeholder name  Roxanne Powell	
Amount (\$) 10.00 Officeholder Funds for Officeholder Expenditures	Payee address; City; State; Zip Code 808 Rutherford Road Waxahachie, TX 75165	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Contract Labor	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Campaign Help
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date  02/24/2021	Payee name  Jocelyn Powell	
Amount (\$) 10.00 Officeholder Funds for Officeholder Expenditures	Payee address; City; State; Zip Code 808 Rutherford Road Waxahachie, TX 75165	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Contract Labor	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Campaign Help
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 8 of 16	<b>2</b> FILER NAME Mr Chad West	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 02/24/2021	<b>5</b> Payee name Edgar Johnson	
<b>6</b> Amount (\$) 67.50 Officeholder Funds for Officeholder Expenditures	<b>7</b> Payee address; City; State; Zip Code 3636 West Redbird Lane Suite 821 Dallas, TX 75237	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Contract Labor	<b>(b)</b> Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Campaign Help
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div>	
Date  03/01/2021	Payee name  Chad West PLLC	
Amount (\$) 31.26 Officeholder Funds for Officeholder Expenditures	Payee address; City; State; Zip Code 3606 South Tyler Street Dallas, TX 75224	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Advertising Expense	Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Mailchimp Reimbursement
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div>	
Date  03/02/2021	Payee name  Oak Cliff Lions Club	
Amount (\$) 25.00 Officeholder Funds for Officeholder Expenditures	Payee address; City; State; Zip Code P.O. Box 4445 Dallas, TX 75208	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Advertising Expense	Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Membership Dues
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div>	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 9 of 16		<b>2</b> FILER NAME Mr Chad West		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 03/02/2021		<b>5</b> Payee name Full Moon Design			
<b>6</b> Amount (\$) 216.50 Officeholder Funds for Officeholder Expenditures		<b>7</b> Payee address; City; State; Zip Code P.O. Box 152020 Austin, TX 78715			
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>		<b>(a)</b> Category (See Categories listed at the top of this schedule)  Advertising Expense		<b>(b)</b> Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Custom Campaign Door Hangers	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	
Date  03/02/2021		Payee name  Qualigraphics			
Amount (\$) 494.15 Officeholder Funds for Officeholder Expenditures		Payee address; City; State; Zip Code 934 Stevens Woods Court Dallas, TX 75208			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule)  Advertising Expense		Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Yard Sign Stakes	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	
Date  03/05/2021		Payee name  Pasos for Oak Cliff			
Amount (\$) 50.00 Officeholder Funds for Officeholder Expenditures		Payee address; City; State; Zip Code 3606 South Tyler Street Dallas, TX 75208			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule)  Advertising Expense		Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Donation	
Complete <u>ONLY</u> if direct 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

### 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: 10 of 16		2 FILER NAME Mr Chad West		3 Filer ID (Ethics Commission Filers)	
4 Date 03/05/2021		5 Payee name Katy Seitzler			
6 Amount (\$) 1393.50 Officeholder Funds for Officeholder Expenditures		7 Payee address; City; State; Zip Code 217 Sycamore Creek Road Allen, TX 75002			
8  <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule)  Advertising Expense		(b) Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Email marketing, Campaign Communications and Social Media	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date  03/05/2021		Payee name  Edgar Johnson			
Amount (\$) 188.00 Officeholder Funds for Officeholder Expenditures		Payee address; City; State; Zip Code 3636 West Redbird Lane Suite 821 Dallas, TX 75237			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule)  Contract Labor		Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Campaign Help	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date  03/05/2021		Payee name  Anthony Jaramillo			
Amount (\$) 210.00 Officeholder Funds for Officeholder Expenditures		Payee address; City; State; Zip Code 2650 East Melissa Road Melissa, TX 75454			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule)  Contract Labor		Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Campaign Help	
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

### 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: 11 of 16	<b>2</b> FILER NAME Mr Chad West	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 03/09/2021	<b>5</b> Payee name EcoLatino	
<b>6</b> Amount (\$) 500.00 Officeholder Funds for Officeholder Expenditures	<b>7</b> Payee address; City; State; Zip Code 2320 West Davis Street Dallas, TX 75208	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Advertising Expense	<b>(b)</b> Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Marketing
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div>	
Date  03/09/2021	Payee name  The Well Community	
Amount (\$) 250.00 Officeholder Funds for Officeholder Expenditures	Payee address; City; State; Zip Code 125 Sunset Avenue Dallas, TX 75208	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Advertising Expense	Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Sponsorship
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div>	
Date  03/09/2021	Payee name  Benny Guzman	
Amount (\$) 50.00 Officeholder Funds for Officeholder Expenditures	Payee address; City; State; Zip Code 306 South Montreal Dallas, TX 75208	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Contract Labor	Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Table and Gas Reimbursement
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div>	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 12 of 16	<b>2</b> FILER NAME Mr Chad West	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 03/10/2021	<b>5</b> Payee name Chad West PLLC	
<b>6</b> Amount (\$) 31.26 Officeholder Funds for Officeholder Expenditures	<b>7</b> Payee address; City; State; Zip Code 3606 South Tyler Street Dallas, TX 75224	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Advertising Expense	<b>(b)</b> Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Mailchimp Reimbursement
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div>	
Date  03/10/2021	Payee name  Liz Miller	
Amount (\$) 1000.00 Officeholder Funds for Officeholder Expenditures	Payee address; City; State; Zip Code 1201 Bittern Drive Little Elm, TX 75068	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Contract Labor	Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Campaign Help
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div>	
Date  03/10/2021	Payee name  Anthony Jaramillo	
Amount (\$) 190.00 Officeholder Funds for Officeholder Expenditures	Payee address; City; State; Zip Code 2650 East Melissa Road Suite 626 Melissa, TX 75454	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Contract Labor	Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Campaign Help
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 13 of 16		2 FILER NAME Mr Chad West		3 Filer ID (Ethics Commission Filers)	
4 Date 03/10/2021		5 Payee name AAGD			
6 Amount (\$) 1000.00 Officeholder Funds for Officeholder Expenditures		7 Payee address; City; State; Zip Code 5728 LBJ Freeway Suite 100 Dallas, TX 75240			
8  <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule)  Reimbursement		(b) Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Reimbursement for donation overage	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought                      Office held	
Date  03/11/2021		Payee name  Chad West			
Amount (\$) 1108.79 Officeholder Funds for Officeholder Expenditures		Payee address; City; State; Zip Code 3606 South Tyler Street Dallas, TX 75224			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule)  Reimbursement		Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Reimbursement for marketing materials	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought                      Office held	
Date  03/11/2021		Payee name  Qualigraphics, Inc			
Amount (\$) 1980.73 Officeholder Funds for Officeholder Expenditures		Payee address; City; State; Zip Code 934 Stevens Woods Court Dallas, TX 75208			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule)  Advertising Expense		Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Door Hangers	
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

### 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: 14 of 16		<b>2</b> FILER NAME Mr Chad West		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 03/11/2021		<b>5</b> Payee name Qualigraphics, Inc			
<b>6</b> Amount (\$) 265.12 Officeholder Funds for Officeholder Expenditures		<b>7</b> Payee address; City; State; Zip Code 934 Stevens Woods Court Dallas, TX 75208			
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>		<b>(a)</b> Category (See Categories listed at the top of this schedule)  Advertising Expense		<b>(b)</b> Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Envelopes for Campaign	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date  03/15/2021		Payee name  Taylor Adams			
Amount (\$) 2000.00 Officeholder Funds for Officeholder Expenditures		Payee address; City; State; Zip Code 519 North Oak Cliff Boulevard Dallas, TX 75208			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule)  Contract Labor		Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Consulting Work	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date  03/18/2021		Payee name  Liz Miller			
Amount (\$) 43.30 Officeholder Funds for Officeholder Expenditures		Payee address; City; State; Zip Code 1201 Bittern Drive Little Elm, TX 75068			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule)  Meals		Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Volunteer Meal Reimbursement	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 15 of 16		2 FILER NAME Mr Chad West		3 Filer ID (Ethics Commission Filers)	
4 Date 03/18/2021		5 Payee name Benjamin Calhoun			
6 Amount (\$) 190.00 Officeholder Funds for Officeholder Expenditures		7 Payee address; City; State; Zip Code 2650 East Melissa Road Suite 626 Melissa, TX 75454			
8  <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule)  Contract Labor		(b) Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Campaign Help	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought                      Office held	
Date  03/18/2021		Payee name  Darnella Wilson			
Amount (\$) 137.50 Officeholder Funds for Officeholder Expenditures		Payee address; City; State; Zip Code 9747 Whitehurst Drive Suite 80 Dallas, TX 75243			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule)  Contract Labor		Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Campaign Help	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought                      Office held	
Date  03/18/2021		Payee name  Liz Miller			
Amount (\$) 1000.00 Officeholder Funds for Officeholder Expenditures		Payee address; City; State; Zip Code 1201 Bittern Drive                      Little Elm, TX 75068			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule)  Contract Labor		Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Campaign Help	
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

### 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: 16 of 16		2 FILER NAME Mr Chad West		3 Filer ID (Ethics Commission Filers)	
4 Date 03/19/2021		5 Payee name Nyx Mendoza			
6 Amount (\$) 108.00 Officeholder Funds for Officeholder Expenditures		7 Payee address; City; State; Zip Code 9633 County Road 800 Royce City, TX 75189			
8  <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule)  Contract Labor		(b) Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Campaign Help	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought                      Office held	
Date  03/19/2021		Payee name  Walls Printing			
Amount (\$) 1776.70 Officeholder Funds for Officeholder Expenditures		Payee address; City; State; Zip Code 9171 King Arthur                      Dallas, TX 75247			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)  Advertising Expense		Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Postcard - mailers	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought                      Office held	
Date  03/19/2021		Payee name  Benny Guzman			
Amount (\$) 400.00 Officeholder Funds for Officeholder Expenditures		Payee address; City; State; Zip Code 306 South Montreal                      Dallas, TX 75208			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)  Contract Labor		Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Campaign Help	
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>					